

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		14-0300		FROM 12/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 11/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/28/2011 TIME 11:15

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:
 PROVIDENT HOSPITAL 14-0300

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	125,230	59,193	0		
100	TOTAL	0	125,230	59,193	0		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0300
PERIOD: FROM 12/1/2009 TO 11/30/2010
PREPARED 4/28/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	94	34,310					5,286
2 HMO					3,220		288
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	94	34,310			3,220		5,286
6 INTENSIVE CARE UNIT	15	5,475			591		679
11 NURSERY							336
12 TOTAL	109	39,785			3,811		6,301
13 RPCH VISITS							
25 TOTAL	109						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			13,361				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			13,361				
6 INTENSIVE CARE UNIT			2,154				
11 NURSERY			803				
12 TOTAL			16,318			11.81	
13 RPCH VISITS							
25 TOTAL						11.81	
26 OBSERVATION BED DAYS			808				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					861	969	4,036
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	11.81	602.00			861	969	4,036
13 RPCH VISITS							
25 TOTAL	11.81	602.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	52,880,420		52,880,420	1,252,160.00	42.23	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	3,647,834		3,647,834	26,632.00	136.97	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	144,437		144,437	1,054.00	137.04	
5 PHYSICIAN - PART B	16,251,335		16,251,335	161,460.00	100.65	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		421,269	421,269	6,778.00	62.15	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,667,178		2,667,178	75,624.00	35.27	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,866,264		3,866,264	100,005.00	38.66	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,977,212		8,977,212			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,485,010		2,485,010			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	296,411		296,411	17,061.00	17.37	
22 ADMINISTRATIVE & GENERAL	4,599,882		4,599,882	142,336.00	32.32	
22.01 A & G UNDER CONTRACT	331,678		331,678	9,093.00	36.48	
23 MAINTENANCE & REPAIRS	1,215,546		1,215,546	30,229.00	40.21	
24 OPERATION OF PLANT	755,222		755,222	17,328.00	43.58	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,433,733		1,433,733	78,099.00	18.36	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,261,340		1,261,340	30,583.00	41.24	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,081,863		1,081,863	43,826.00	24.69	
34 SOCIAL SERVICE	537,522		537,522	18,643.00	28.83	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	36,816,326	-421,269	36,395,057	1,091,961.00	33.33	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	36,816,326	-421,269	36,395,057	1,091,961.00	33.33	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,533,442		6,533,442	175,629.00	37.20	
5 SUBTOTAL WAGE-RELATED COSTS	8,977,212		8,977,212		24.67	
6 TOTAL	52,326,980	-421,269	51,905,711	1,267,590.00	40.95	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	11,513,197		11,513,197	387,198.00	29.73	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 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

- 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) 1.653123
- 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)

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 4/28/2011
| 14-0300 | FROM 12/ 1/2009 | WORKSHEET S-10
| | TO 11/30/2010 |
| | |

DESCRIPTION

- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,651,573	1,651,573	38,929	1,690,502
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		859,388	859,388	10,294	869,682
5	0500 EMPLOYEE BENEFITS	296,411	16,864,141	17,160,552	-8,002	17,152,550
6	0600 ADMIN STRATIVE & GENERAL	4,599,882	7,295,162	11,895,044	-2,313,986	9,581,058
7	0700 MAINTENANCE & REPAIRS	1,215,546	1,482,657	2,698,203	-50	2,698,153
8	0800 OPERATION OF PLANT	755,222	390,028	1,145,250		1,145,250
9	0900 LAUNDRY & LINEN SERVICE				299,944	299,944
10	1000 HOUSEKEEPING	1,433,733	161,894	1,595,627	-20,024	1,575,603
11	1100 DIETARY		1,282,166	1,282,166	-1,315,393	-33,227
12	1200 CAFETERIA				1,315,378	1,315,378
14	1400 NURSING ADMINISTRATION	1,261,340	1,048,779	2,310,119	-20,082	2,290,037
15	1500 CENTRAL SERVICES & SUPPLY		9,073	9,073	5,283,745	5,292,818
16	1600 PHARMACY		523,647	523,647	-523,048	599
17	1700 MEDICAL RECORDS & LIBRARY	1,081,863	177,775	1,259,638	-13,801	1,245,837
18	1800 SOCIAL SERVICE	537,522	154,985	692,507		692,507
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				421,269	421,269
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				705,114	705,114
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	16,372,618	4,050,577	20,423,195	-1,352,549	19,070,646
26	2600 INTENSIVE CARE UNIT	3,363,876	218,020	3,581,896	-198,158	3,383,738
33	3300 NURSERY		28,722	28,722	-24,546	4,176
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,974,114	475,947	3,450,061	-372,590	3,077,471
38	3800 RECOVERY ROOM	679,194	28,918	708,112	-27,613	680,499
39	3900 DELIVERY ROOM & LABOR ROOM	2,478,122	136,365	2,614,487	332,918	2,947,405
40	4000 ANESTHESIOLOGY	1,861,885	41,636	1,903,521	-39,897	1,863,624
41	4100 RADIOLOGY-DIAGNOSTIC	2,528,300	1,289,880	3,818,180	-258,929	3,559,251
43	4300 RADIOISOTOPE	65,802		65,802		65,802
44	4400 LABORATORY	1,854,795	981,427	2,836,222	-731,454	2,104,768
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	225,828	226,877	452,705	-226,876	225,829
49	4900 RESPIRATORY THERAPY	1,118,856	171,477	1,290,333	-165,256	1,125,077
50	5000 PHYSICAL THERAPY	85,355	302,342	387,697	-10,235	377,462
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	732,916	22,526	755,442	-22,160	733,282
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS				548,860	548,860
57	5700 RENAL DIALYSIS		33,156	33,156	-33,156	
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC		26,666	26,666	-11,437	15,229
61	6100 EMERGENCY	7,357,240	1,295,328	8,652,568	-1,267,209	7,385,359
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	52,880,420	41,231,132	94,111,552	-0-	94,111,552
101	NONREIMBURS COST CENTERS					
	TOTAL	52,880,420	41,231,132	94,111,552	-0-	94,111,552

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0300
PERIOD: FROM 12/1/2009 TO 11/30/2010
PREPARED 4/28/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,690,502
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		869,682
5	0500 EMPLOYEE BENEFITS	36,732	17,189,282
6	0600 ADMINISTRATIVE & GENERAL	11,669,315	21,250,373
7	0700 MAINTENANCE & REPAIRS		2,698,153
8	0800 OPERATION OF PLANT		1,145,250
9	0900 LAUNDRY & LINEN SERVICE		299,944
10	1000 HOUSEKEEPING		1,575,603
11	1100 DIETARY		-33,227
12	1200 CAFETERIA		1,315,378
14	1400 NURSING ADMINISTRATION		2,290,037
15	1500 CENTRAL SERVICES & SUPPLY		5,292,818
16	1600 PHARMACY		599
17	1700 MEDICAL RECORDS & LIBRARY	-26,929	1,218,908
18	1800 SOCIAL SERVICE		692,507
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		421,269
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		705,114
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-11,730,637	7,340,009
26	2600 INTENSIVE CARE UNIT	-1,570,236	1,813,502
33	3300 NURSERY		4,176
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,801,779	275,692
38	3800 RECOVERY ROOM		680,499
39	3900 DELIVERY ROOM & LABOR ROOM		2,947,405
40	4000 ANESTHESIOLOGY		1,863,624
41	4100 RADIOLOGY-DIAGNOSTIC	-1,266,025	2,293,226
43	4300 RADIOISOTOPE		65,802
44	4400 LABORATORY	-176,261	1,928,507
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		225,829
49	4900 RESPIRATORY THERAPY		1,125,077
50	5000 PHYSICAL THERAPY		377,462
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-434,813	298,469
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	7,503,422	8,052,282
57	5700 RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	4,417,080	4,432,309
61	6100 EMERGENCY	-3,008,466	4,376,893
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	2,611,403	96,722,955
	NONREIMBURS COST CENTERS		
101	TOTAL	2,611,403	96,722,955

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140300

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS MIDWIFE COST	A	DELIVERY ROOM & LABOR ROOM	39	462,007	
2 RECLASS EQUIPMENT RENTALS TO CAPITAL	B	NEW CAP REL COSTS-MVBLE EQUIP	4		10,294
3 RCLS SPACE RENTAL TO CAPITAL	C	NEW CAP REL COSTS-BLDG & FIXT	3		38,929
4 RCLS CAFETERIA COST FROM DIETARY	D	CAFETERIA	12		1,315,378
5 RCLS I&R COST FROM ER	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		705,114
6		I&R SERVICES-SALARY & FRINGES APPRVD	22	421,269	
7					
8 RCLS LAUNDRY/LINEN COST TO LAUNDRY	F	LAUNDRY & LINEN SERVICE	9		299,944
9 RCLS PHARMACY COST TO DRUGS CHARGED	G	DRUGS CHARGED TO PATIENTS	56		548,860
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 RCLS MED SUPPLIES TO CENTRAL SVCS	H	CENTRAL SERVICES & SUPPLY	15		5,284,321
29					
30					
31					
32					
33					
34					
35					
1 RCLS MED SUPPLIES TO CENTRAL SVCS	H				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
36 TOTAL RECLASSIFICATIONS				883,276	8,202,840

