

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		14-1346		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 6/2011 TIME 11: 39

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:
 FAYETTE COUNTY HOSPITAL 14-1346
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	493,027	-326,966		0
3	SWING BED - SNF	0	243,774	0		0
5	HOSPITAL-BASED SNF	0	-5,963	0		0
100	TOTAL	0	730,838	-326,966		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.

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MI SCELLANEOUS DATA

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1346
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO RATE	10/1 DAYS	SERVICES ON/AFTER RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB		12				
6	RVA		2				
6 .01	RVX						
6 .02	RVL		9				
7	RHC		25				
8	RHB		94				
9	RHA		13				
9 .01	RHX						
9 .02	RHL						
10	RMC		15				
11	RMB		9				
12	RMA						
12 .01	RMX		34				
12 .02	RML		37				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		94				
16	SE2		21				
17	SE1						
18	SSC		3				
19	SSB		5				
20	SSA		14				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		13				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL		400				

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-1346

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010
PREPARED 6/ 6/2011
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)		M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1			3a	3	3.01	4a	4	4.01
1	RUC		495.77			579.81		
2	RUB		459.15			579.81		
3	RUA		440.83			477.03		
3.01	RUX		570.35			778.69		
3.02	RUL		510.17			760.00		
4	RVC		388.01			497.54		
5	RVB		371.01	371.01	12	426.80		
6	RVA		339.61	339.61	2	425.47		
6.01	RVX		427.27			696.41		
6.02	RVL		401.10	401.10	9	621.67		
7	RHC		330.81	330.81	25	434.69		
8	RHB		317.73	317.73	94	389.31		
9	RHA		298.10	298.10	13	339.92		
9.01	RHX		356.97			633.56		
9.02	RHL		349.12			561.49		
10	RMC		302.74	302.74	15	383.61		
11	RMB		294.89	294.89	9	356.91		
12	RMA		289.66			290.17		
12.01	RMX		398.25	398.25	34	581.14		
12.02	RML		368.16	368.16	37	533.09		
13	RLB		261.00			374.87		
14	RLA		225.67			233.39		
14.01	RLX		281.93			512.34		
15	SE3		310.71	310.71	94			
16	SE2		266.23	266.23	21			
17	SE1		238.75					
18	SSC		234.83	234.83	3			
19	SSB		223.06	223.06	5			
20	SSA		219.13	219.13	14			
21	CC2		233.52			259.60		
22	CC1		215.21			240.91		
23	CB2		204.74			240.91		
24	CB1		195.58			223.56		
25	CA2		194.28			204.88		
26	CA1		183.80			191.53		
27	IB2		175.95					
28	IB1		173.34					
29	IA2		160.26					
30	IA1		155.02					
31	BB2		174.65			216.89		
32	BB1		170.72			207.54		
33	BA2		158.95			180.85		
34	BA1		148.49			172.84		
35	PE2		189.04			287.63		
36	PE1		186.43			274.28		
37	PD2		179.88			271.61		
38	PD1		177.27	177.27	13	258.26		
39	PC2		172.03			234.24		
40	PC1		170.72			223.56		
41	PB2		153.72			199.53		
42	PB1		151.10			191.53		
43	PA2		149.79			166.17		
44	PA1		145.87			159.50		
45	AAA		145.87			159.50		
45.01	ES3					565.25		
45.02	ES2					443.79		
45.03	ES1					397.07		
45.04	HE2					383.72		
45.05	HE1					319.66		
45.06	HD2					359.70		
45.07	HD1					300.97		
45.08	HC2					339.68		
45.09	HC1					284.96		
45.10	HB2					335.68		
45.11	HB1					282.28		
45.12	LE2					349.02		
45.13	LE1					292.97		
45.14	LD2					335.68		
45.15	LD1					282.28		
45.16	LC2					295.63		
45.17	LC1					250.25		
45.18	LB2					280.96		
45.19	LB1					239.57		
45.20	CE2					311.65		
45.21	CE1					287.63		
45.22	CD2					295.63		
45.23	CD1					271.61		
46	TOTAL				400			

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1346
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE 3a	RATE 3	DAYS 3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE 4a	RATE 4	DAYS 4.01
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agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:

Transition Period : 100% Federal
Wage Index Factor (before 10/01): 0.8312
Wage Index Factor (after 10/01): 0.8343
SNF Facility Specific Rate : 0.00
Urban/Rural Designation : RURAL
SNF MSA Code : 14
SNF CBSA Code : 99914

Non-CMS S-7 options selected:

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

GROUP(1)	M3PI REVENUE CODE	A I D S SERV PRIOR TO OCT. 1ST RATE 4.02	DIAGNOSIS DAYS 4.03	CODE SERV ON/AFTER OCT. 1ST RATE 4.04	042 DAYS 4.05	SWING BED SNF DAYS 4.06	TOTAL
1	RUC	1,130.36		1,321.97			5
2	RUB	1,046.86		1,321.97			
3	RUA	1,005.09		1,087.63			
3.01	RUX	1,300.40		1,775.41			
3.02	RUL	1,163.19		1,732.80			
4	RVC	884.66		1,134.39			
5	RVB	845.90		973.10			4,452
6	RVA	774.31		970.07			679
6.01	RVX	974.18		1,587.81			
6.02	RVL	914.51		1,417.41			3,610
7	RHC	754.25		991.09			8,270
8	RHB	724.42		887.63			29,867
9	RHA	679.67		775.02			3,875
9.01	RHX	813.89		1,444.52			
9.02	RHL	795.99		1,280.20			
10	RMC	690.25		874.63			4,541
11	RMB	672.35		813.75			2,654
12	RMA	660.42		661.59			
12.01	RMX	908.01		1,325.00			13,541
12.02	RML	839.40		1,215.45			13,622
13	RLB	595.08		854.70			
14	RLA	514.53		532.13			
14.01	RLX	642.80		1,168.14			
15	SE3	708.42					29,207
16	SE2	607.00					5,591
17	SE1	544.35					
18	SSC	535.41					704
19	SSB	508.58					1,115
20	SSA	499.62					3,068
21	CC2	532.43		591.89			
22	CC1	490.68		549.27			
23	CB2	466.81		549.27			
24	CB1	445.92		509.72			
25	CA2	442.96		467.13			
26	CA1	419.06		436.69			
27	IB2	401.17					
28	IB1	395.22					
29	IA2	365.39					
30	IA1	353.45					
31	BB2	398.20		494.51			
32	BB1	389.24		473.19			
33	BA2	362.41		412.34			
34	BA1	338.56		394.08			
35	PE2	431.01		655.80			
36	PE1	425.06		625.36			
37	PD2	410.13		619.27			
38	PD1	404.18		588.83			2,305
39	PC2	392.23		534.07			
40	PC1	389.24		509.72			
41	PB2	350.48		454.93			
42	PB1	344.51		436.69			
43	PA2	341.52		378.87			
44	PA1	332.58		363.66			
45	AAA	332.58		363.66			
45.01	ES3			1,288.77			
45.02	ES2			1,011.84			
45.03	ES1			905.32			
45.04	HE2			874.88			
45.05	HE1			728.82			
45.06	HD2			820.12			
45.07	HD1			686.21			
45.08	HC2			774.47			
45.09	HC1			649.71			
45.10	HB2			765.35			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1346
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	A I D S		DIAGNOSIS		CODE 042		SWING BED SNF DAYS	TOTAL
		SERV PRIOR TO	OCT. 1ST	SERV ON/AFTER	OCT. 1ST	RATE	DAYS		
1	2	4.02	4.03	4.04	4.05	4.06	5		
45 .11	HB1			643.60					
45 .12	LE2			795.77					
45 .13	LE1			667.97					
45 .14	LD2			765.35					
45 .15	LD1			643.60					
45 .16	LC2			674.04					
45 .17	LC1			570.57					
45 .18	LB2			640.59					
45 .19	LB1			546.22					
45 .20	CE2			710.56					
45 .21	CE1			655.80					
45 .22	CD2			674.04					
45 .23	CD1			619.27					
46	TOTAL							127,101	

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8312
 Wage Index Factor (after 10/01) : 0.8343
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 14
 SNF CBSA Code : 99914

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)
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 384,179
17.01	GROSS MEDICAID REVENUES 2,605,332
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 2,989,511
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) .361345
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	2,605,332
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	941,424
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)	941,424

