

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		14-2012		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/11/2010 TIME 14:14

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:
 BETHANY HOSPITAL 14-2012

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	203,176	8,424	0		
100	TOTAL	0	203,176	8,424	0		

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 3435 W. VAN BUREN P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60624- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	BETHANY HOSPITAL	14-2012		9/1/2006	4	5	6
					N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 6/30/2010

18 TYPE OF CONTROL

1 2
1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

2

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

N N

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

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

1 N Y 29404

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

1

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

1

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

N

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

N N

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

3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

N / / / /

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

/ / / /

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

/ / / /

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

/ / / /

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

/ / / /

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

/ / / /

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

/ / / /

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

/ /

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

/ /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET S-2

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 148036
 40.01 NAME: ADVOCATE HEALTHCARE FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 2025 WINDSOR DRIVE P.O. BOX:
 40.03 CITY: OAK BROOK STATE: IL ZIP CODE: 60523-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 2,500,000
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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 Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET S-2

- 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 AVAILBLE 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).
- 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) Y
- 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 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).

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- 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
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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). Y 9/30/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	----- I/P DAYS / O/P VISITS / TRIPS -----			
				TITLE V 3	TITLE XVII 4	NON COVERED MEDICARE DAYS 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	55	9,955			2,192		606
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	55	9,955			2,192		606
6 INTENSIVE CARE UNIT	6	1,086			321		71
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	61	11,041			2,513		677
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL	61						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	----- I/P DAYS / O/P VISITS / TRIPS -----		O/P VISITS TOTAL ALL PATS 6	-----		-- INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS 6.01	NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,574				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,574				
6 INTENSIVE CARE UNIT			663				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			4,237				
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					90	23	136
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		190.00			90	23	136
13 RPCH VISITS							
14 SUBPROVIDER							
25 TOTAL		190.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	7,971,544		7,971,544	241,280.00	33.04	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	25,851		25,851	648.00	39.89	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	9,870		9,870	991.00	9.96	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	226,811		226,811	4,415.00	51.37	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	45,212		45,212	658.00	68.71	
10 CONTRACT LABOR: PHYS PART A	489,104		489,104	5,119.00	95.55	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	651,446		651,446	10,086.00	64.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,197,072		2,197,072			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,733		2,733			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	7,157		7,157			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	646,623		646,623	20,800.00	31.09	
22 ADMINISTRATIVE & GENERAL	2,232,573		2,232,573	18,720.00	119.26	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	408,645		408,645	18,720.00	21.83	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	160,739		160,739	12,480.00	12.88	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	230,472	-150,959	79,513	21,798.00	3.65	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		150,959	150,959	11,482.00	13.15	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	359,026		359,026	10,400.00	34.52	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	348,995		348,995	10,400.00	33.56	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	23,177		23,177	2,080.00	11.14	
34 SOCIAL SERVICE	48,801		48,801	2,080.00	23.46	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	7,971,544		7,971,544	241,280.00	33.04	
2 EXCLUDED AREA SALARIES	9,870		9,870	991.00	9.96	
3 SUBTOTAL SALARIES	7,961,674		7,961,674	240,289.00	33.13	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,412,573		1,412,573	20,278.00	69.66	
5 SUBTOTAL WAGE-RELATED COSTS	2,204,229		2,204,229		27.69	
6 TOTAL	11,578,476		11,578,476	260,567.00	44.44	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	4,459,051		4,459,051	128,960.00	34.58	

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 14-2012
SATELLITE NO:
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		TRAINING	HOME		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						
6 NUMBER OF STATIONS						
7 TREATMENT CAPACITY PER DAY PER STATION						
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-2012	FROM 1/ 1/2010	11/11/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	877,616
17.01	GROSS MEDICAID REVENUES	5,652,240
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	6,529,856
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)	.684438
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	5,652,240

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
| 14-2012 | FROM 1/ 1/2010 | WORKSHEET S-10
| | TO 6/30/2010 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,868,608
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	877,616
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	600,674
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,868,608