(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:
140300

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS MIDWIFE COST	A	ADULTS & PEDIATRICS	25	462,007		
2 RECLASS EQUIPMENT RENTALS TO CAPITAL	B	ADULTS & PEDIATRICS	25		10,294	9
3 RCLS SPACE RENTAL TO CAPITAL	C	ADMINISTRATIVE & GENERAL	6		38,929	9
4 RCLS CAFETERIA COST FROM DIETARY	D	DIETARY	11		1,315,378	
5 RCLS I&R COST FROM ER	E	EMERGENCY	61		705,114	
6		ADULTS & PEDIATRICS	25	421,269		
7		ADMINISTRATIVE & GENERAL	6		299,944	
8 RCLS LAUNDRY/LINEN COST TO LAUNDRY	F	ADMINISTRATIVE & GENERAL	6		11,892	
9 RCLS PHARMACY COST TO DRUGS CHARGED	G	INTENSIVE CARE UNIT	26		3,583	
10		ADMINISTRATIVE & GENERAL	6		576	
11		CENTRAL SERVICES & SUPPLY	15		468,297	
12		PHARMACY	16		19,254	
13		ADULTS & PEDIATRICS	25		1,196	
14		NURSERY	33		2,178	
15		RECOVERY ROOM	38		7,339	
16		DELIVERY ROOM & LABOR ROOM	39		6,390	
17		ANESTHESIOLOGY	40		2,145	
18		RADIOLOGY-DIAGNOSTIC	41		1,756	
19		LABORATORY	44		299	
20		RESPIRATORY THERAPY	49		4,374	
21		EMERGENCY	61		8,256	
22		OPERATING ROOM	37		7,600	
23		EMPLOYEE BENEFITS	5		68	
24		PHYSICAL THERAPY	50		146	
25		ELECTROCARDIOLOGY	53		3,505	
26		RENAL DIALYSIS	57		6	
27		CLINIC	60		402	
28 RCLS MED SUPPLIES TO CENTRAL SVCS	H	EMPLOYEE BENEFITS	5		1,971,530	
29		ADMINISTRATIVE & GENERAL	6		20,024	
30		HOUSEKEEPING	10		20,082	
31		NURSING ADMINISTRATION	14		50	
32		MAINTENANCE & REPAIRS	7		439,725	
33		ADULTS & PEDIATRICS	25		186,266	
34		INTENSIVE CARE UNIT	26		23,350	
35		NURSERY	33			
1 RCLS MED SUPPLIES TO CENTRAL SVCS	H	OPERATING ROOM	37		364,334	
2		RECOVERY ROOM	38		25,435	
3		DELIVERY ROOM & LABOR ROOM	39		121,750	
4		ANESTHESIOLOGY	40		33,507	
5		RADIOLOGY-DIAGNOSTIC	41		256,784	
6		LABORATORY	44		729,698	
7		RESPIRATORY THERAPY	49		164,957	
8		PHYSICAL THERAPY	50		10,167	
9		ELECTROCARDIOLOGY	53		22,014	
10		RENAL DIALYSIS	57		29,651	
11		CLINIC	60		11,431	
12		EMERGENCY	61		557,721	
13		DIETARY	11		15	
14		PHARMACY	16		54,751	
15		MEDICAL RECORDS & LIBRARY	17		13,801	
16		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		226,876	
36 TOTAL RECLASSIFICATIONS				883,276	8,202,840	

(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: 140300	PERIOD: FROM 12/1/2009 TO 11/30/2010	PREPARED 4/28/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--	--

RECLASS CODE: A
EXPLANATION: RECLASS MIDWIFE COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	462,007	ADULTS & PEDIATRICS	25	462,007	
TOTAL RECLASSIFICATIONS FOR CODE A			462,007				

RECLASS CODE: B
EXPLANATION: RECLASS EQUIPMENT RENTALS TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,294	ADULTS & PEDIATRICS	25	10,294	
TOTAL RECLASSIFICATIONS FOR CODE B			10,294				

RECLASS CODE: C
EXPLANATION: RCLS SPACE RENTAL TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	38,929	ADMINISTRATIVE & GENERAL	6	38,929	
TOTAL RECLASSIFICATIONS FOR CODE C			38,929				

RECLASS CODE: D
EXPLANATION: RCLS CAFETERIA COST FROM DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,315,378	DIETARY	11	1,315,378	
TOTAL RECLASSIFICATIONS FOR CODE D			1,315,378				

RECLASS CODE: E
EXPLANATION: RCLS I&R COST FROM ER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	705,114	EMERGENCY	61	705,114	
2.00	I&R SERVICES-SALARY & FRINGES	22	421,269	ADULTS & PEDIATRICS	25	421,269	
3.00			0			0	
TOTAL RECLASSIFICATIONS FOR CODE E			1,126,383	1,126,383			

RECLASS CODE: F
EXPLANATION: RCLS LAUNDRY/LINEN COST TO LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	299,944	ADMINISTRATIVE & GENERAL	6	299,944	
TOTAL RECLASSIFICATIONS FOR CODE F			299,944	299,944			

RECLASS CODE: G
EXPLANATION: RCLS PHARMACY COST TO DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	548,860	INTENSIVE CARE UNIT	26	11,892	
2.00			0	ADMINISTRATIVE & GENERAL	6	3,583	
3.00			0	CENTRAL SERVICES & SUPPLY	15	576	
4.00			0	PHARMACY	16	468,297	
5.00			0	ADULTS & PEDIATRICS	25	19,254	
6.00			0	NURSERY	33	1,196	
7.00			0	RECOVERY ROOM	38	2,178	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	7,339	
9.00			0	ANESTHESIOLOGY	40	6,390	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	2,145	
11.00			0	LABORATORY	44	1,756	
12.00			0	RESPIRATORY THERAPY	49	299	
13.00			0	EMERGENCY	61	4,374	
14.00			0	OPERATING ROOM	37	8,256	
15.00			0	EMPLOYEE BENEFITS	5	7,600	
16.00			0	PHYSICAL THERAPY	50	68	
17.00			0	ELECTROCARDIOLOGY	53	146	
18.00			0	RENAL DIALYSIS	57	3,505	

RECLASSIFICATIONS

PROVIDER NO:
140300

PERIOD:
FROM 12/1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION: RCLS PHARMACY COST TO DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
19.00			0	CLINIC	60	6	
TOTAL RECLASSIFICATIONS FOR CODE G			548,860				548,860

RECLASS CODE: H
EXPLANATION: RCLS MED SUPPLIES TO CENTRAL SVCS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	5,284,321	EMPLOYEE BENEFITS	5	402	
2.00			0	ADMINISTRATIVE & GENERAL	6	1,971,530	
3.00			0	HOUSEKEEPING	10	20,024	
4.00			0	NURSING ADMINISTRATION	14	20,082	
5.00			0	MAINTENANCE & REPAIRS	7	50	
6.00			0	ADULTS & PEDIATRICS	25	439,725	
7.00			0	INTENSIVE CARE UNIT	26	186,266	
8.00			0	NURSERY	33	23,350	
9.00			0	OPERATING ROOM	37	364,334	
10.00			0	RECOVERY ROOM	38	25,435	
11.00			0	DELIVERY ROOM & LABOR ROOM	39	121,750	
12.00			0	ANESTHESIOLOGY	40	33,507	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	256,784	
14.00			0	LABORATORY	44	729,698	
15.00			0	RESPIRATORY THERAPY	49	164,957	
16.00			0	PHYSICAL THERAPY	50	10,167	
17.00			0	ELECTROCARDIOLOGY	53	22,014	
18.00			0	RENAL DIALYSIS	57	29,651	
19.00			0	CLINIC	60	11,431	
20.00			0	EMERGENCY	61	557,721	
21.00			0	DIETARY	11	15	
22.00			0	PHARMACY	16	54,751	
23.00			0	MEDICAL RECORDS & LIBRARY	17	13,801	
24.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	226,876	
TOTAL RECLASSIFICATIONS FOR CODE H			5,284,321				5,284,321

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND								
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND								
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMENT	45,931,659	765,547			765,547		46,697,206	
5 FIXED EQUIPMENT	20,950						20,950	
6 MOVABLE EQUIPMENT	12,802,911						12,802,911	
7 SUBTOTAL	58,755,520	765,547			765,547		59,521,067	
8 RECONCILING ITEMS								
9 TOTAL	58,755,520	765,547			765,547		59,521,067	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	46,697,206		46,697,206	.784549			
4	NEW CAP REL COSTS-MV	12,823,861		12,823,861	.215451			
5	TOTAL	59,521,067		59,521,067	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	1,690,502						1,690,502
4	869,682						869,682
5	2,560,184						2,560,184

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	1,651,573						1,651,573
4	859,388						859,388
5	2,510,961						2,510,961

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

ADJUSTMENTS TO EXPENSES

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			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			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						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT	B	-106,494	EMPLOYEE BENEFITS		5	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-21,143,182				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	19,706,456				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-26,929	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 PARKING FEES	B	-82,683	ADMINISTRATIVE & GENERAL		6	
38 MISC INCOME	B	4,941	ADMINISTRATIVE & GENERAL		6	
39 PHARMACY SERVICE CHARGE	A	-127,176	DRUGS CHARGED TO PATIENTS		56	
40 SENGSTACK CLINIC	A	4,417,080	CLINIC		60	
41 EXCLUDED PHARMACIST	A	-30,610	DRUGS CHARGED TO PATIENTS		56	
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		2,611,403				