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1346
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		710,658	710,658	-187,702	522,956
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				161,093	161,093
5	0500 EMPLOYEE BENEFITS	72,472	2,418,839	2,491,311	3,599	2,494,910
6	0600 ADMINISTRATIVE & GENERAL	564,560	3,253,275	3,817,835	68,958	3,886,793
8	0800 OPERATION OF PLANT	200,284	60,956	261,240	13,004	274,244
8.01	0801 OPERATION OF PLANT HOSP ONLY		601,250	601,250		601,250
8.02	0802 OPERATION OF PLANT ANNEX ONLY		8,116	8,116		8,116
9	0900 LAUNDRY & LINEN SERVICE	75,893	50,355	126,248		126,248
10	1000 HOUSEKEEPING	364,519	85,411	449,930		449,930
11	1100 DIETARY	264,320	378,230	642,550	-232,012	410,538
12	1200 CAFETERIA				232,012	232,012
14	1400 NURSING ADMINISTRATION	313,377	25,041	338,418		338,418
15	1500 CENTRAL SERVICES & SUPPLY	51,945	77,469	129,414		129,414
16	1600 PHARMACY	75,111	265,798	340,909		340,909
17	1700 MEDICAL RECORDS & LIBRARY	239,683	82,772	322,455		322,455
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				289,700	289,700
25	2500 ADULTS & PEDIATRICS	1,059,472	170,158	1,229,630	-46,687	1,182,943
26	2600 INTENSIVE CARE UNIT	182,201	22,255	204,456	-5,335	199,121
34	3400 SKILLED NURSING FACILITY		1,545	1,545	-1,394	151
35	3500 NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,334,261	315,124	1,649,385	-58,847	1,590,538
37	3700 OPERATING ROOM	283,698	318,005	601,703	-248,790	352,913
40	4000 ANESTHESIOLOGY		296,502	296,502	-293,819	2,683
41	4100 RADIOLOGY-DIAGNOSTIC	398,805	748,406	1,147,211	-13,603	1,133,608
42	4200 RADIOLOGY-THERAPEUTIC		219,905	219,905	-3,684	216,221
44	4400 LABORATORY	432,451	661,295	1,093,746	-18,391	1,075,355
49	4900 RESPIRATORY THERAPY	226,923	125,896	352,819	-34,879	317,940
50	5000 PHYSICAL THERAPY	314,023	35,863	349,886	-4,206	345,680
52	5200 SPEECH PATHOLOGY	26,790	1,909	28,699	-27	28,672
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		122,225	122,225	412,380	534,605
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				35,295	35,295
56	5600 DRUGS CHARGED TO PATIENTS		713,239	713,239	30,598	743,837
59	3160 OP PSYCH OUTPAT SERVICE COST CNTRS		597,271	597,271	-332	596,939
61	6100 EMERGENCY	362,282	1,156,220	1,518,502	249,554	1,768,056
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES SPEC PURPOSE COST CENTERS	341,171	106,943	448,114	-279,112	169,002
95	SUBTOTALS NONREIMBURS COST CENTERS	7,184,241	13,630,931	20,815,172	67,373	20,882,545
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	723,077	91,609	814,686	-12,020	802,666
98.01	9801 FAYETTE COUNTY MEDICAL CENTER		55,353	55,353	-55,353	
98.02	9802 PUBLIC RELATIONS		28,382	28,382		28,382
98.03	9803 PERSONAL LAUNDRY					
98.04	9804 VIS MEALS & MEALS ON WHEELS					
101	TOTAL	7,907,318	13,806,275	21,713,593	-0-	21,713,593

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1346
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
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	-18,861	504,095
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		161,093
5	0500 EMPLOYEE BENEFITS	-2,258	2,492,652
6	0600 ADMINISTRATIVE & GENERAL	-81,349	3,805,444
8	0800 OPERATION OF PLANT	-2,326	271,918
8.01	0801 OPERATION OF PLANT HOSP ONLY		601,250
8.02	0802 OPERATION OF PLANT ANNEX ONLY		8,116
9	0900 LAUNDRY & LINEN SERVICE		126,248
10	1000 HOUSEKEEPING		449,930
11	1100 DIETARY	-47,392	363,146
12	1200 CAFETERIA		232,012
14	1400 NURSING ADMINISTRATION		338,418
15	1500 CENTRAL SERVICES & SUPPLY		129,414
16	1600 PHARMACY		340,909
17	1700 MEDICAL RECORDS & LIBRARY	-9,059	313,396
20	2000 NONPHYSICIAN ANESTHETISTS	-289,700	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,182,943
26	2600 INTENSIVE CARE UNIT		199,121
34	3400 SKILLED NURSING FACILITY		151
35	3500 NURSING FACILITY	-492,000	1,098,538
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		352,913
40	4000 ANESTHESIOLOGY		2,683
41	4100 RADIOLOGY-DIAGNOSTIC	-84	1,133,524
42	4200 RADIOLOGY-THERAPEUTIC		216,221
44	4400 LABORATORY		1,075,355
49	4900 RESPIRATORY THERAPY		317,940
50	5000 PHYSICAL THERAPY		345,680
52	5200 SPEECH PATHOLOGY		28,672
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		534,605
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		35,295
56	5600 DRUGS CHARGED TO PATIENTS		743,837
59	3160 OP PSYCH		596,939
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-717,667	1,050,389
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		169,002
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-1,660,696	19,221,849
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		802,666
98.01	9801 FAYETTE COUNTY MEDICAL CENTER		
98.02	9802 PUBLIC RELATIONS		28,382
98.03	9803 PERSONAL LAUNDRY		
98.04	9804 VIS MEALS & MEALS ON WHEELS		
101	TOTAL	-1,660,696	20,052,897

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1346
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 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	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT HOSP ONLY	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT ANNEX ONLY	0802	OPERATION OF PLANT
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	OP PSYCH	3160	CARDIOPULMONARY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FAYETTE COUNTY MEDICAL CENTER	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PUBLIC RELATIONS	9802	PHYSICIANS' PRIVATE OFFICES
98.03	PERSONAL LAUNDRY	9803	PHYSICIANS' PRIVATE OFFICES
98.04	VIS MEALS & MEALS ON WHEELS	9804	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141346

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

PREPARED 6/ 6/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	NO	LINE		
	1	2	3		4	5
1 CAFETERIA	A	CAFETERIA	12		95,441	136,571
2 CRNA	B	NONPHYSICIAN ANESTHETISTS	20			289,700
3 DEPRECIATION	D	NEW CAP REL COSTS-MVBLE EQUIP	4			161,093
4 ER IN AMBULANCE	E	EMERGENCY	61		275,883	
5 OPERATING INTEREST	F	ADMINISTRATIVE & GENERAL	6			45,098
6 OPERATING INSURANCE	G	ADMINISTRATIVE & GENERAL	6			22,311
7 EMP OCC HEALTH PROCEDURES	H	EMPLOYEE BENEFITS	5		2,026	1,573
8 WELLNESS DEPR/UTILITIES	I	NEW CAP REL COSTS-BLDG & FIXT	3			40,800
9		ADMINISTRATIVE & GENERAL	6			1,549
10		OPERATION OF PLANT	8			13,004
11 MED SUPPLY	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			412,380
12		IMPL. DEV. CHARGED TO PATIENT	55.30			35,295
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26 PHARMACY RECLASS	K	DRUGS CHARGED TO PATIENTS	56			30,598
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 PHARMACY RECLASS	K					
2						
3						
4						
5						
36 TOTAL RECLASSIFICATIONS					373,350	1,189,972

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

PROVIDER NO:
141346

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

PREPARED 6/ 6/2011
WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			NO	LINE			
	1	6	7		8	9	
1 CAFETERIA	A	DIETARY	11		95,441	136,571	
2 CRNA	B	ANESTHESIOLOGY	40			289,700	
3 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3			161,093	9
4 ER IN AMBULANCE	E	AMBULANCE SERVICES	65		275,883		
5 OPERATING INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3			45,098	10
6 OPERATING INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3			22,311	11
7 EMP OCC HEALTH PROCEDURES	H	PHYSICIANS' PRIVATE OFFICES	98		2,026	1,573	
8 WELLNESS DEPR/UTILITIES	I	FAYETTE COUNTY MEDICAL CENTER	98.01			55,353	9
9							
10							
11 MED SUPPLY	J	ADULTS & PEDIATRICS	25			42,848	
12		INTENSIVE CARE UNIT	26			4,952	
13		SKILLED NURSING FACILITY	34			719	
14		NURSING FACILITY	35			47,001	
15		OPERATING ROOM	37			246,457	
16		ANESTHESIOLOGY	40			4,114	
17		RADIOLOGY-DIAGNOSTIC	41			13,267	
18		LABORATORY	44			18,215	
19		RESPIRATORY THERAPY	49			32,164	
20		PHYSICAL THERAPY	50			4,187	
21		SPEECH PATHOLOGY	52			27	
22		OP PSYCH	59			252	
23		EMERGENCY	61			25,381	
24		AMBULANCE SERVICES	65			1,039	
25		PHYSICIANS' PRIVATE OFFICES	98			7,052	
26 PHARMACY RECLASS	K	ADULTS & PEDIATRICS	25			3,839	
27		INTENSIVE CARE UNIT	26			383	
28		SKILLED NURSING FACILITY	34			675	
29		NURSING FACILITY	35			11,846	
30		OPERATING ROOM	37			2,333	
31		ANESTHESIOLOGY	40			5	
32		RADIOLOGY-DIAGNOSTIC	41			336	
33		RADIOLOGY-THERAPEUTIC	42			3,684	
34		LABORATORY	44			176	
35		RESPIRATORY THERAPY	49			2,715	
1 PHARMACY RECLASS	K	OP PSYCH	59			80	
2		EMERGENCY	61			948	
3		AMBULANCE SERVICES	65			2,190	
4		PHYSICIANS' PRIVATE OFFICES	98			1,369	
5		PHYSICAL THERAPY	50			19	
36 TOTAL RECLASSIFICATIONS					373,350	1,189,972	