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				111,428	111,428
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				-304	-304
3	0300 NEW CAP REL COSTS-BLDG & FIXT				382,605	382,605
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				303,308	303,308
5	0500 EMPLOYEE BENEFITS	286,167	1,813,239	2,099,406		2,099,406
5.01	0501 NONPATIENT TELEPHONES	51,214	96,866	148,080	-113	147,967
5.02	0502 DATA PROCESSING		213,517	213,517	-496	213,021
5.03	0503 PURCHASING RECEIVING AND STORES	55,459	132,484	187,943	-210	187,733
5.04	0504 ADMINITTING	87,969	11,492	99,461	-993	98,468
5.05	0505 CASHIERING/ACCOUNTS RECEIVABLE	165,814	291,904	457,718	-9,540	448,178
6	0600 ADMINISTRATIVE & GENERAL	2,232,573	4,951,885	7,184,458	-536,002	6,648,456
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	408,645	861,184	1,269,829	-36,888	1,232,941
9	0900 LAUNDRY & LINEN SERVICE				37,355	37,355
10	1000 HOUSEKEEPING	160,739	140,213	300,952	-41,787	259,165
11	1100 DIETARY	230,472	252,218	482,690	-324,584	158,106
12	1200 CAFETERIA				320,061	320,061
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	359,026	31,102	390,128	-138	389,990
15	1500 CENTRAL SERVICES & SUPPLY		50,023	50,023		50,023
16	1600 PHARMACY	348,995	650,503	999,498	-565,478	434,020
17	1700 MEDICAL RECORDS & LIBRARY	23,177	103,041	126,218	-865	125,353
18	1800 SOCIAL SERVICE	48,801		48,801		48,801
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,681,954	338,120	2,020,074	-274,961	1,745,113
26	2600 INTENSIVE CARE UNIT	545,349	133,635	678,984	-65,765	613,219
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	73,565	70,550	144,115	-63,397	80,718
38	3800 RECOVERY ROOM	77,951	7,813	85,764	-1,507	84,257
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	1,275	45,583	46,858	-5,810	41,048
41	4100 RADIOLOGY-DIAGNOSTIC	209,579	114,387	323,966	-68,444	255,522
44	4400 LABORATORY	15,389	217,842	233,231	-1,184	232,047
47	4700 BLOOD STORING, PROCESSING & TRANS.		32,297	32,297	-177	32,120
49	4900 RESPIRATORY THERAPY	515,104	137,990	653,094	-104,255	548,839
50	5000 PHYSICAL THERAPY	64,594	161,945	226,539	-181	226,358
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	4,575	2,524	7,099	-1,173	5,926
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				440,349	440,349
56	5600 DRUGS CHARGED TO PATIENTS				564,382	564,382
57	5700 RENAL DIALYSIS	194,071	50,416	244,487	-25,615	218,872
59	3950 DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	15,132	26,815	41,947		41,947
61	6100 EMERGENCY	104,085	553,426	657,511	-29,509	628,002
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	7,961,674	11,493,014	19,454,688	112	19,454,800
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,870	746	10,616		10,616
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS		214,813	214,813	-112	214,701
101	TOTAL	7,971,544	11,708,573	19,680,117	-0-	19,680,117

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	1,961	113,389
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	1,082	778
3	0300 NEW CAP REL COSTS-BLDG & FIXT	51,765	434,370
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	98,227	401,535
5	0500 EMPLOYEE BENEFITS	262,182	2,361,588
5.01	0501 NONPATIENT TELEPHONES	-92,965	55,002
5.02	0502 DATA PROCESSING	140,863	353,884
5.03	0503 PURCHASING RECEIVING AND STORES		187,733
5.04	0504 ADMITTING		98,468
5.05	0505 CASHIERING/ACCOUNTS RECEIVABLE	-614	447,564
6	0600 ADMINISTRATIVE & GENERAL	-3,636,031	3,012,425
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-7,000	1,225,941
9	0900 LAUNDRY & LINEN SERVICE		37,355
10	1000 HOUSEKEEPING		259,165
11	1100 DIETARY	-28,679	129,427
12	1200 CAFETERIA	-54,448	265,613
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-24,576	365,414
15	1500 CENTRAL SERVICES & SUPPLY	-2,500	47,523
16	1600 PHARMACY	-441	433,579
17	1700 MEDICAL RECORDS & LIBRARY	-114	125,239
18	1800 SOCIAL SERVICE		48,801
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-371,453	1,373,660
26	2600 INTENSIVE CARE UNIT	-174,477	438,742
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-52,945	27,773
38	3800 RECOVERY ROOM	-11,362	72,895
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-41,038	10
41	4100 RADIOLOGY-DIAGNOSTIC	-56,510	199,012
44	4400 LABORATORY	-70,894	161,153
47	4700 BLOOD STORING, PROCESSING & TRANS.		32,120
49	4900 RESPIRATORY THERAPY	-137,489	411,350
50	5000 PHYSICAL THERAPY	-15,476	210,882
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-897	5,029
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		440,349
56	5600 DRUGS CHARGED TO PATIENTS	-169,760	394,622
57	5700 RENAL DIALYSIS	-53,043	165,829
59	3950 DAY HOSPITAL		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		41,947
61	6100 EMERGENCY	-82,993	545,009
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,529,625	14,925,175
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,616
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		214,701
101	TOTAL	-4,529,625	15,150,492