(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	8	OPERATION OF PLANT	COOK COUNTY ALLOCATED COS			
2	7	MAINTENANCE & REPAIRS	COOK COUNTY ALLOCATED COS			
3	56	DRUGS CHARGED TO PATIENTS	COOK COUNTY ALLOCATED COS	7,661,208	7,661,208	
4	6	ADMINISTRATIVE & GENERAL	COOK COUNTY ALLOCATED COS	11,747,057	11,747,057	
4.10	5	EMPLOYEE BENEFITS	COOK COUNTY ALLOCATED COS	298,191	298,191	
4.20						9
5		TOTALS		19,706,456	19,706,456	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS	
			NAME	PERCENTAGE OF OWNERSHIP		
1	2	3	4	5	6	
1	G	COOK COUNTY	100.00	COOK COUNTY	100.00	GOVERNMENT
2			0.00		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.
 COUNTY RUN HOSPITAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED: 4/28/2011
 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 5	EMPLOYEE HEALTH PHYSICIAN	154,965	154,965					
2 25	MED/SURG PHYSICIANS	9,600,974	7,930,598	1,670,376	177,200	12,488	1,063,882	53,194
3 26	ICU PHYSICIANS	1,570,236	1,570,236		177,200			
4 37	OR PHYSICIANS	3,217,779	2,583,745	634,034	208,000	4,160	416,000	20,800
5 41	RADIOLOGY PHYSICIANS	988,375	720,076	268,299	225,300	1,664	180,240	9,012
6 44	LABORATORY PHYSICIANS	391,961	164,118	227,843	215,700	2,080	215,700	10,785
7 53	CARDIOLOGY PHYSICIANS	612,013	359,582	252,431	177,200	2,080	177,200	8,860
8 61	ER PHYSICIANS	3,362,866	2,768,014	594,852	177,200	4,160	354,400	17,720
9 25	MED/SURG A/P PHYSICIANS	3,193,545	3,193,545					
10 41	RADIOLOGY A/P PHYSICIANS	457,890	457,890					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	23,550,604	19,902,769	3,647,835		26,632	2,407,422	120,371

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED: 4/28/2011
 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 5	EMPLOYEE HEALTH PHYSICIAN							154,965
2 25	MED/SURG PHYSICIANS					1,063,882	606,494	8,537,092
3 26	ICU PHYSICIANS							1,570,236
4 37	OR PHYSICIANS					416,000	218,034	2,801,779
5 41	RADIOLOGY PHYSICIANS					180,240	88,059	808,135
6 44	LABORATORY PHYSICIANS					215,700	12,143	176,261
7 53	CARDIOLOGY PHYSICIANS					177,200	75,231	434,813
8 61	ER PHYSICIANS					354,400	240,452	3,008,466
9 25	MED/SURG A/P PHYSICIANS							3,193,545
10 41	RADIOLOGY A/P PHYSICIANS							457,890
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					2,407,422	1,240,413	21,143,182

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	5	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	7	HOURS OF SERVICE	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	9	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	ENTERED
16	PHARMACY	11	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	TIME SPENT	ENTERED
18	SOCIAL SERVICE	13	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	14	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
	0	3	4	5			
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,690,502	1,690,502					
005 NEW CAP REL COSTS-MVBLE E	869,682		869,682				
006 EMPLOYEE BENEFITS	17,189,282	11,434		17,200,716			
007 ADMINISTRATIVE & GENERAL	21,250,373	316,398	180,591	1,504,663	23,252,025	23,252,025	
008 MAINTENANCE & REPAIRS	2,698,153	12,298	20,381	397,616	3,128,448	990,088	4,118,536
009 OPERATION OF PLANT	1,145,250	258,969	84,425	247,040	1,735,684	549,308	789,835
010 LAUNDRY & LINEN SERVICE	299,944				299,944	94,926	
011 HOUSEKEEPING	1,575,603	7,659	9,352	468,987	2,061,601	652,453	23,359
012 DIETARY	-33,227	85,086			51,859	16,412	259,506
014 CAFETERIA	1,315,378	38,204			1,353,582	428,380	116,520
015 NURSING ADMINISTRATION	2,290,037	30,295	49,539	412,596	2,782,467	880,592	92,397
016 CENTRAL SERVICES & SUPPLY	5,292,818	12,312	6,299		5,311,429	1,680,956	37,550
017 PHARMACY	599	16,469	2,654		19,722	6,242	50,228
018 MEDICAL RECORDS & LIBRARY	1,218,908	24,951		353,887	1,597,746	505,653	76,098
022 SOCIAL SERVICE	692,507	8,291		175,828	876,626	277,434	25,288
023 I&R SERVICES-SALARY & FRI	421,269				421,269	133,323	
025 I&R SERVICES-OTHER PRGM C	705,114				705,114	223,154	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	7,340,009	252,729	12,701	5,355,647	12,961,086	4,101,929	770,805
037 INTENSIVE CARE UNIT	1,813,502	56,292	31,964	1,100,354	3,002,112	950,105	171,686
038 NURSERY	4,176	10,638	83,906		98,720	31,243	32,445
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	275,692	106,676	90,192	972,859	1,445,419	457,445	325,353
041 RECOVERY ROOM	680,499	932		222,170	903,601	285,971	2,844
044 DELIVERY ROOM & LABOR ROO	2,947,405	107,021	6,966	810,616	3,872,008	1,225,409	326,407
046 ANESTHESIOLOGY	1,863,624	30,327		609,039	2,502,990	792,144	92,494
049 RADIOLOGY-DIAGNOSTIC	2,293,226	73,097	222,765	827,030	3,416,118	1,081,130	222,941
050 RADIOISOTOPE	65,802	3,566		21,524	90,892	28,765	10,875
051 LABORATORY	1,928,507	45,799	10,212	606,720	2,591,238	820,072	139,685
052 WHOLE BLOOD & PACKED RED	225,829	3,616	806	73,870	304,121	96,248	11,028
053 RESPIRATORY THERAPY	1,125,077	13,981	20,346	365,988	1,525,392	482,755	42,641
055 PHYSICAL THERAPY	377,462	2,979	5,331	27,920	413,692	130,925	9,086
057 OCCUPATIONAL THERAPY		6,358			6,358	2,012	19,392
060 SPEECH PATHOLOGY		1,910			1,910	604	5,826
061 ELECTROCARDIOLOGY	298,469	5,280	26,896	239,743	570,388	180,516	16,105
062 MEDICAL SUPPLIES CHARGED							
066 DRUGS CHARGED TO PATIENTS	8,052,282				8,052,282	2,548,378	
068 RENAL DIALYSIS							
069 OUTPAT SERVICE COST CNTRS							
095 CLINIC	4,432,309	80,474	2,792		4,515,575	1,429,085	245,440
101 EMERGENCY	4,376,893	66,461	1,564	2,406,619	6,851,537	2,168,368	202,702
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	96,722,955	1,690,502	869,682	17,200,716	96,722,955	23,252,025	4,118,536
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	96,722,955	1,690,502	869,682	17,200,716	96,722,955	23,252,025	4,118,536

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,074,827						
010 LAUNDRY & LINEN SERVICE		394,870					
011 HOUSEKEEPING	21,578	17,832	2,776,823				
012 DIETARY	239,714			567,491			
014 CAFETERIA	107,633		9,298		2,015,413		
015 NURSING ADMINISTRATION	85,350		443,201		76,486	4,360,493	
016 CENTRAL SERVICES & SUPPLY	34,686		22,331				7,086,952
017 PHARMACY	46,397	321	21,854				43,337
018 MEDICAL RECORDS & LIBRARY	70,294		9,298		91,683		30,213
022 SOCIAL SERVICE	23,359		15,497		28,682	32,429	
023 I&R SERVICES-SALARY & FRI							
025 I&R SERVICES-OTHER PRGM C							
033 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	712,016	129,260	524,340	462,254	672,068	2,017,891	962,638
026 INTENSIVE CARE UNIT	158,592	44,744	475,228	40,600	157,481	557,671	407,770
033 NURSERY	29,971	11,384	6,199		11,635		51,117
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	300,539	35,722	9,218		169,387	233,273	797,593
039 RECOVERY ROOM	2,627	103	13,033		29,381	246,157	55,682
040 DELIVERY ROOM & LABOR ROO	301,513	62,924	102,198		130,377	40,712	266,533
041 ANESTHESIOLOGY	85,440	87	9,218				73,353
043 RADIOLOGY-DIAGNOSTIC	205,938	407	112,529		127,491		562,147
044 RADIOISOTOPE	10,046		6,199		3,901		
046 LABORATORY	129,031	468	27,496		126,318		1,597,439
049 WHOLE BLOOD & PACKED RED	10,187	48	13,748		16,889		496,673
050 RESPIRATORY THERAPY	39,388	210	2,305		74,975		361,121
051 PHYSICAL THERAPY	8,393	13	9,298		8,095		22,257
052 OCCUPATIONAL THERAPY	17,913		2,305				
053 SPEECH PATHOLOGY	5,382	13	2,305				
055 ELECTROCARDIOLOGY	14,876	74	2,305		17,092		48,193
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS							64,911
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	226,721	49					25,025
095 EMERGENCY	187,243	91,211	937,420	64,637	273,472	1,232,360	1,220,950
101 OBSERVATION BEDS (NON-DIS							
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	3,074,827	394,870	2,776,823	567,491	2,015,413	4,360,493	7,086,952
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	3,074,827	394,870	2,776,823	567,491	2,015,413	4,360,493	7,086,952