(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:
141346

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

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

RECLASS CODE: A
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	232,012
TOTAL RECLASSIFICATIONS FOR CODE A			232,012

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	232,012	
		232,012	

RECLASS CODE: B
EXPLANATION : CRNA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	289,700
TOTAL RECLASSIFICATIONS FOR CODE B			289,700

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ANESTHESIOLOGY	40	289,700	
		289,700	

RECLASS CODE: D
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	161,093
TOTAL RECLASSIFICATIONS FOR CODE D			161,093

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	161,093	
		161,093	

RECLASS CODE: E
EXPLANATION : ER IN AMBULANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	275,883
TOTAL RECLASSIFICATIONS FOR CODE E			275,883

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
AMBULANCE SERVICES	65	275,883	
		275,883	

RECLASS CODE: F
EXPLANATION : OPERATING INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	45,098
TOTAL RECLASSIFICATIONS FOR CODE F			45,098

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	45,098	
		45,098	

RECLASS CODE: G
EXPLANATION : OPERATING INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	22,311
TOTAL RECLASSIFICATIONS FOR CODE G			22,311

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	22,311	
		22,311	

RECLASS CODE: H
EXPLANATION : EMP OCC HEALTH PROCEDURES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,599
TOTAL RECLASSIFICATIONS FOR CODE H			3,599

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES	98	3,599	
		3,599	

RECLASS CODE: I
EXPLANATION : WELLNESS DEPR/UTILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	40,800
2.00	ADMINISTRATIVE & GENERAL	6	1,549
3.00	OPERATION OF PLANT	8	13,004
TOTAL RECLASSIFICATIONS FOR CODE I			55,353

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
FAYETTE COUNTY MEDICAL CENTER	98.01	55,353	
		0	
		0	
		55,353	

RECLASS CODE: J
EXPLANATION : MED SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	412,380

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	42,848	

RECLASSIFICATIONS

PROVIDER NO:
141346

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

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

RECLASS CODE: J
EXPLANATION : MED SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	35,295	INTENSIVE CARE UNIT	26	4,952	
3.00			0	SKILLED NURSING FACILITY	34	719	
4.00			0	NURSING FACILITY	35	47,001	
5.00			0	OPERATING ROOM	37	246,457	
6.00			0	ANESTHESIOLOGY	40	4,114	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	13,267	
9.00			0	LABORATORY	44	18,215	
10.00			0	RESPIRATORY THERAPY	49	32,164	
11.00			0	PHYSICAL THERAPY	50	4,187	
12.00			0	SPEECH PATHOLOGY	52	27	
13.00			0	OP PSYCH	59	252	
14.00			0	EMERGENCY	61	25,381	
15.00			0	AMBULANCE SERVICES	65	1,039	
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	7,052	
TOTAL RECLASSIFICATIONS FOR CODE J			447,675	447,675			

RECLASS CODE: K
EXPLANATION : PHARMACY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	30,598	ADULTS & PEDIATRICS	25	3,839	
2.00			0	INTENSIVE CARE UNIT	26	383	
3.00			0	SKILLED NURSING FACILITY	34	675	
4.00			0	NURSING FACILITY	35	11,846	
5.00			0	OPERATING ROOM	37	2,333	
6.00			0	ANESTHESIOLOGY	40	5	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	336	
8.00			0	RADIOLOGY-THERAPEUTIC	42	3,684	
9.00			0	LABORATORY	44	176	
10.00			0	RESPIRATORY THERAPY	49	2,715	
11.00			0	OP PSYCH	59	80	
12.00			0	EMERGENCY	61	948	
13.00			0	AMBULANCE SERVICES	65	2,190	
14.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,369	
15.00			0	PHYSICAL THERAPY	50	19	
TOTAL RECLASSIFICATIONS FOR CODE K			30,598	30,598			

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 IMPROVEMEN								
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 IMPROVEMEN								
5	FIXED EQUIPMENT	1, 109, 949	2, 539, 627			2, 539, 627		3, 649, 576	
6	MOVABLE EQUIPMENT								
7	SUBTOTAL	1, 109, 949	2, 539, 627			2, 539, 627		3, 649, 576	
8	RECONCILING ITEMS								
9	TOTAL	1, 109, 949	2, 539, 627			2, 539, 627		3, 649, 576	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	997,892		997,892	1.000000				
5	TOTAL	997,892		997,892	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	571,504	-45,098	-22,311				504,095
4	NEW CAP REL COSTS-MV	161,093						161,093
5	TOTAL	732,597	-45,098	-22,311				665,188

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	710,658						710,658
4	NEW CAP REL COSTS-MV							
5	TOTAL	710,658						710,658

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-1346

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

PREPARED 6/6/2011
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-18,861	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-4,702	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-717,667			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-47,392	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,059	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-2,326	OPERATION OF PLANT	8	
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		**COST CENTER DELETED**	71	
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	A	-289,700	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RECRUITMENT	A	-65,000	ADMINISTRATIVE & GENERAL	6	
37.01 MISCELLANEOUS REVENUE	B	-39	ADMINISTRATIVE & GENERAL	6	
37.02 NURSING HOME DISTRICT PAYMENT	B	-492,000	NURSING FACILITY	35	
37.03 AHA/IHA	A	-11,608	ADMINISTRATIVE & GENERAL	6	
37.04 EMPLOYEE BENEFIT OTHER REVENUE	A	-2,258	EMPLOYEE BENEFITS	5	
37.05					
37.06					
37.07 RADIOLOGY OTHER REVENUE	A	-84	RADIOLOGY-DIAGNOSTIC	41	
37.08					
37.09					
37.10					
37.11					
37.12					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
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)		-1,660,696			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	ALLIANT MANAGEMENT	481,689	481,689	
2	41	RADIOLOGY-DIAGNOSTIC	BLUE GRASS LEASING	84,022	84,022	
3	6	ADMINISTRATIVE & GENERAL	ALLIANT PURCHASING	7,605	7,605	
4	6	ADMINISTRATIVE & GENERAL	BLUE	50,070	50,070	
4.01						
4.02						
4.03						
4.04						
4.05						
4.06						
4.07						
4.08						
4.09						
4.10						
4.11						
4.12						
5	TOTALS			623,386	623,386	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ALLIANT MANAGEMENT	0.00	
2	B	0.00	BLUEGRASS LEASING	0.00	
3	B	0.00	ALLIANT PURCHASING	0.00	
4	B	0.00		0.00	
5	B	0.00		0.00	
5.01	B	0.00		0.00	
5.02	B	0.00		0.00	
5.03	B	0.00		0.00	
5.04	B	0.00		0.00	
5.05	B	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.

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1346
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 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	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQ FT	ENTERED
8.01	OPERATION OF PLANT HOSP ONLY	7	SQ FT	ENTERED
8.02	OPERATION OF PLANT ANNEX ONLY	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	12	NUMBER OF FTE'S	ENTERED
14	NURSING ADMINISTRATION	14	NUMBER OF FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUISITIONS	ENTERED
16	PHARMACY	16	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS REVENUES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1346