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	188,101						
018 MEDICAL RECORDS & LIBRARY	807	2,381,792					
022 SOCIAL SERVICE		217	1,279,532				
023 I&R SERVICES-SALARY & FRI				554,592			
025 I&R SERVICES-OTHER PRGM C					928,268		
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,707	115,423	591,644	189,432	317,069	24,553,562	-506,501
026 INTENSIVE CARE UNIT	10,889	868		23,799	39,834	6,041,379	-63,633
033 NURSERY	1,365	9,546		21,205	35,492	340,322	-56,697
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	21,300	11,788		24,758	41,439	3,873,234	-66,197
039 RECOVERY ROOM	1,487					1,540,886	
040 DELIVERY ROOM & LABOR ROO	7,118			18,328	30,678	6,384,205	-49,006
041 ANESTHESIOLOGY	1,959			3,102	5,192	3,565,979	-8,294
043 RADIOLOGY-DIAGNOSTIC	15,012	362				5,744,075	
044 RADIOISOTOPE						150,678	
046 LABORATORY	42,662	868				5,475,277	
049 WHOLE BLOOD & PACKED RED	13,264					962,206	
050 RESPIRATORY THERAPY	9,644					2,538,431	
051 PHYSICAL THERAPY	594					602,353	
052 OCCUPATIONAL THERAPY						47,980	
053 SPEECH PATHOLOGY						16,040	
055 ELECTROCARDIOLOGY	1,287					850,836	
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS						10,600,660	
060 RENAL DIALYSIS	1,733					66,644	
062 OUTPAT SERVICE COST CNTRS							
060 CLINIC	668	1,350,000	687,888	37,390	62,583	8,580,424	-99,973
061 EMERGENCY	32,605	892,720		236,578	395,981	14,787,784	-632,559
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	188,101	2,381,792	1,279,532	554,592	928,268	96,722,955	-1,482,860
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	188,101	2,381,792	1,279,532	554,592	928,268	96,722,955	-1,482,860

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
018 MEDICAL RECORDS & LIBRARY	
022 SOCIAL SERVICE	
023 I&R SERVICES-SALARY & FRI	
025 I&R SERVICES-OTHER PRGM C	
026 INPAT ROUTINE SRVC CNTRS	
033 ADULTS & PEDIATRICS	24,047,061
037 INTENSIVE CARE UNIT	5,977,746
038 NURSERY	283,625
039 ANCILLARY SRVC COST CNTRS	
040 OPERATING ROOM	3,807,037
041 RECOVERY ROOM	1,540,886
043 DELIVERY ROOM & LABOR ROO	6,335,199
044 ANESTHESIOLOGY	3,557,685
046 RADIOLOGY-DIAGNOSTIC	5,744,075
049 RADIOISOTOPE	150,678
050 LABORATORY	5,475,277
051 WHOLE BLOOD & PACKED RED	962,206
052 RESPIRATORY THERAPY	2,538,431
053 PHYSICAL THERAPY	602,353
055 OCCUPATIONAL THERAPY	47,980
056 SPEECH PATHOLOGY	16,040
057 ELECTROCARDIOLOGY	850,836
060 MEDICAL SUPPLIES CHARGED	
061 DRUGS CHARGED TO PATIENTS	10,600,660
062 RENAL DIALYSIS	66,644
095 OUTPAT SERVICE COST CNTRS	
101 CLINIC	8,480,451
102 EMERGENCY	14,155,225
103 OBSERVATION BEDS (NON-DIS	
104 SPEC PURPOSE COST CENTERS	
105 SUBTOTALS	95,240,095
106 NONREIMBURS COST CENTERS	
107 CROSS FOOT ADJUSTMENT	
108 NEGATIVE COST CENTER	
109 TOTAL	95,240,095

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		11,434		11,434	11,434		
006 ADMINISTRATIVE & GENERAL		316,398	180,591	496,989	998	497,987	
007 MAINTENANCE & REPAIRS		12,298	20,381	32,679	264	21,205	54,148
008 OPERATION OF PLANT		258,969	84,425	343,394	164	11,764	10,385
009 LAUNDRY & LINEN SERVICE						2,033	
010 HOUSEKEEPING		7,659	9,352	17,011	311	13,974	307
011 DIETARY		85,086		85,086		352	3,412
012 CAFETERIA		38,204		38,204		9,175	1,532
014 NURSING ADMINISTRATION		30,295	49,539	79,834	274	18,860	1,215
015 CENTRAL SERVICES & SUPPLY		12,312	6,299	18,611		36,001	494
016 PHARMACY		16,469	2,654	19,123		134	660
017 MEDICAL RECORDS & LIBRARY		24,951		24,951	235	10,830	1,000
018 SOCIAL SERVICE		8,291		8,291	117	5,942	332
022 I&R SERVICES-SALARY & FRI						2,855	
023 I&R SERVICES-OTHER PRGM C						4,779	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		252,729	12,701	265,430	3,575	87,851	10,134
026 INTENSIVE CARE UNIT		56,292	31,964	88,256	730	20,348	2,257
033 NURSERY		10,638	83,906	94,544		669	427
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		106,676	90,192	196,868	645	9,797	4,278
038 RECOVERY ROOM		932		932	147	6,125	37
039 DELIVERY ROOM & LABOR ROO		107,021	6,966	113,987	538	26,244	4,291
040 ANESTHESIOLOGY		30,327		30,327	404	16,965	1,216
041 RADIOLOGY-DIAGNOSTIC		73,097	222,765	295,862	549	23,154	2,931
043 RADIOISOTOPE		3,566		3,566	14	616	143
044 LABORATORY		45,799	10,212	56,011	402	17,563	1,836
046 WHOLE BLOOD & PACKED RED		3,616	806	4,422	49	2,061	145
049 RESPIRATORY THERAPY		13,981	20,346	34,327	243	10,339	561
050 PHYSICAL THERAPY		2,979	5,331	8,310	19	2,804	119
051 OCCUPATIONAL THERAPY		6,358		6,358		43	255
052 SPEECH PATHOLOGY		1,910		1,910		13	77
053 ELECTROCARDIOLOGY		5,280	26,896	32,176	159	3,866	212
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						54,578	
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		80,474	2,792	83,266		30,607	3,227
061 EMERGENCY		66,461	1,564	68,025	1,597	46,440	2,665
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,690,502	869,682	2,560,184	11,434	497,987	54,148
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL		1,690,502	869,682	2,560,184	11,434	497,987	54,148

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	365,707						
010 LAUNDRY & LINEN SERVICE		2,033					
011 HOUSEKEEPING	2,566	92	34,261				
012 DIETARY	28,511			110,870			
014 CAFETERIA	12,801		115		61,827		
015 NURSING ADMINISTRATION	10,151		5,468		2,346	118,148	
016 CENTRAL SERVICES & SUPPLY	4,125		276				59,507
017 PHARMACY	5,518	2	270				364
018 MEDICAL RECORDS & LIBRARY	8,361		115		2,813		254
022 SOCIAL SERVICE	2,778		191		880	879	
023 I&R SERVICES-SALARY & FRI							
025 I&R SERVICES-OTHER PRGM C							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	84,685	666	6,469	90,310	20,618	54,674	8,083
037 INTENSIVE CARE UNIT	18,862	230	5,863	7,932	4,831	15,110	3,424
038 NURSERY	3,565	59	76		357		429
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	35,745	184	114		5,196	6,321	6,697
041 RECOVERY ROOM	312	1	161		901	6,670	468
043 DELIVERY ROOM & LABOR ROO	35,861	324	1,261		4,000	1,103	2,238
044 ANESTHESIOLOGY	10,162		114				616
046 RADIOLOGY-DIAGNOSTIC	24,493	2	1,388		3,911		4,720
049 RADIOISOTOPE	1,195		76		120		
050 LABORATORY	15,346	2	339		3,875		13,413
051 WHOLE BLOOD & PACKED RED	1,212		170		518		4,170
052 RESPIRATORY THERAPY	4,685	1	28		2,300		3,032
053 PHYSICAL THERAPY	998		115		248		187
055 OCCUPATIONAL THERAPY	2,131		28				
056 SPEECH PATHOLOGY	640		28				
057 ELECTROCARDIOLOGY	1,769		28		524		405
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							545
095 OUTPAT SERVICE COST CNTRS							
101 CLINIC	26,965						210
102 EMERGENCY	22,270	470	11,568	12,628	8,389	33,391	10,252
103 OBSERVATION BEDS (NON-DIS							
104 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	365,707	2,033	34,261	110,870	61,827	118,148	59,507
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS				6,491			
103 NEGATIVE COST CENTER							
TOTAL	365,707	2,033	34,261	117,361	61,827	118,148	59,507