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

PREPARED 6/6/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	504,095	504,095					
005 NEW CAP REL COSTS-MVBLE	161,093		161,093				
006 EMPLOYEE BENEFITS	2,492,652	20,882	3,778	2,517,312			
008 ADMINISTRATIVE & GENERAL	3,805,444	46,365	15,559	181,438	4,048,806	4,048,806	
008 01 OPERATION OF PLANT	271,918	62,036	5,288	64,367	403,609	102,107	505,716
008 02 OPERATION OF PLANT HOSP O	601,250				601,250	152,108	
009 OPERATION OF PLANT ANNEX	8,116				8,116	2,053	
010 LAUNDRY & LINEN SERVICE	126,248	9,283	139	24,390	160,060	40,493	12,689
011 HOUSEKEEPING	449,930	4,128		117,149	571,207	144,507	5,643
011 DIETARY	363,146	6,887	1,624	54,274	425,931	107,755	9,414
012 CAFETERIA	232,012	10,778		30,673	273,463	69,182	14,733
014 NURSING ADMINISTRATION	338,418	6,620	212	100,713	445,963	112,822	9,049
015 CENTRAL SERVICES & SUPPLY	129,414	2,995		16,694	149,103	37,721	4,094
016 PHARMACY	340,909	4,984	3,984	24,139	374,016	94,621	6,813
017 MEDICAL RECORDS & LIBRARY	313,396	9,902	1,644	77,029	401,971	101,693	13,536
020 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,182,943	35,768	7,561	340,493	1,566,765	396,370	48,892
026 INTENSIVE CARE UNIT	199,121	6,429		58,556	264,106	66,815	8,787
034 SKILLED NURSING FACILITY	151	15,948			16,099	4,073	21,800
035 NURSING FACILITY	1,098,538	80,242	1,834	428,807	1,609,421	407,157	109,689
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	352,913	27,557	27,518	91,175	499,163	126,281	37,668
040 ANESTHESIOLOGY	2,683				2,683	679	
041 RADIOLOGY-DIAGNOSTIC	1,133,524	22,634	51,075	128,168	1,335,401	337,838	30,938
042 RADIOLOGY-THERAPEUTIC	216,221				216,221	54,701	
044 LABORATORY	1,075,355	8,976	17,806	138,981	1,241,118	313,985	12,269
049 RESPIRATORY THERAPY	317,940	14,972	8,459	72,929	414,300	104,812	20,465
050 PHYSICAL THERAPY	345,680	31,544	2,596	100,921	480,741	121,621	43,118
052 SPEECH PATHOLOGY	28,672	946		8,610	38,228	9,671	1,294
055 MEDICAL SUPPLIES CHARGED	534,605				534,605	135,248	
055 30 IMPL. DEV. CHARGED TO PAT	35,295				35,295	8,929	
056 DRUGS CHARGED TO PATIENTS	743,837				743,837	188,180	
059 OP PSYCH	596,939	25,191			622,130	157,390	34,434
061 OUTPAT SERVICE COST CNTRS EMERGENCY	1,050,389	18,415	8,516	205,093	1,282,413	324,433	25,172
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	169,002	4,848	929	20,982	195,761	49,525	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	19,221,849	478,330	158,522	2,285,581	18,961,782	3,772,770	470,497
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		2,452			2,452	620	3,351
098 PHYSICIANS' PRIVATE OFFICE	802,666	20,927	410	231,731	1,055,734	267,086	28,606
098 01 FAYETTE COUNTY MEDICAL CE		2,386	2,161		4,547	1,150	3,262
098 02 PUBLIC RELATIONS	28,382				28,382	7,180	
098 03 PERSONAL LAUNDRY							
098 04 VIS MEALS & MEALS ON WHEEL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	20,052,897	504,095	161,093	2,517,312	20,052,897	4,048,806	505,716

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1346

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

PREPARED 6/ 6/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT HOSP O	OPERATION OF PLANT ANNEX	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8.01	8.02	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT HOSP O	753,358						
008 02 OPERATION OF PLANT ANNEX		10,169					
009 LAUNDRY & LINEN SERVICE	20,284		233,526				
010 HOUSEKEEPING	9,020		15,424	745,801			
011 DIETARY	15,048		1,459	14,212	573,819		
012 CAFETERIA	23,551			22,242		403,171	
014 NURSING ADMINISTRATION	14,465			13,661		23,397	619,357
015 CENTRAL SERVICES & SUPPLY	6,545			6,181		6,476	
016 PHARMACY	10,890			10,285		4,930	
017 MEDICAL RECORDS & LIBRARY	21,637			20,434		17,416	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	78,155		52,763	73,811	101,055	69,111	316,492
026 INTENSIVE CARE UNIT	14,047		37	13,266	4,105	8,664	39,678
034 SKILLED NURSING FACILITY	34,848			32,911	8,621		
035 NURSING FACILITY	175,341		123,718	165,597	437,053	107,416	
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	60,214		4,590	56,867		10,094	46,225
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	49,456		4,676	46,707		23,747	
044 RADIOLOGY-THERAPEUTIC							
049 LABORATORY	19,613			18,523		29,085	
050 RESPIRATORY THERAPY	32,714		334	30,896		10,969	
052 PHYSICAL THERAPY	68,926		4,144	65,095		15,345	
055 SPEECH PATHOLOGY	2,068			1,953		1,050	
055 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS							
059 OP PSYCH		10,169		51,985	22,985		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	40,238		14,036	38,002		41,688	190,911
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				10,004		5,689	26,051
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	697,060	10,169	221,181	692,632	573,819	375,077	619,357
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	5,357			5,059			
098 PHYSICIANS' PRIVATE OFFIC	45,727		278	43,186		27,948	
098 01 FAYETTE COUNTY MEDICAL CE	5,214			4,924			
098 02 PUBLIC RELATIONS						146	
098 03 PERSONAL LAUNDRY			12,067				
098 04 VIS MEALS & MEALS ON WHEE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	753,358	10,169	233,526	745,801	573,819	403,171	619,357

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1346

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

PREPARED 6/ 6/2011
WORKSHEET B
PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	15	16	17	20	25		27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT HOSP O							
009 OPERATION OF PLANT ANNEX							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	210,120						
017 PHARMACY		501,555					
020 MEDICAL RECORDS & LIBRARY			576,687				
025 NONPHYSICIAN ANESTHETISTS							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			32,147		2,735,561		2,735,561
034 INTENSIVE CARE UNIT			1,826		421,331		421,331
035 SKILLED NURSING FACILITY			4,018		122,370		122,370
037 NURSING FACILITY			33,216		3,168,608		3,168,608
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM			16,879		857,981		857,981
042 ANESTHESIOLOGY			7,939		11,301		11,301
044 RADIOLOGY-DIAGNOSTIC			102,111		1,930,874		1,930,874
049 RADIOLOGY-THERAPEUTIC			9,503		280,425		280,425
050 LABORATORY			113,686		1,748,279		1,748,279
052 RESPIRATORY THERAPY			24,702		639,192		639,192
055 PHYSICAL THERAPY			13,948		812,938		812,938
059 SPEECH PATHOLOGY			468		54,732		54,732
061 MEDICAL SUPPLIES CHARGED	201,852		33,400		905,105		905,105
062 30 IMPL. DEV. CHARGED TO PAT	8,268		1,368		53,860		53,860
065 DRUGS CHARGED TO PATIENTS		501,555	79,987		1,513,559		1,513,559
066 OP PSYCH			17,451		916,544		916,544
068 OUTPAT SERVICE COST CNTRS							
069 EMERGENCY			55,236		2,012,129		2,012,129
070 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
072 AMBULANCE SERVICES			16,165		303,195		303,195
075 SPEC PURPOSE COST CENTERS							
076 SUBTOTALS	210,120	501,555	564,050		18,487,984		18,487,984
077 NONREIMBURS COST CENTERS							
078 GIFT, FLOWER, COFFEE SHOP					16,839		16,839
079 PHYSICIANS' PRIVATE OFFIC			12,637		1,481,202		1,481,202
080 01 FAYETTE COUNTY MEDICAL CE					19,097		19,097
080 02 PUBLIC RELATIONS					35,708		35,708
080 03 PERSONAL LAUNDRY					12,067		12,067
080 04 VIS MEALS & MEALS ON WHEE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	210,120	501,555	576,687		20,052,897		20,052,897

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
14-1346

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

PREPARED 6/ 6/2011
WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	67			67		67	
008 01 OPERATION OF PLANT						2	2
008 02 OPERATION OF PLANT ANNEX						2	
009 LAUNDRY & LINEN SERVICE						1	
010 HOUSEKEEPING						2	
011 DIETARY						2	
012 CAFETERIA						1	
014 NURSING ADMINISTRATION						2	
015 CENTRAL SERVICES & SUPPLY						1	
016 PHARMACY						1	
017 MEDICAL RECORDS & LIBRARY						2	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS						6	
034 INTENSIVE CARE UNIT						1	
035 SKILLED NURSING FACILITY							2
037 NURSING FACILITY						10	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM						2	
042 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC						5	
049 RADIOLOGY-THERAPEUTIC						1	
050 LABORATORY						5	
052 RESPIRATORY THERAPY						2	
055 PHYSICAL THERAPY						2	
059 SPEECH PATHOLOGY							
061 MEDICAL SUPPLIES CHARGED						2	
062 30 IMPL. DEV. CHARGED TO PAT							
065 DRUGS CHARGED TO PATIENTS						3	
095 OP PSYCH						2	
096 OUTPAT SERVICE COST CNTRS							
098 EMERGENCY						5	
098 01 OBSERVATION BEDS (NON-DIS							
098 02 OTHER REIMBURS COST CNTRS							
098 03 AMBULANCE SERVICES						1	
098 04 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	67			67		63	2
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE						4	
098 01 FAYETTE COUNTY MEDICAL CE							
098 02 PUBLIC RELATIONS							
098 03 PERSONAL LAUNDRY							
098 04 VIS MEALS & MEALS ON WHEEL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	67			67		67	2