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	26,071						
018 MEDICAL RECORDS & LIBRARY	112	48,671					
022 SOCIAL SERVICE		4	19,414				
023 I&R SERVICES-SALARY & FRI				2,855			
025 I&R SERVICES-OTHER PRGM C					4,779		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	3,563	2,359	8,977			647,394	
037 INTENSIVE CARE UNIT	1,509	18				169,370	
038 NURSERY	189	195				100,510	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	2,952	241				269,038	
041 RECOVERY ROOM	206					15,960	
043 DELIVERY ROOM & LABOR ROO	987					190,834	
044 ANESTHESIOLOGY	272					60,076	
046 RADIOLOGY-DIAGNOSTIC	2,081	7				359,098	
049 RADIOISOTOPE						5,730	
050 LABORATORY	5,913	18				114,718	
051 WHOLE BLOOD & PACKED RED	1,838					14,585	
052 RESPIRATORY THERAPY	1,337					56,853	
053 PHYSICAL THERAPY	82					12,882	
055 OCCUPATIONAL THERAPY						8,815	
056 SPEECH PATHOLOGY						2,668	
057 ELECTROCARDIOLOGY	178					39,317	
060 MEDICAL SUPPLIES CHARGED							
061 DRUGS CHARGED TO PATIENTS						54,578	
062 RENAL DIALYSIS	240					785	
066 OUTPAT SERVICE COST CNTRS							
095 CLINIC	93	27,587	10,437			182,392	
101 EMERGENCY	4,519	18,242				240,456	
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	26,071	48,671	19,414			2,546,059	
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS				2,855	4,779	7,634	
103 NEGATIVE COST CENTER						6,491	
TOTAL	26,071	48,671	19,414	2,855	4,779	2,560,184	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENERAL	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
018 MEDICAL RECORDS & LIBRARY	
022 SOCIAL SERVICE	
023 I&R SERVICES-SALARY & FRI	
025 I&R SERVICES-OTHER PRGM C	
026 INPAT ROUTINE SRVC CNTRS	
033 ADULTS & PEDIATRICS	647,394
037 INTENSIVE CARE UNIT	169,370
038 NURSERY	100,510
039 ANCILLARY SRVC COST CNTRS	
040 OPERATING ROOM	269,038
041 RECOVERY ROOM	15,960
043 DELIVERY ROOM & LABOR ROO	190,834
044 ANESTHESIOLOGY	60,076
046 RADIOLOGY-DIAGNOSTIC	359,098
049 RADIOISOTOPE	5,730
050 LABORATORY	114,718
051 WHOLE BLOOD & PACKED RED	14,585
052 RESPIRATORY THERAPY	56,853
053 PHYSICAL THERAPY	12,882
055 OCCUPATIONAL THERAPY	8,815
056 SPEECH PATHOLOGY	2,668
057 ELECTROCARDIOLOGY	39,317
060 MEDICAL SUPPLIES CHARGED	
061 DRUGS CHARGED TO PATIENTS	54,578
062 RENAL DIALYSIS	785
066 OUTPAT SERVICE COST CNTRS	
095 CLINIC	182,392
101 EMERGENCY	240,456
102 OBSERVATION BEDS (NON-DIS	
103 SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	2,546,059
101 NONREIMBURS COST CENTERS	
102 CROSS FOOT ADJUSTMENTS	7,634
103 NEGATIVE COST CENTER	6,491
103 TOTAL	2,560,184

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	()	(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	371,694					
005 NEW CAP REL COSTS-MVB		4,052,215				
006 EMPLOYEE BENEFITS	2,514		52,584,010			
007 ADMINISTRATIVE & GENERAL	69,567	841,451	4,599,882	-23,252,025	73,470,930	
008 MAINTENANCE & REPAIRS	2,704	94,965	1,215,546		3,128,448	296,909
009 OPERATION OF PLANT	56,940	393,372	755,222		1,735,684	56,940
010 LAUNDRY & LINEN SERVICE					299,944	
011 HOUSEKEEPING	1,684	43,574	1,433,733		2,061,601	1,684
012 DIETARY	18,708				51,859	18,708
014 CAFETERIA	8,400				1,353,582	8,400
015 NURSING ADMINISTRATIVE	6,661	230,821	1,261,340		2,782,467	6,661
016 CENTRAL SERVICES & SUPPLY	2,707	29,350			5,311,429	2,707
017 PHARMACY	3,621	12,365			19,722	3,621
018 MEDICAL RECORDS & LIBRARY	5,486		1,081,863		1,597,746	5,486
022 SOCIAL SERVICE	1,823		537,522		876,626	1,823
023 I&R SERVICES-SALARY & BENEFITS					421,269	
025 I&R SERVICES-OTHER PERSONNEL					705,114	
026 INPATIENT ROUTINE SERVICE CENTER						
033 ADULTS & PEDIATRICS	55,568	59,179	16,372,618		12,961,086	55,568
037 INTENSIVE CARE UNIT	12,377	148,933	3,363,876		3,002,112	12,377
038 NURSERY	2,339	390,954			98,720	2,339
039 ANCILLARY SERVICE CENTER						
040 OPERATING ROOM	23,455	420,243	2,974,114		1,445,419	23,455
041 RECOVERY ROOM	205		679,194		903,601	205
042 DELIVERY ROOM & LABOR	23,531	32,457	2,478,122		3,872,008	23,531
043 ANESTHESIOLOGY	6,668		1,861,885		2,502,990	6,668
044 RADIOLOGY-DIAGNOSTIC	16,072	1,037,960	2,528,300		3,416,118	16,072
046 RADIOISOTOPE	784		65,802		90,892	784
047 LABORATORY	10,070	47,582	1,854,795		2,591,238	10,070
049 WHOLE BLOOD & PACKED	795	3,754	225,828		304,121	795
050 RESPIRATORY THERAPY	3,074	94,799	1,118,857		1,525,392	3,074
051 PHYSICAL THERAPY	655	24,840	85,355		413,692	655
052 OCCUPATIONAL THERAPY	1,398				6,358	1,398
053 SPEECH PATHOLOGY	420				1,910	420
055 ELECTROCARDIOLOGY	1,161	125,319	732,916		570,388	1,161
056 MEDICAL SUPPLIES CHARGED TO PATIENTS					8,052,282	
057 RENAL DIALYSIS						
060 OUTPATIENT SERVICE CENTER						
061 CLINIC	17,694	13,011			4,515,575	17,694
062 EMERGENCY	14,613	7,286	7,357,240		6,851,537	14,613
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER SUBTOTALS)	371,694	4,052,215	52,584,010	-23,252,025	73,470,930	296,909
101 NONREIMBURSABLE COST CENTER						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	1,690,502	869,682	17,200,716		23,252,025	4,118,536
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.548101		.327109		.316479	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		.214619				13.871375
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			11,434		497,987	54,148
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000217		.006778	.182372

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	239,969						
009	LAUNDRY & LINEN SERVICE		500,749					
010	HOUSEKEEPING	1,684	22,614	34,942				
011	DIETARY	18,708			62,941			
012	CAFETERIA	8,400				89,380		
014	NURSING ADMINISTRATION	6,661		5,577		3,392	279,549	
015	CENTRAL SERVICES & SUPPLY	2,707		281				3,237,262
016	PHARMACY	3,621	407	275				19,796
017	MEDICAL RECORDS & LIBRARY	5,486		117		4,066		13,801
018	SOCIAL SERVICE	1,823		195		1,272	2,079	
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
025	INPATIENT ROUTINE SERVICE CENTER							
026	ADULTS & PEDIATRICS	55,568	163,921	6,598	51,269	29,805	129,366	439,725
026	INTENSIVE CARE UNIT	12,377	56,741	5,980	4,503	6,984	35,752	186,266
033	NURSERY	2,339	14,437	78		516		23,350
037	ANCILLARY SERVICE CENTER							
037	OPERATING ROOM	23,455	45,300	116		7,512	14,955	364,334
038	RECOVERY ROOM	205	130	164		1,303	15,781	25,435
039	DELIVERY ROOM & LABOR	23,531	79,796	1,286		5,782	2,610	121,750
040	ANESTHESIOLOGY	6,668	110	116				33,507
041	RADIOLOGY-DIAGNOSTIC	16,072	516	1,416		5,654		256,784
043	RADIOISOTOPE	784		78		173		
044	LABORATORY	10,070	594	346		5,602		729,698
046	WHOLE BLOOD & PACKED	795	61	173		749		226,876
049	RESPIRATORY THERAPY	3,074	266	29		3,325		164,957
050	PHYSICAL THERAPY	655	16	117		359		10,167
051	OCCUPATIONAL THERAPY	1,398		29				
052	SPEECH PATHOLOGY	420	16	29				
053	ELECTROCARDIOLOGY	1,161	94	29		758		22,014
055	MEDICAL SUPPLIES CHARGED TO PATIENTS							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							29,651
060	OUTPATIENT SERVICE CENTER							
060	CLINIC	17,694	62					11,431
061	EMERGENCY	14,613	115,668	11,796	7,169	12,128	79,006	557,720
062	OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)							
095	SUBTOTALS	239,969	500,749	34,942	62,941	89,380	279,549	3,237,262
101	NONREIMBURSABLE COST CENTER							
102	CROSS-FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WORKSHEET B, PART I)	3,074,827	394,870	2,776,823	567,491	2,015,413	4,360,493	7,086,952
104	UNIT COST MULTIPLIER (WORKSHEET B, PART I)		.788559		9.016237		15.598314	
105	COST TO BE ALLOCATED (WORKSHEET B, PART II)	12,813,434		79,469,492		22,548,814		2,189,181
106	UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107	COST TO BE ALLOCATED (WORKSHEET B, PART III)	365,707	2,033	34,261	110,870	61,827	118,148	59,507
108	UNIT COST MULTIPLIER (WORKSHEET B, PART III)	1.523976	.004060	.980511	1.761491	.691732	.422638	.018382

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
	16	17	18	22	23
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
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 & SUPPORT					
017 PHARMACY	3,217,466				
018 MEDICAL RECORDS & LIBRARY	13,801	32,934			
022 SOCIAL SERVICE			3	4,241	
023 I&R SERVICES-SALARY & FRI				9,834	
025 I&R SERVICES-OTHER PROGRAM					9,834
026 INPAT ROUTINE SERVICE CENTER					
033 ADULTS & PEDIATRICS	439,725	1,596	1,961	3,359	3,359
037 INTENSIVE CARE UNIT	186,266	12		422	422
038 NURSERY	23,350	132		376	376
039 ANCILLARY SERVICE CENTER					
040 OPERATING ROOM	364,334	163		439	439
041 RECOVERY ROOM	25,435				
043 DELIVERY ROOM & LABOR	121,750			325	325
044 ANESTHESIOLOGY	33,507			55	55
046 RADIOLOGY-DIAGNOSTIC	256,784	5			
049 RADIOISOTOPE					
050 LABORATORY	729,698	12			
051 WHOLE BLOOD & PACKED	226,876				
052 RESPIRATORY THERAPY	164,957				
053 PHYSICAL THERAPY	10,167				
055 OCCUPATIONAL THERAPY					
056 SPEECH PATHOLOGY					
057 ELECTROCARDIOLOGY	22,014				
060 MEDICAL SUPPLIES CHARGED TO PATIENT					
061 DRUGS CHARGED TO PATIENT					
062 RENAL DIALYSIS	29,651				
066 OUTPAT SERVICE CENTER					
067 CLINIC	11,431	18,667	2,280	663	663
068 EMERGENCY	557,720	12,344		4,195	4,195
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)					
101 SUBTOTALS	3,217,466	32,934	4,241	9,834	9,834
102 NONREIMBURS COST CENTER					
103 CROSS FOOT ADJUSTMENT					
104 NEGATIVE COST CENTER					
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	188,101	2,381,792	1,279,532	554,592	928,268
106 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.058462	72.320155	301.705258	56.395363	94.393736
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)					
108 UNIT COST MULTIPLIER (WORKSHEET B, PART II)	26,071	48,671	19,414	2,855	4,779
109 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)					
110 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.008103	1.477834	4.577694	.290319	.485967

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,047,061		24,047,061	606,494	24,653,555
26	INTENSIVE CARE UNIT	5,977,746		5,977,746		5,977,746
33	NURSERY	283,625		283,625		283,625
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,807,037		3,807,037	218,034	4,025,071
38	RECOVERY ROOM	1,540,886		1,540,886		1,540,886
39	DELIVERY ROOM & LABOR ROO	6,335,199		6,335,199		6,335,199
40	ANESTHESIOLOGY	3,557,685		3,557,685		3,557,685
41	RADIOLOGY-DIAGNOSTIC	5,744,075		5,744,075	88,059	5,832,134
43	RADIOISOTOPE	150,678		150,678		150,678
44	LABORATORY	5,475,277		5,475,277	12,143	5,487,420
46	WHOLE BLOOD & PACKED RED	962,206		962,206		962,206
49	RESPIRATORY THERAPY	2,538,431		2,538,431		2,538,431
50	PHYSICAL THERAPY	602,353		602,353		602,353
51	OCCUPATIONAL THERAPY	47,980		47,980		47,980
52	SPEECH PATHOLOGY	16,040		16,040		16,040
53	ELECTROCARDIOLOGY	850,836		850,836	75,231	926,067
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	10,600,660		10,600,660		10,600,660
57	RENAL DIALYSIS	66,644		66,644		66,644
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	8,480,451		8,480,451		8,480,451
61	EMERGENCY	14,155,225		14,155,225	240,452	14,395,677
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,405,888		1,405,888		1,405,888
101	SUBTOTAL	96,645,983		96,645,983	1,240,413	97,886,396
102	LESS OBSERVATION BEDS	1,405,888		1,405,888		1,405,888
103	TOTAL	95,240,095		95,240,095	1,240,413	96,480,508

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	9,019,919		9,019,919			
26	INTENSIVE CARE UNIT	2,389,760		2,389,760			
33	NURSERY	742,515		742,515			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	485,046	1,627,451	2,112,497	1.802150	1.802150	1.905362
38	RECOVERY ROOM	14,750	191,560	206,310	7.468790	7.468790	7.468790
39	DELIVERY ROOM & LABOR ROO	792,720		792,720	7.991723	7.991723	7.991723
40	ANESTHESIOLOGY	134,528	373,764	508,292	6.999294	6.999294	6.999294
41	RADIOLOGY-DIAGNOSTIC	1,608,760	4,733,777	6,342,537	.905643	.905643	.919527
43	RADIOISOTOPE	278,377	279,384	557,761	.270148	.270148	.270148
44	LABORATORY	3,285,900	4,765,301	8,051,201	.680057	.680057	.681565
46	WHOLE BLOOD & PACKED RED	302,857	114,002	416,859	2.308229	2.308229	2.308229
49	RESPIRATORY THERAPY	1,395,731	193,739	1,589,470	1.597030	1.597030	1.597030
50	PHYSICAL THERAPY	60,470	1,092,110	1,152,580	.522613	.522613	.522613
51	OCCUPATIONAL THERAPY	10,157	89,398	99,555	.481945	.481945	.481945
52	SPEECH PATHOLOGY	191		191	83.979058	83.979058	83.979058
53	ELECTROCARDIOLOGY	161,666	251,926	413,592	2.057187	2.057187	2.239083
55	MEDICAL SUPPLIES CHARGED	24,693	84,780	109,473			
56	DRUGS CHARGED TO PATIENTS	8,236,305	1,056,187	9,292,492	1.140777	1.140777	1.140777
57	RENAL DIALYSIS	183,279	11,587	194,866	.341999	.341999	.341999
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,006	5,587,578	5,593,584	1.516103	1.516103	1.516103
61	EMERGENCY	534,052	7,492,016	8,026,068	1.763656	1.763656	1.793615
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	29,667,682	27,944,560	57,612,242			
102	LESS OBSERVATION BEDS						
103	TOTAL	29,667,682	27,944,560	57,612,242			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0300
PERIOD: FROM 12/1/2009 TO 11/30/2010
PREPARED 4/28/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,553,562		24,553,562	606,494	25,160,056
26	INTENSIVE CARE UNIT	6,041,379		6,041,379		6,041,379
33	NURSERY	340,322		340,322		340,322
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,873,234		3,873,234	218,034	4,091,268
38	RECOVERY ROOM	1,540,886		1,540,886		1,540,886
39	DELIVERY ROOM & LABOR ROOM	6,384,205		6,384,205		6,384,205
40	ANESTHESIOLOGY	3,565,979		3,565,979		3,565,979
41	RADIOLOGY-DIAGNOSTIC	5,744,075		5,744,075	88,059	5,832,134
43	RADIOISOTOPE	150,678		150,678		150,678
44	LABORATORY	5,475,277		5,475,277	12,143	5,487,420
46	WHOLE BLOOD & PACKED RED	962,206		962,206		962,206
49	RESPIRATORY THERAPY	2,538,431		2,538,431		2,538,431
50	PHYSICAL THERAPY	602,353		602,353		602,353
51	OCCUPATIONAL THERAPY	47,980		47,980		47,980
52	SPEECH PATHOLOGY	16,040		16,040		16,040
53	ELECTROCARDIOLOGY	850,836		850,836	75,231	926,067
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	10,600,660		10,600,660		10,600,660
57	RENAL DIALYSIS	66,644		66,644		66,644
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	8,580,424		8,580,424		8,580,424
61	EMERGENCY	14,787,784		14,787,784	240,452	15,028,236
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,405,888		1,405,888		1,405,888
101	SUBTOTAL	98,128,843		98,128,843	1,240,413	99,369,256
102	LESS OBSERVATION BEDS	1,405,888		1,405,888		1,405,888
103	TOTAL	96,722,955		96,722,955	1,240,413	97,963,368

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	9,019,919		9,019,919			
26	INTENSIVE CARE UNIT	2,389,760		2,389,760			
33	NURSERY	742,515		742,515			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	485,046	1,627,451	2,112,497	1.833486	1.833486	1.936698
38	RECOVERY ROOM	14,750	191,560	206,310	7.468790	7.468790	7.468790
39	DELIVERY ROOM & LABOR ROO	792,720		792,720	8.053543	8.053543	8.053543
40	ANESTHESIOLOGY	134,528	373,764	508,292	7.015611	7.015611	7.015611
41	RADIOLOGY-DIAGNOSTIC	1,608,760	4,733,777	6,342,537	.905643	.905643	.919527
43	RADIOISOTOPE	278,377	279,384	557,761	.270148	.270148	.270148
44	LABORATORY	3,285,900	4,765,301	8,051,201	.680057	.680057	.681565
46	WHOLE BLOOD & PACKED RED	302,857	114,002	416,859	2.308229	2.308229	2.308229
49	RESPIRATORY THERAPY	1,395,731	193,739	1,589,470	1.597030	1.597030	1.597030
50	PHYSICAL THERAPY	60,470	1,092,110	1,152,580	.522613	.522613	.522613
51	OCCUPATIONAL THERAPY	10,157	89,398	99,555	.481945	.481945	.481945
52	SPEECH PATHOLOGY	191		191	83.979058	83.979058	83.979058
53	ELECTROCARDIOLOGY	161,666	251,926	413,592	2.057187	2.057187	2.239083
55	MEDICAL SUPPLIES CHARGED	24,693	84,780	109,473			
56	DRUGS CHARGED TO PATIENTS	8,236,305	1,056,187	9,292,492	1.140777	1.140777	1.140777
57	RENAL DIALYSIS	183,279	11,587	194,866	.341999	.341999	.341999
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,006	5,587,578	5,593,584	1.533976	1.533976	1.533976
61	EMERGENCY	534,052	7,492,016	8,026,068	1.842469	1.842469	1.872428
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	29,667,682	27,944,560	57,612,242			
102	LESS OBSERVATION BEDS						
103	TOTAL	29,667,682	27,944,560	57,612,242			