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-1346
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT HOSP O	OPERATION OF PLANT ANNEX	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8.01	8.02	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT HOSP O	2						
009 OPERATION OF PLANT ANNEX							
010 LAUNDRY & LINEN SERVICE			1				
011 HOUSEKEEPING				2			
012 DIETARY					2		
014 CAFETERIA						1	
015 NURSING ADMINISTRATION							2
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
020 MEDICAL RECORDS & LIBRARY							
025 NONPHYSICIAN ANESTHETISTS							
026 INPAT ROUTINE SRVC CNTRS							1
034 ADULTS & PEDIATRICS							
035 INTENSIVE CARE UNIT							
037 SKILLED NURSING FACILITY							
040 NURSING FACILITY	2		1	2	2	1	
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM							
044 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC							
050 RADIOLOGY-THERAPEUTIC							
052 LABORATORY							
055 RESPIRATORY THERAPY							
059 PHYSICAL THERAPY							
061 SPEECH PATHOLOGY							
062 MEDICAL SUPPLIES CHARGED							
065 30 IMPL. DEV. CHARGED TO PAT							
066 DRUGS CHARGED TO PATIENTS							
069 OP PSYCH							
095 OUTPAT SERVICE COST CNTRS							
096 EMERGENCY							1
098 OBSERVATION BEDS (NON-DIS							
098 OTHER REIMBURS COST CNTRS							
098 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS	2		1	2	2	1	2
096 SUBTOTALS							
098 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAYETTE COUNTY MEDICAL CE							
098 02 PUBLIC RELATIONS							
098 03 PERSONAL LAUNDRY							
098 04 VIS MEALS & MEALS ON WHEE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2		1	2	2	1	2

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 6/6/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
008 ADMINISTRATIVE & GENERAL						
008 01 OPERATION OF PLANT						
008 02 OPERATION OF PLANT HOSP O						
009 OPERATION OF PLANT ANNEX						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	1					
016 PHARMACY			1			
017 MEDICAL RECORDS & LIBRARY						2
020 NONPHYSICIAN ANESTHETISTS						
025 INPAT ROUTINE SRVC CNTRS					7	7
026 ADULTS & PEDIATRICS					1	1
034 INTENSIVE CARE UNIT						
035 SKILLED NURSING FACILITY					20	20
037 NURSING FACILITY						
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM					2	2
042 ANESTHESIOLOGY						
044 RADIOLOGY-DIAGNOSTIC					5	5
049 RADIOLOGY-THERAPEUTIC					1	1
050 LABORATORY			2		7	7
052 RESPIRATORY THERAPY					2	2
055 PHYSICAL THERAPY					2	2
059 SPEECH PATHOLOGY						
061 MEDICAL SUPPLIES CHARGED	1				3	3
062 30 IMPL. DEV. CHARGED TO PAT						
065 DRUGS CHARGED TO PATIENTS			1		4	4
095 OP PSYCH					2	2
096 OUTPAT SERVICE COST CNTRS						
098 EMERGENCY					6	6
098 01 OBSERVATION BEDS (NON-DIS						
098 02 OTHER REIMBURS COST CNTRS						
098 03 AMBULANCE SERVICES					1	1
098 04 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	1	1	2	63		63
096 NONREIMBURS COST CENTERS						
098 GIFT, FLOWER, COFFEE SHOP						
098 PHYSICIANS' PRIVATE OFFIC					4	4
098 01 FAYETTE COUNTY MEDICAL CE						
098 02 PUBLIC RELATIONS						
098 03 PERSONAL LAUNDRY						
098 04 VIS MEALS & MEALS ON WHEE						
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	1	1	2	67		67

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OST S-BLDG &	NEW CAP REL C OST S-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	1,238	20,882	3,778	25,898	25,898		
006 ADMINISTRATIVE & GENERAL	153,764	46,365	15,559	215,688	1,866	217,554	
008 OPERATION OF PLANT	3,170	62,036	5,288	70,494	662	5,487	76,643
008 01 OPERATION OF PLANT HOSP O						8,173	
008 02 OPERATION OF PLANT ANNEX						110	
009 LAUNDRY & LINEN SERVICE		9,283	139	9,422	251	2,176	1,923
010 HOUSEKEEPING		4,128		4,128	1,205	7,765	855
011 DIETARY	707	6,887	1,624	9,218	558	5,790	1,427
012 CAFETERIA		10,778		10,778	316	3,717	2,233
014 NURSING ADMINISTRATION	2,710	6,620	212	9,542	1,036	6,062	1,371
015 CENTRAL SERVICES & SUPPLY	17,704	2,995		20,699	172	2,027	621
016 PHARMACY	51,960	4,984	3,984	60,928	248	5,084	1,032
017 MEDICAL RECORDS & LIBRARY	1,459	9,902	1,644	13,005	792	5,464	2,051
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		35,768	7,561	43,329	3,503	21,299	7,410
026 INTENSIVE CARE UNIT		6,429		6,429	602	3,590	1,332
034 SKILLED NURSING FACILITY		15,948		15,948		219	3,304
035 NURSING FACILITY		80,242	1,834	82,076	4,414	21,875	16,623
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		27,557	27,518	55,075	938	6,786	5,709
040 ANESTHESIOLOGY						36	
041 RADIOLOGY-DIAGNOSTIC	1,718	22,634	51,075	75,427	1,318	18,153	4,689
042 RADIOLOGY-THERAPEUTIC						2,939	
044 LABORATORY	2,034	8,976	17,806	28,816	1,430	16,872	1,859
049 RESPIRATORY THERAPY	14,120	14,972	8,459	37,551	750	5,632	3,102
050 PHYSICAL THERAPY		31,544	2,596	34,140	1,038	6,535	6,535
052 SPEECH PATHOLOGY		946		946	89	520	196
055 MEDICAL SUPPLIES CHARGED						7,267	
055 30 IMPL. DEV. CHARGED TO PAT						480	
056 DRUGS CHARGED TO PATIENTS						10,112	
059 OP PSYCH	1,441	25,191		26,632		8,457	5,219
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,459	18,415	8,516	28,390	2,110	17,433	3,815
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		4,848	929	5,777	216	2,661	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	253,484	478,330	158,522	890,336	23,514	202,721	71,306
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,452		2,452		33	508
098 PHYSICIANS' PRIVATE OFFICE		20,927	410	21,337	2,384	14,352	4,335
098 01 FAYETTE COUNTY MEDICAL CE		2,386	2,161	4,547		62	494
098 02 PUBLIC RELATIONS						386	
098 03 PERSONAL LAUNDRY							
098 04 VIS MEALS & MEALS ON WHEELS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	253,484	504,095	161,093	918,672	25,898	217,554	76,643

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1346
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 PREPARED 6/6/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT HOSP O	OPERATION OF PLANT ANNEX	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8.01	8.02	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT HOSP O	8,173						
009 OPERATION OF PLANT ANNEX		110					
010 LAUNDRY & LINEN SERVICE	220		13,992				
011 HOUSEKEEPING	98		924	14,975			
012 DIETARY	163		87	285	17,528		
014 CAFETERIA	256			447		17,747	
015 NURSING ADMINISTRATION	157			274		1,030	19,472
016 CENTRAL SERVICES & SUPPLY	71			124		285	
017 PHARMACY	118			207		217	
020 MEDICAL RECORDS & LIBRARY	235			410		767	
025 NONPHYSICIAN ANESTHETISTS							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	848		3,161	1,482	3,087	3,042	9,951
034 INTENSIVE CARE UNIT	152		2	266	125	381	1,247
035 SKILLED NURSING FACILITY	378			661	263		
037 NURSING FACILITY	1,901		7,414	3,325	13,351	4,731	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	653		275	1,142		444	1,453
042 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	537		280	938		1,045	
049 RADIOLOGY-THERAPEUTIC							
050 LABORATORY	213			372		1,280	
052 RESPIRATORY THERAPY	355		20	620		483	
055 PHYSICAL THERAPY	748		248	1,307		675	
059 SPEECH PATHOLOGY	22			39		46	
061 MEDICAL SUPPLIES CHARGED							
062 30 IMPL. DEV. CHARGED TO PAT							
065 DRUGS CHARGED TO PATIENTS							
065 OP PSYCH		110		1,044	702		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	437		841	763		1,835	6,002
065 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES				201		250	819
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,562	110	13,252	13,907	17,528	16,511	19,472
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	58			102			
098 PHYSICIANS' PRIVATE OFFIC	496		17	867		1,230	
098 01 FAYETTE COUNTY MEDICAL CE	57			99			
098 02 PUBLIC RELATIONS						6	
098 03 PERSONAL LAUNDRY			723				
098 04 VIS MEALS & MEALS ON WHEE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,173	110	13,992	14,975	17,528	17,747	19,472