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	3,807,037	269,038	3,537,999			3,807,037
38	RECOVERY ROOM	1,540,886	15,960	1,524,926			1,540,886
39	DELIVERY ROOM & LABOR ROO	6,335,199	190,834	6,144,365			6,335,199
40	ANESTHESIOLOGY	3,557,685	60,076	3,497,609			3,557,685
41	RADIOLOGY-DIAGNOSTIC	5,744,075	359,098	5,384,977			5,744,075
43	RADIOISOTOPE	150,678	5,730	144,948			150,678
44	LABORATORY	5,475,277	114,718	5,360,559			5,475,277
46	WHOLE BLOOD & PACKED RED	962,206	14,585	947,621			962,206
49	RESPIRATORY THERAPY	2,538,431	56,853	2,481,578			2,538,431
50	PHYSICAL THERAPY	602,353	12,882	589,471			602,353
51	OCCUPATIONAL THERAPY	47,980	8,815	39,165			47,980
52	SPEECH PATHOLOGY	16,040	2,668	13,372			16,040
53	ELECTROCARDIOLOGY	850,836	39,317	811,519			850,836
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	10,600,660	54,578	10,546,082			10,600,660
57	RENAL DIALYSIS	66,644	785	65,859			66,644
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,480,451	182,392	8,298,059			8,480,451
61	EMERGENCY	14,155,225	240,456	13,914,769			14,155,225
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,405,888	36,919	1,368,969			1,405,888
101	SUBTOTAL	66,337,551	1,665,704	64,671,847			66,337,551
102	LESS OBSERVATION BEDS	1,405,888	36,919	1,368,969			1,405,888
103	TOTAL	64,931,663	1,628,785	63,302,878			64,931,663

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	2,112,497	1.802150	1.802150
38	RECOVERY ROOM	206,310	7.468790	7.468790
39	DELIVERY ROOM & LABOR ROO	792,720	7.991723	7.991723
40	ANESTHESIOLOGY	508,292	6.999294	6.999294
41	RADIOLOGY-DIAGNOSTIC	6,342,537	.905643	.905643
43	RADIOISOTOPE	557,761	.270148	.270148
44	LABORATORY	8,051,201	.680057	.680057
46	WHOLE BLOOD & PACKED RED	416,859	2.308229	2.308229
49	RESPIRATORY THERAPY	1,589,470	1.597030	1.597030
50	PHYSICAL THERAPY	1,152,580	.522613	.522613
51	OCCUPATIONAL THERAPY	99,555	.481945	.481945
52	SPEECH PATHOLOGY	191	83.979058	83.979058
53	ELECTROCARDIOLOGY	413,592	2.057187	2.057187
55	MEDICAL SUPPLIES CHARGED	109,473		
56	DRUGS CHARGED TO PATIENTS	9,292,492	1.140777	1.140777
57	RENAL DIALYSIS	194,866	.341999	.341999
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,593,584	1.516103	1.516103
61	EMERGENCY	8,026,068	1.763656	1.763656
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	45,460,048		
102	LESS OBSERVATION BEDS			
103	TOTAL	45,460,048		

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	3,873,234	269,038	3,604,196	26,904	209,043	3,637,287
38	RECOVERY ROOM	1,540,886	15,960	1,524,926	1,596	88,446	1,450,844
39	DELIVERY ROOM & LABOR ROO	6,384,205	190,834	6,193,371	19,083	359,216	6,005,906
40	ANESTHESIOLOGY	3,565,979	60,076	3,505,903	6,008	203,342	3,356,629
41	RADIOLOGY-DIAGNOSTIC	5,744,075	359,098	5,384,977	35,910	312,329	5,395,836
43	RADIOISOTOPE	150,678	5,730	144,948	573	8,407	141,698
44	LABORATORY	5,475,277	114,718	5,360,559	11,472	310,912	5,152,893
46	WHOLE BLOOD & PACKED RED	962,206	14,585	947,621	1,459	54,962	905,785
49	RESPIRATORY THERAPY	2,538,431	56,853	2,481,578	5,685	143,932	2,388,814
50	PHYSICAL THERAPY	602,353	12,882	589,471	1,288	34,189	566,876
51	OCCUPATIONAL THERAPY	47,980	8,815	39,165	882	2,272	44,826
52	SPEECH PATHOLOGY	16,040	2,668	13,372	267	776	14,997
53	ELECTROCARDIOLOGY	850,836	39,317	811,519	3,932	47,068	799,836
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	10,600,660	54,578	10,546,082	5,458	611,673	9,983,529
57	RENAL DIALYSIS	66,644	785	65,859	79	3,820	62,745
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,580,424	182,392	8,398,032	18,239	487,086	8,075,099
61	EMERGENCY	14,787,784	240,456	14,547,328	24,046	843,745	13,919,993
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,405,888	36,919	1,368,969	3,692	79,400	1,322,796
101	SUBTOTAL	67,193,580	1,665,704	65,527,876	166,573	3,800,618	63,226,389
102	LESS OBSERVATION BEDS	1,405,888	36,919	1,368,969	3,692	79,400	1,322,796
103	TOTAL	65,787,692	1,628,785	64,158,907	162,881	3,721,218	61,903,593

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	2,112,497	1.721795	1.820751
38	RECOVERY ROOM	206,310	7.032349	7.461054
39	DELIVERY ROOM & LABOR ROO	792,720	7.576327	8.029471
40	ANESTHESIOLOGY	508,292	6.603742	7.003791
41	RADIOLOGY-DIAGNOSTIC	6,342,537	.850738	.899981
43	RADIOISOTOPE	557,761	.254048	.269121
44	LABORATORY	8,051,201	.640015	.678632
46	WHOLE BLOOD & PACKED RED	416,859	2.172881	2.304729
49	RESPIRATORY THERAPY	1,589,470	1.502900	1.593453
50	PHYSICAL THERAPY	1,152,580	.491832	.521495
51	OCCUPATIONAL THERAPY	99,555	.450264	.473085
52	SPEECH PATHOLOGY	191	78.518325	82.581152
53	ELECTROCARDIOLOGY	413,592	1.933877	2.047680
55	MEDICAL SUPPLIES CHARGED	109,473		
56	DRUGS CHARGED TO PATIENTS	9,292,492	1.074365	1.140190
57	RENAL DIALYSIS	194,866	.321990	.341594
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,593,584	1.443636	1.530715
61	EMERGENCY	8,026,068	1.734348	1.839473
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	45,460,048		
102	LESS OBSERVATION BEDS			
103	TOTAL	45,460,048		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300 PERIOD: FROM 12/1/2009 TO 11/30/2010 PREPARED 4/28/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				647,394		647,394
26	INTENSIVE CARE UNIT				169,370		169,370
33	NURSERY				100,510		100,510
101	TOTAL				917,274		917,274

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	14,169	3,220			45.69	147,122
26	INTENSIVE CARE UNIT	2,154	591			78.63	46,470
33	NURSERY	803				125.17	
101	TOTAL	17,126	3,811				193,592

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		269,038	2,112,497	75,885		
38	RECOVERY ROOM		15,960	206,310			
39	DELIVERY ROOM & LABOR ROO		190,834	792,720			
40	ANESTHESIOLOGY		60,076	508,292			
41	RADIOLOGY-DIAGNOSTIC		359,098	6,342,537	385,699		
43	RADIOISOTOPE		5,730	557,761	49,865		
44	LABORATORY		114,718	8,051,201	753,347		
46	WHOLE BLOOD & PACKED RED		14,585	416,859	72,986		
49	RESPIRATORY THERAPY		56,853	1,589,470	429,288		
50	PHYSICAL THERAPY		12,882	1,152,580	16,430		
51	OCCUPATIONAL THERAPY		8,815	99,555	2,072		
52	SPEECH PATHOLOGY		2,668	191	191		
53	ELECTROCARDIOLOGY		39,317	413,592	66,206		
55	MEDICAL SUPPLIES CHARGED			109,473	3,522		
56	DRUGS CHARGED TO PATIENTS		54,578	9,292,492	1,844,749		
57	RENAL DIALYSIS		785	194,866	72,000		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		182,392	5,593,584	2,813		
61	EMERGENCY		240,456	8,026,068	16,625		
62	OBSERVATION BEDS (NON-DIS		36,919				
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,665,704	45,460,048	3,791,678		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.127355	9,664
38	RECOVERY ROOM	.077359	
39	DELIVERY ROOM & LABOR ROO	.240733	
40	ANESTHESIOLOGY	.118192	
41	RADIOLOGY-DIAGNOSTIC	.056617	21,837
43	RADIOISOTOPE	.010273	512
44	LABORATORY	.014249	10,734
46	WHOLE BLOOD & PACKED RED	.034988	2,554
49	RESPIRATORY THERAPY	.035769	15,355
50	PHYSICAL THERAPY	.011177	184
51	OCCUPATIONAL THERAPY	.088544	183
52	SPEECH PATHOLOGY	13.968586	2,668
53	ELECTROCARDIOLOGY	.095062	6,294
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.005873	10,834
57	RENAL DIALYSIS	.004028	290
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.032607	92
61	EMERGENCY	.029959	498
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		81,699

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

PROVIDER NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					14,169	
26	INTENSIVE CARE UNIT					2,154	
33	NURSERY					803	
101	TOTAL					17,126	

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

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
 I 14-0300 I FROM 12/ 1/2009 I WORKSHEET D
 I TO 11/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		3,220
26	INTENSIVE CARE UNIT		591
33	NURSERY		
101	TOTAL		3,811