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1346

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

PREPARED 6/ 6/2011
WORKSHEET B
PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT HOSP O							
008 02 OPERATION OF PLANT ANNEX							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	23,999						
016 PHARMACY		67,834					
017 MEDICAL RECORDS & LIBRARY			22,724				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,266		98,378		98,378
026 INTENSIVE CARE UNIT			72		14,198		14,198
034 SKILLED NURSING FACILITY			158		20,931		20,931
035 NURSING FACILITY			1,308		157,018		157,018
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM			665		73,140		73,140
041 ANESTHESIOLOGY			313		349		349
042 RADIOLOGY-DIAGNOSTIC			4,021		106,408		106,408
044 RADIOLOGY-THERAPEUTIC			374		3,313		3,313
049 LABORATORY			4,493		55,335		55,335
050 RESPIRATORY THERAPY			973		49,486		49,486
052 PHYSICAL THERAPY			549		51,775		51,775
055 SPEECH PATHOLOGY			18		1,876		1,876
055 30 MEDICAL SUPPLIES CHARGED	23,055		1,315		31,637		31,637
056 30 IMPL. DEV. CHARGED TO PAT	944		54		1,478		1,478
059 DRUGS CHARGED TO PATIENTS		67,834	3,149		81,095		81,095
061 OP PSYCH			687		42,851		42,851
062 OUTPAT SERVICE COST CNTRS							
065 EMERGENCY			2,175		63,801		63,801
095 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES			636		10,560		10,560
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,999	67,834	22,226		863,629		863,629
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					3,153		3,153
098 PHYSICIANS' PRIVATE OFFIC			498		45,516		45,516
098 01 FAYETTE COUNTY MEDICAL CE					5,259		5,259
098 02 PUBLIC RELATIONS					392		392
098 03 PERSONAL LAUNDRY					723		723
098 04 VIS MEALS & MEALS ON WHEE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,999	67,834	22,724		918,672		918,672

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 6/6/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE OPERATION OF	
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL PLANT	
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(SQ FT)	
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	100,135					
005 NEW CAP REL COSTS-MVB		483,280				
006 EMPLOYEE BENEFITS	4,148	11,334	7,832,820			
008 ADMINISTRATIVE & GENE	9,210	46,678	564,560	-4,048,806	16,004,091	
008 01 OPERATION OF PLANT	12,323	15,864	200,284		403,609	73,491
008 02 OPERATION OF PLANT HO					601,250	
009 OPERATION OF PLANT AN					8,116	
010 LAUNDRY & LINEN SERVI	1,844	416	75,893		160,060	1,844
011 HOUSEKEEPING	820		364,519		571,207	820
012 DIETARY	1,368	4,872	168,879		425,931	1,368
014 CAFETERIA	2,141		95,441		273,463	2,141
015 NURSING ADMINISTRATION	1,315	637	313,377		445,963	1,315
016 CENTRAL SERVICES & SU	595		51,945		149,103	595
017 PHARMACY	990	11,951	75,111		374,016	990
020 MEDICAL RECORDS & LIB	1,967	4,933	239,683		401,971	1,967
025 NONPHYSICIAN ANESTHET						
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	7,105	22,683	1,059,472		1,566,765	7,105
034 INTENSIVE CARE UNIT	1,277		182,201		264,106	1,277
035 SKILLED NURSING FACIL	3,168				16,099	3,168
037 NURSING FACILITY	15,940	5,503	1,334,261		1,609,421	15,940
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	5,474	82,554	283,698		499,163	5,474
042 ANESTHESIOLOGY					2,683	
044 RADIOLOGY-DIAGNOSTIC	4,496	153,225	398,805		1,335,401	4,496
049 RADIOLOGY-THERAPEUTIC					216,221	
050 LABORATORY	1,783	53,418	432,451		1,241,118	1,783
052 RESPIRATORY THERAPY	2,974	25,378	226,923		414,300	2,974
055 PHYSICAL THERAPY	6,266	7,788	314,023		480,741	6,266
059 SPEECH PATHOLOGY	188		26,790		38,228	188
055 30 MEDICAL SUPPLIES CHAR					534,605	
056 IMPL. DEV. CHARGED TO					35,295	
059 DRUGS CHARGED TO PATI	5,004				743,837	
061 OP PSYCH					622,130	5,004
062 OUTPAT SERVICE COST C						
065 EMERGENCY	3,658	25,548	638,165		1,282,413	3,658
095 OBSERVATION BEDS (NON						
095 OTHER REIMBURS COST C						
095 AMBULANCE SERVICES	963	2,786	65,288		195,761	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	95,017	475,568	7,111,769	-4,048,806	14,912,976	68,373
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	487				2,452	487
098 PHYSICIANS' PRIVATE O	4,157	1,230	721,051		1,055,734	4,157
098 01 FAYETTE COUNTY MEDICA	474	6,482			4,547	474
098 02 PUBLIC RELATIONS					28,382	
098 03 PERSONAL LAUNDRY						
098 04 VIS MEALS & MEALS ON						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	504,095	161,093	2,517,312		4,048,806	505,716
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.034154		.321380		.252986	
105 (WRKSHT B, PT I)		.333333				6.881332
105 COST TO BE ALLOCATED					67	2
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000004	
107 (WRKSHT B, PT II)						.000027
107 COST TO BE ALLOCATED			25,898		217,554	76,643
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.003306		.013594	
108 (WRKSHT B, PT III)						1.042890

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 6/6/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT HOSP O (SQ FT)	OPERATION OF PLANT ANNEX (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (NUMBER OF FTE'S)	NURSING ADMINISTRATION (NUMBER OF FTE'S)
GENERAL SERVICE COST	8.01	8.02	9	10	11	12	14
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT HO	68,487						
008 02 OPERATION OF PLANT AN		5,004					
009 LAUNDRY & LINEN SERVI	1,844		507,860				
010 HOUSEKEEPING	820		33,543	71,790			
011 DIETARY	1,368		3,174	1,368	85,129		
012 CAFETERIA	2,141			2,141		13,820	
014 NURSING ADMINISTRATION	1,315			1,315		802	4,636
015 CENTRAL SERVICES & SU	595			595		222	
016 PHARMACY	990			990		169	
017 MEDICAL RECORDS & LIB	1,967			1,967		597	
020 NONPHYSICIAN ANESTHET							
025 ADULTS & PEDIATRICS	7,105		114,745	7,105	14,992	2,369	2,369
026 INTENSIVE CARE UNIT	1,277		80	1,277	609	297	297
034 SKILLED NURSING FACIL	3,168			3,168	1,279		
035 NURSING FACILITY	15,940		269,055	15,940	64,839	3,682	
037 ANCILLARY SRVC COST C							
040 OPERATING ROOM	5,474		9,981	5,474		346	346
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,496		10,170	4,496		814	
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	1,783			1,783		997	
049 RESPIRATORY THERAPY	2,974		726	2,974		376	
050 PHYSICAL THERAPY	6,266		9,013	6,266		526	
052 SPEECH PATHOLOGY	188			188		36	
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
059 OP PSYCH		5,004		5,004	3,410		
061 OUTPAT SERVICE COST C							
062 EMERGENCY	3,658		30,525	3,658		1,429	1,429
065 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES				963		195	195
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	63,369	5,004	481,012	66,672	85,129	12,857	4,636
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	487			487			
098 PHYSICIANS' PRIVATE O	4,157		605	4,157		958	
098 01 FAYETTE COUNTY MEDICA	474			474			
098 02 PUBLIC RELATIONS						5	
098 03 PERSONAL LAUNDRY			26,243				
098 04 VIS MEALS & MEALS ON							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	753,358	10,169	233,526	745,801	573,819	403,171	619,357
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		2.032174		10.388647		29.173010	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	11.000015		.459824		6.740582		133.597282
(WRKSHT B, PART II)	2		1	2	2	1	2
106 UNIT COST MULTIPLIER				.000028		.000072	
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	.000029	110	.000002		.000023		.000431
(WRKSHT B, PART III)	8,173		13,992	14,975	17,528	17,747	19,472
108 UNIT COST MULTIPLIER		.021982		.208595		1.284153	
(WRKSHT B, PT III)	.119337		.027551		.205899		4.200173

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS
	(COSTED POSITIONS)	REQU(COSTED) POSITIONS	REQU(GROSS) REVENUES	(ASSIGNED) TIME
GENERAL SERVICE COST	15	16	17	20
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
008 01 OPERATION OF PLANT HO				
008 02 OPERATION OF PLANT AN				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY	3,198,523			
016 PHARMACY		100		
017 MEDICAL RECORDS & LIBRARY			53,053,963	
020 NONPHYSICIAN ANESTHETIST				100
025 INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS			2,957,451	
026 INTENSIVE CARE UNIT			168,016	
034 SKILLED NURSING FACILITY			369,646	
035 NURSING FACILITY			3,055,792	
037 ANCILLARY SRVC COST CENTER				
040 OPERATING ROOM			1,552,847	
041 ANESTHESIOLOGY			730,324	100
042 RADIOLOGY-DIAGNOSTIC			9,393,874	
044 RADIOLOGY-THERAPEUTIC			874,228	
049 LABORATORY			10,459,424	
050 RESPIRATORY THERAPY			2,272,527	
052 PHYSICAL THERAPY			1,283,134	
055 SPEECH PATHOLOGY			43,021	
055 30 MEDICAL SUPPLIES CHAR	3,072,660		3,072,660	
056 IMPL. DEV. CHARGED TO PATIENT	125,863		125,863	
059 DRUGS CHARGED TO PATIENT		100	7,358,527	
061 OP PSYCH			1,605,469	
062 OUTPAT SERVICE COST CENTER				
065 EMERGENCY			5,081,516	
065 OBSERVATION BEDS (NON)				
065 OTHER REIMBURS COST CENTER				
065 AMBULANCE SERVICES			1,487,130	
095 SPEC PURPOSE COST CENTER				
095 SUBTOTALS	3,198,523	100	51,891,449	100
096 NONREIMBURS COST CENTER				
098 GIFT, FLOWER, COFFEE				
098 01 PHYSICIANS' PRIVATE OFFICE			1,162,514	
098 02 FAYETTE COUNTY MEDICAL				
098 03 PUBLIC RELATIONS				
098 04 PERSONAL LAUNDRY				
101 VIS MEALS & MEALS ON				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	210,120	501,555	576,687	
104 (PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		5,015.550000		
105 (WRKSHT B, PT I)	.065693		.010870	
105 COST TO BE ALLOCATED	1	1	2	
106 (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		.010000		
107 (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	23,999	67,834	22,724	
108 (PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER	.007503	678.340000	.000428	
108 (WRKSHT B, PT III)				

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	2,735,561		2,735,561		2,735,561
26	INTENSIVE CARE UNIT	421,331		421,331		421,331
34	SKILLED NURSING FACILITY	122,370		122,370		122,370
35	NURSING FACILITY	3,168,608		3,168,608		3,168,608
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	857,981		857,981		857,981
40	ANESTHESIOLOGY	11,301		11,301		11,301
41	RADIOLOGY-DIAGNOSTIC	1,930,874		1,930,874		1,930,874
42	RADIOLOGY-THERAPEUTIC	280,425		280,425		280,425
44	LABORATORY	1,748,279		1,748,279		1,748,279
49	RESPIRATORY THERAPY	639,192		639,192		639,192
50	PHYSICAL THERAPY	812,938		812,938		812,938
52	SPEECH PATHOLOGY	54,732		54,732		54,732
55	MEDICAL SUPPLIES CHARGED	905,105		905,105		905,105
55	30 IMPL. DEV. CHARGED TO PAT	53,860		53,860		53,860
56	DRUGS CHARGED TO PATIENTS	1,513,559		1,513,559		1,513,559
59	OP PSYCH	916,544		916,544		916,544
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,012,129		2,012,129		2,012,129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	249,047		249,047		249,047
65	AMBULANCE SERVICES	303,195		303,195		303,195
101	SUBTOTAL	18,737,031		18,737,031		18,737,031
102	LESS OBSERVATION BEDS	249,047		249,047		249,047
103	TOTAL	18,487,984		18,487,984		18,487,984

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	2,457,694		2,457,694			
26	INTENSIVE CARE UNIT	168,016		168,016			
34	SKILLED NURSING FACILITY	369,646		369,646			
35	NURSING FACILITY	3,055,792		3,055,792			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	59,805	1,493,042	1,552,847	.552521	.552521	.552521
40	ANESTHESIOLOGY	1,552	1,660	3,212	3.518369	3.518369	3.518369
41	RADIOLOGY-DIAGNOSTIC	919,954	8,473,920	9,393,874	.205546	.205546	.205546
42	RADIOLOGY-THERAPEUTIC	79,340	794,888	874,228	.320769	.320769	.320769
44	LABORATORY	1,998,055	8,461,369	10,459,424	.167149	.167149	.167149
49	RESPIRATORY THERAPY	1,072,683	1,199,844	2,272,527	.281269	.281269	.281269
50	PHYSICAL THERAPY	430,994	852,140	1,283,134	.633557	.633557	.633557
52	SPEECH PATHOLOGY	13,987	29,034	43,021	1.272216	1.272216	1.272216
55	MEDICAL SUPPLIES CHARGED	1,729,435	1,343,225	3,072,660	.294567	.294567	.294567
55	30 IMPL. DEV. CHARGED TO PAT	49,727	76,136	125,863	.427926	.427926	.427926
56	DRUGS CHARGED TO PATIENTS	4,914,808	2,443,719	7,358,527	.205688	.205688	.205688
59	OP PSYCH		1,605,469	1,605,469	.570889	.570889	.570889
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	120,161	4,961,356	5,081,517	.395970	.395970	.395970
62	OBSERVATION BEDS (NON-DIS	63,813	435,944	499,757	.498336	.498336	.498336
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		1,487,130	1,487,130	.203879	.203879	.203879
101	SUBTOTAL	17,505,462	33,658,876	51,164,338			
102	LESS OBSERVATION BEDS						
103	TOTAL	17,505,462	33,658,876	51,164,338			

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	857,981	73,142	784,839			857,981
40	ANESTHESIOLOGY	11,301	349	10,952			11,301
41	RADIOLOGY-DIAGNOSTIC	1,930,874	106,413	1,824,461			1,930,874
42	RADIOLOGY-THERAPEUTIC	280,425	3,314	277,111			280,425
44	LABORATORY	1,748,279	55,342	1,692,937			1,748,279
49	RESPIRATORY THERAPY	639,192	49,488	589,704			639,192
50	PHYSICAL THERAPY	812,938	51,777	761,161			812,938
52	SPEECH PATHOLOGY	54,732	1,876	52,856			54,732
55	MEDICAL SUPPLIES CHARGED	905,105	31,640	873,465			905,105
55	30 IMPL. DEV. CHARGED TO PAT	53,860	1,478	52,382			53,860
56	DRUGS CHARGED TO PATIENTS	1,513,559	81,099	1,432,460			1,513,559
59	OP PSYCH	916,544	42,853	873,691			916,544
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,012,129	63,807	1,948,322			2,012,129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	249,047		249,047			249,047
65	AMBULANCE SERVICES	303,195	10,561	292,634			303,195
101	SUBTOTAL	12,289,161	573,139	11,716,022			12,289,161
102	LESS OBSERVATION BEDS	249,047		249,047			249,047
103	TOTAL	12,040,114	573,139	11,466,975			12,040,114

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,552,847	.552521	.552521
40	ANESTHESIOLOGY	3,212	3.518369	3.518369
41	RADIOLOGY-DIAGNOSTIC	9,393,874	.205546	.205546
42	RADIOLOGY-THERAPEUTIC	874,228	.320769	.320769
44	LABORATORY	10,459,424	.167149	.167149
49	RESPIRATORY THERAPY	2,272,527	.281269	.281269
50	PHYSICAL THERAPY	1,283,134	.633557	.633557
52	SPEECH PATHOLOGY	43,021	1.272216	1.272216
55	MEDICAL SUPPLIES CHARGED	3,072,660	.294567	.294567
55	30 IMPL. DEV. CHARGED TO PAT	125,863	.427926	.427926
56	DRUGS CHARGED TO PATIENTS	7,358,527	.205688	.205688
59	OP PSYCH	1,605,469	.570889	.570889
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,081,517	.395970	.395970
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	499,757	.498336	.498336
65	AMBULANCE SERVICES	1,487,130	.203879	.203879
101	SUBTOTAL	45,113,190		
102	LESS OBSERVATION BEDS	499,757		
103	TOTAL	44,613,433		

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	857,981	73,142	784,839			857,981
40	ANESTHESIOLOGY	11,301	349	10,952			11,301
41	RADIOLOGY-DIAGNOSTIC	1,930,874	106,413	1,824,461			1,930,874
42	RADIOLOGY-THERAPEUTIC	280,425	3,314	277,111			280,425
44	LABORATORY	1,748,279	55,342	1,692,937			1,748,279
49	RESPIRATORY THERAPY	639,192	49,488	589,704			639,192
50	PHYSICAL THERAPY	812,938	51,777	761,161			812,938
52	SPEECH PATHOLOGY	54,732	1,876	52,856			54,732
55	MEDICAL SUPPLIES CHARGED	905,105	31,640	873,465			905,105
55	30 IMPL. DEV. CHARGED TO PAT	53,860	1,478	52,382			53,860
56	DRUGS CHARGED TO PATIENTS	1,513,559	81,099	1,432,460			1,513,559
59	OP PSYCH	916,544	42,853	873,691			916,544
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,012,129	63,807	1,948,322			2,012,129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	249,047		249,047			249,047
65	AMBULANCE SERVICES	303,195	10,561	292,634			303,195
101	SUBTOTAL	12,289,161	573,139	11,716,022			12,289,161
102	LESS OBSERVATION BEDS	249,047		249,047			249,047
103	TOTAL	12,040,114	573,139	11,466,975			12,040,114