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			2,112,497			75,885	
38	RECOVERY ROOM			206,310				
39	DELIVERY ROOM & LABOR ROO			792,720				
40	ANESTHESIOLOGY			508,292				
41	RADIOLOGY-DIAGNOSTIC			6,342,537			385,699	
43	RADIOISOTOPE			557,761			49,865	
44	LABORATORY			8,051,201			753,347	
46	WHOLE BLOOD & PACKED RED			416,859			72,986	
49	RESPIRATORY THERAPY			1,589,470			429,288	
50	PHYSICAL THERAPY			1,152,580			16,430	
51	OCCUPATIONAL THERAPY			99,555			2,072	
52	SPEECH PATHOLOGY			191			191	
53	ELECTROCARDIOLOGY			413,592			66,206	
55	MEDICAL SUPPLIES CHARGED			109,473			3,522	
56	DRUGS CHARGED TO PATIENTS			9,292,492			1,844,749	
57	RENAL DIALYSIS			194,866			72,000	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			5,593,584			2,813	
61	EMERGENCY			8,026,068			16,625	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			45,460,048			3,791,678	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
		CHARGES 8	D, V COL 5.03 8.01	D, V COL 5.04 8.02	PASS THRU COST 9	* COL 5 9.01	* COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	100,913					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	336,065					
43	RADIOISOTOPE	1,704					
44	LABORATORY	16,807					
46	WHOLE BLOOD & PACKED RED	7,663					
49	RESPIRATORY THERAPY	11,214					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	36,452					
55	MEDICAL SUPPLIES CHARGED	2,580					
56	DRUGS CHARGED TO PATIENTS	49,734					
57	RENAL DIALYSIS	5,625					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	799,320					
61	EMERGENCY	409,425					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,777,502					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 4/28/2011
 | 14-0300 | FROM 12/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 11/30/2010 | PART V
 | 14-0300 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	1.802150	1.802150			
38 RECOVERY ROOM	7.468790	7.468790			
39 DELIVERY ROOM & LABOR ROOM	7.991723	7.991723			
40 ANESTHESIOLOGY	6.999294	6.999294			
41 RADIOLOGY-DIAGNOSTIC	.905643	.905643			
43 RADIOISOTOPE	.270148	.270148			
44 LABORATORY	.680057	.680057			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	2.308229	2.308229			
49 RESPIRATORY THERAPY	1.597030	1.597030			
50 PHYSICAL THERAPY	.522613	.522613			
51 OCCUPATIONAL THERAPY	.481945	.481945			
52 SPEECH PATHOLOGY	83.979058	83.979058			
53 ELECTROCARDIOLOGY	2.057187	2.057187			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	1.140777	1.140777			
57 RENAL DIALYSIS	.341999	.341999			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.516103	1.516103			
61 EMERGENCY	1.763656	1.763656			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2009	4/28/2011
COMPONENT NO:	TO 11/30/2010	WORKSHEET D-1
14-0300		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	808
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,739.96
85	OBSERVATION BED COST	1,405,888

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	24,653,555		1,405,888	
87	NEW CAPITAL-RELATED COST	647,394	.026260	1,405,888	36,919
88	NON PHYSICIAN ANESTHETIST	24,653,555		1,405,888	
89	MEDICAL EDUCATION	24,653,555		1,405,888	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,332,438	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		894,044	
37	OPERATING ROOM	1.905362	75,885	144,588
38	RECOVERY ROOM	7.468790		
39	DELIVERY ROOM & LABOR ROOM	7.991723		
40	ANESTHESIOLOGY	6.999294		
41	RADIOLOGY-DIAGNOSTIC	.919527	385,699	354,661
43	RADIOISOTOPE	.270148	49,865	13,471
44	LABORATORY	.681565	753,347	513,455
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	2.308229	72,986	168,468
49	RESPIRATORY THERAPY	1.597030	429,288	685,586
50	PHYSICAL THERAPY	.522613	16,430	8,587
51	OCCUPATIONAL THERAPY	.481945	2,072	999
52	SPEECH PATHOLOGY	83.979058	191	16,040
53	ELECTROCARDIOLOGY	2.239083	66,206	148,241
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,522	
56	DRUGS CHARGED TO PATIENTS	1.140777	1,844,749	2,104,447
57	RENAL DIALYSIS	.341999	72,000	24,624
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.516103	2,813	4,265
61	EMERGENCY	1.793615	16,625	29,819
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		3,791,678	4,217,251
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,791,678	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	565,965	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	378,224	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,374,850	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	62,792	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	26,589	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	174,932	
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)	201,711	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	106.79	
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.	11.59	
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)	11.59	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	11.81	
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)	11.59	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	11.59	
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	11.59	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	11.59	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.108531	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.097395	
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)	.097395	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	32,559	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	20,962	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	183,818	
	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).	237,339	237,339
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	21.12	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	40.38	
4.02 SUM OF LINES 4 AND 4.01	61.50	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	39.95	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,725,456	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,483,545	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,483,545	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		434,687
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)		233,754
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	7,151,986	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,151,986	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		588,200
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		39,336
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		100,696
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		70,487
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		33,108
22 SUBTOTAL	6,594,937	
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	6,594,937	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,469,707	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		125,230
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0300	FROM 12/ 1/2009	4/28/2011
COMPONENT NO:	TO 11/30/2010	WORKSHEET E
14-0300		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,601,286
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	1,003,243
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,003,243

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	345,351
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	657,892
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	53,059
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	710,951
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	710,951
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	10,113
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,079
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	10,113
28	SUBTOTAL	718,030
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	718,030
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	658,837
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	59,193
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,299,321		657,892
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	11/19/2010	199,496	11/19/2010	1,073
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	6/18/2010	29,110	6/18/2010	128
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		170,386		945
4 TOTAL INTERIM PAYMENTS		6,469,707		658,837
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		125,230		59,193
7 TOTAL MEDICARE PROGRAM LIABILITY		6,594,937		718,030

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	11.59
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	11.59
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	11.81
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	11.59
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	11.42
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	.12
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	11.54
3.10	SEE INSTRUCTIONS	11.33
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	3.15
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	4.91
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS 2.73
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	2.73
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	96,644.05
3.18	SEE INSTRUCTIONS	263,838
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	5.78
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	6.46
3.21	SEE INSTRUCTIONS	RES INIT YEARS 7.82
3.22	SEE INSTRUCTIONS	7.82
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	108,311.06
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	846,992
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,110,830

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		3,811
5	TOTAL INPATIENT DAYS		15,515
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.245633
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	272,857	272,857
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		227
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		15,515
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		13,956
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	194,866

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 11,460,053
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 11,460,053

PART B REASONABLE COST

- 17 REASONABLE COST 2,601,286
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 2,601,286
- 20 TOTAL REASONABLE COST 14,061,339
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .815004
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .184996

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
 (SUM OF LINES 6.01, 6.05, & 6.08) 286,813
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 233,754
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 53,059

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	99,334,238			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,633,244			
5 OTHER RECEIVABLES	25,175,082			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14,967,893			
7 INVENTORY	898,253			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	119,072,924			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	46,697,207			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS	-26,625,235			
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT	20,950			
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS	-20,950			
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT	12,802,911			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE	-8,750,698			
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	8,255			
20.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE	-8,255			
21 TOTAL FIXED ASSETS	24,124,185			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	143,197,109			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,726,088			
29 SALARIES, WAGES & FEES PAYABLE	5,481,367			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	10,070,625			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	11,482			
36 TOTAL CURRENT LIABILITIES	19,289,562			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	900,394			
42 TOTAL LONG-TERM LIABILITIES	900,394			
43 TOTAL LIABILITIES	20,189,956			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	123,007,153			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	123,007,153			
52 TOTAL LIABILITIES AND FUND BALANCES	143,197,109			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		115,349,578		
2	NET INCOME (LOSS)		6,892,028		
3	TOTAL		122,241,606		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	CAPITAL TRANSFER	765,547			
7					
8					
9					
10	TOTAL ADDITIONS		765,547		
11	SUBTOTAL		123,007,153		
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		123,007,153		

		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	CAPITAL TRANSFER				
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	9,019,919		9,019,919
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,019,919		9,019,919
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,389,760		2,389,760
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,389,760		2,389,760
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,409,679		11,409,679
17 00 ANCILLARY SERVICES	16,975,430	14,864,966	31,840,396
18 00 OUTPATIENT SERVICES	540,058	13,079,594	13,619,652
24 00 NURSERY	742,515		742,515
25 00 TOTAL PATIENT REVENUES	29,667,682	27,944,560	57,612,242

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	94,111,552		
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		94,111,552	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0300 PERIOD: FROM 12/1/2009 TO 11/30/2010 PREPARED 4/28/2011 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	57,612,242
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	7,635,535
3	NET PATIENT REVENUES	49,976,707
4	LESS: TOTAL OPERATING EXPENSES	94,111,552
5	NET INCOME FROM SERVICE TO PATIENTS	-44,134,845
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	189,177
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	127,176
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	26,929
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
24.01	NON OPERATING INCOME	50,683,591
24.02		
25	TOTAL OTHER INCOME	51,026,873
26	TOTAL	6,892,028
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,892,028

PROVIDER NO: 14-0300
 COMPONENT NO: 14-0300
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 FULLY PROSPECTIVE METHOD
 PREPARED 4/28/2011
 WORKSHEET L
 PARTS I-IV

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	354,753
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	4,514
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	42.51
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	11.59
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	8.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	28,380
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	21.12
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	40.38
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	61.50
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	13.26
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	47,040
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	434,687
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)	