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,552,847	.552521	.552521
40	ANESTHESIOLOGY	3,212	3.518369	3.518369
41	RADIOLOGY-DIAGNOSTIC	9,393,874	.205546	.205546
42	RADIOLOGY-THERAPEUTIC	874,228	.320769	.320769
44	LABORATORY	10,459,424	.167149	.167149
49	RESPIRATORY THERAPY	2,272,527	.281269	.281269
50	PHYSICAL THERAPY	1,283,134	.633557	.633557
52	SPEECH PATHOLOGY	43,021	1.272216	1.272216
55	MEDICAL SUPPLIES CHARGED	3,072,660	.294567	.294567
55	30 IMPL. DEV. CHARGED TO PAT	125,863	.427926	.427926
56	DRUGS CHARGED TO PATIENTS	7,358,527	.205688	.205688
59	OP PSYCH	1,605,469	.570889	.570889
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,081,517	.395970	.395970
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	499,757	.498336	.498336
65	AMBULANCE SERVICES	1,487,130	.203879	.203879
101	SUBTOTAL	45,113,190		
102	LESS OBSERVATION BEDS	499,757		
103	TOTAL	44,613,433		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	1,278,542	1,027,142			
40	ANESTHESIOLOGY	54,351	377,448			
41	RADIOLOGY-DIAGNOSTIC	1,890,778	7,918,205			
42	RADIOLOGY-THERAPEUTIC	333,624	1,144,001			
44	LABORATORY	1,868,508	9,925,195			
49	RESPIRATORY THERAPY	974,442	2,701,358			
50	PHYSICAL THERAPY	905,250	1,310,689			
52	SPEECH PATHOLOGY	50,801	89,539			
55	MEDICAL SUPPLIES CHARGED	474,819	3,928,070			
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	1,593,308	8,195,753			
59	OP PSYCH	793,096	1,540,591			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,799,002	3,916,136			
62	OBSERVATION BEDS (NON-DIS	260,143	279,963			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	316,626	1,359,024			
101	TOTAL	12,593,290	43,713,114			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

14-1346

FROM 1/ 1/2010

WORKSHEET C

TO 12/31/2010

PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCI LLARY SRVC COST CNTRS							
	OPERATING ROOM	1, 278, 542		1, 278, 542	1, 027, 142			
40	ANESTHESIOLOGY	54, 351		54, 351	377, 448			
41	RADIOLOGY-DI AGNOSTIC	1, 890, 778		1, 890, 778	7, 918, 205			
42	RADIOLOGY-THERAPEUTIC	333, 624		333, 624	1, 144, 001			
44	LABORATORY	1, 868, 508	27, 083	1, 895, 591	9, 925, 195			
49	RESPIRATORY THERAPY	974, 442		974, 442	2, 701, 358			
50	PHYSICAL THERAPY	905, 250		905, 250	1, 310, 689			
52	SPEECH PATHOLOGY	50, 801		50, 801	89, 539			
55	MEDICAL SUPPLIES CHARGED	474, 819		474, 819	3, 928, 070			
55	30 IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS	1, 593, 308		1, 593, 308	8, 195, 753			
59	OP PSYCH	793, 096		793, 096	1, 540, 591			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1, 799, 002	653, 354	2, 452, 356	3, 916, 136			
62	OBSERVATION BEDS (NON-DIS	260, 143		260, 143	279, 963			
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	316, 626		316, 626	1, 359, 024			
101	TOTAL	12, 593, 290	680, 437	13, 273, 727	43, 713, 114			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVII I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVII I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-5499		PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-5499		PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
42	RADIOLOGY-THERAPEUTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
52	SPEECH PATHOLOGY	
55	MEDICAL SUPPLIES CHARGED	
55	30 IMPL. DEV. CHARGED TO PAT	
56	DRUGS CHARGED TO PATIENTS	
59	OP PSYCH	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
65	AMBULANCE SERVICES	
101	TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
55	MEDICAL SUPPLIES CHARGED					
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
59	OP PSYCH					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	OP PSYCH						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					508.26
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					908,261
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					908,261

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	421,331	170	2,478.42	147	364,328
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	1,161,882
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	1,161,882
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XIX - I/P SNF OTHER

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	20,931
72	PER DIEM CAPITAL-RELATED COSTS	49.02
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
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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		1,157,357	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		134,946	
37	OPERATING ROOM	.552521	26,019	14,376
40	ANESTHESIOLOGY	3.518369	296	1,041
41	RADIOLOGY-DIAGNOSTIC	.205546	324,344	66,668
42	RADIOLOGY-THERAPEUTIC	.320769	40,648	13,039
44	LABORATORY	.167149	1,003,565	167,745
49	RESPIRATORY THERAPY	.281269	565,164	158,963
50	PHYSICAL THERAPY	.633557	59,826	37,903
52	SPEECH PATHOLOGY	1.272216	4,354	5,539
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.294567	809,407	238,425
55	30 IMPL. DEV. CHARGED TO PATIENT	.427926		
56	DRUGS CHARGED TO PATIENTS	.205688	1,895,819	389,947
59	OP PSYCH	.570889		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.395970		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.498336		
65	AMBULANCE SERVICES			
101	TOTAL		4,729,442	1,093,646
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,729,442	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-1346		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,587,031
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D, IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,587,031

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)	4,632,901
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	40,476
18.01	CAH ACTUAL BILLED COINSURANCE	2,217,314
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,375,111
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,375,111
24	PRIMARY PAYER PAYMENTS	957
25	SUBTOTAL	2,374,154

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	447,768
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	447,768
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,821,922
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	2,821,922
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,148,888
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-326,966
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-5499		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

CUSTOMARY CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVIII SNF

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		114,873		
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.		16,400		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		131,273		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02	5,963	
7 TOTAL MEDICARE PROGRAM LIABILITY			125,310	

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 SWING BED SNF

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		1,838,389		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		1,838,389		NONE
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		243,774		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		2,082,163		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-2
14-Z346		

TITLE XVII I SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,173,501	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	962,700	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	2,286	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	2,136,201	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	2,136,201	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	2,136,201	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	54,038	
14	80% OF PART B COSTS		
15	SUBTOTAL	2,082,163	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	2,082,163	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,838,389	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	243,774	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-1346		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,366,235
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,366,235
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,389,897

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,389,897
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	438,592
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,951,305
23	COINSURANCE	275
24	SUBTOTAL	1,951,030
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	107,716
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	107,716
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	2,058,746
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,058,746
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,565,719
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	493,027
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5499		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDI CARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1346	FROM 1/ 1/2010	6/ 6/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5499		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

58 BALANCE DUE PROVIDER/PROGRAM
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

-5,963

BALANCE SHEET

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-194,094			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,830,295			
5	OTHER RECEIVABLES	265,509			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,306,988			
7	INVENTORY	146,915			
8	PREPAID EXPENSES	626,849			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	173,745			
11	TOTAL CURRENT ASSETS	4,542,231			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	4,197,110			
16.01	LESS ACCUMULATED DEPRECIATION	-2,709,675			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	1,487,435			
OTHER ASSETS					
22	INVESTMENTS	4,935			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	4,935			
27	TOTAL ASSETS	6,034,601			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	671,193			
29 SALARIES, WAGES & FEES PAYABLE	507,307			
30 PAYROLL TAXES PAYABLE	123,158			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	272,161			
32 DEFERRED INCOME	264,989			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	969,344			
35 OTHER CURRENT LIABILITIES	694,800			
36 TOTAL CURRENT LIABILITIES	3,502,952			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	142,321			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	142,321			
43 TOTAL LIABILITIES	3,645,273			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2,389,328			
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	2,389,328			
52 TOTAL LIABILITIES AND FUND BALANCES	6,034,601			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		1,830,914		
2 NET INCOME (LOSS)		590,841		
3 TOTAL		2,421,755		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 0				
6 0				
7 0				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		2,421,755		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 0		32,427		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		32,427		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,389,328		

	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 0				
6 0				
7 0				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 0				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-1346
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,457,694		2,457,694
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	369,646		369,646
7 00 NURSING FACILITY	3,055,792		3,055,792
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,883,132		5,883,132
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	168,016		168,016
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	168,016		168,016
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	6,051,148		6,051,148
17 00 ANCILLARY SERVICES	11,507,844	32,901,078	44,408,922
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES		1,487,130	1,487,130
24 00 PHYSICIAN CHARGES	210,045	3,308,824	3,518,869
25 00 TOTAL PATIENT REVENUES	17,769,037	37,697,032	55,466,069

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		21,713,593	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 MCD TAX ASSESSMENT	48,981		
35 00 PHYSICIAN EXP	1,021,253		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,070,234	
40 00 TOTAL OPERATING EXPENSES		20,643,359	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1346
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	55,466,069
2	LESS: ALLOWANCES AND DISCOUNTS ON	33,396,411
3	NET PATIENT REVENUES	22,069,658
4	LESS: TOTAL OPERATING EXPENSES	20,643,359
5	NET INCOME FROM SERVICE TO PATIENT	1,426,299
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.05	OTHER REV	639,708
24.10		
25	TOTAL OTHER INCOME	639,708
26	TOTAL	2,066,007
	OTHER EXPENSES	
27	NON OPERATING REV	391,309
28	PHYSICIAN EXP	1,083,857
29		
30	TOTAL OTHER EXPENSES	1,475,166
31	NET INCOME (OR LOSS) FOR THE PERIO	590,841