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2010
 I 14-2012 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	NONPATIENT TELEPHONES	0501	EMPLOYEE BENEFITS
5.02	DATA PROCESSING	0502	EMPLOYEE BENEFITS
5.03	PURCHASING RECEIVING AND STORES	0503	EMPLOYEE BENEFITS
5.04	ADMINISTRATIVE	0504	EMPLOYEE BENEFITS
5.05	CASHERING/ACCOUNTS RECEIVABLE	0505	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	DAY HOSPITAL	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 142012	PERIOD: FROM 1/1/2010 TO 6/30/2010	PREPARED 11/11/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		564,382
2 CONTRACTED LAUNDRY	C	LAUNDRY & LINEN SERVICE	9		37,355
3 DEPRECIATION EXPENSE	D	OLD CAP REL COSTS-BLDG & FIXT	1		494,033
4		OLD CAP REL COSTS-MVBLE EQUIP	2		303,004
5 NEW/OLD DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		382,605
6		NEW CAP REL COSTS-MVBLE EQUIP	4		303,308
7 DEPRECIATION RECLASS	F	ADMINISTRATIVE & GENERAL	6		273,035
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32 CAFETERIA/DIETARY	H	CAFETERIA	12	150,959	169,102
33 COST OF MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		452,765
34					
35					
1 COST OF MEDICAL SUPPLIES	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
36 TOTAL RECLASSIFICATIONS				150,959	2,979,589

(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:
142012

PERIOD:
FROM 1/ 1/2010
TO 6/30/2010

PREPARED 11/11/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16			564,382	
2 CONTRACTED LAUNDRY	C	HOUSEKEEPING	10			37,355	
3 DEPRECIATION EXPENSE	D	ADMINISTRATIVE & GENERAL	6			797,037	9
4							9
5 NEW/OLD DEPRECIATION	E	OLD CAP REL COSTS-BLDG & FIXT	1			382,605	9
6		OLD CAP REL COSTS-MVBLE EQUIP	2			303,308	9
7 DEPRECIATION RECLASS	F						9
8		NONPATIENT TELEPHONES	5.01			113	9
9		DATA PROCESSING	5.02			496	9
10		PURCHASING RECEIVING AND STORES	5.03			210	9
11		ADMINISTRATIVE	5.04			993	9
12		CASHIERING/ACCOUNTS RECEIVABLE	5.05			9,540	9
13		OPERATION OF PLANT	8			33,487	9
14		HOUSEKEEPING	10			2,941	9
15		DIETARY	11			4,400	9
16		NURSING ADMINISTRATION	14			138	9
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			12,416	9
18		PHARMACY	16			726	9
19		MEDICAL RECORDS & LIBRARY	17			865	9
20		ADULTS & PEDIATRICS	25			49,740	9
21		INTENSIVE CARE UNIT	26			18,489	9
22		OPERATING ROOM	37			9,627	9
23		RECOVERY ROOM	38			1,507	9
24		RENAL DIALYSIS	57			7,598	9
25		ANESTHESIOLOGY	40			5,619	9
26		RADIOLOGY-DIAGNOSTIC	41			65,992	9
27		RESPIRATORY THERAPY	49			23,847	9
28		PHYSICAL THERAPY	50			181	9
29		ELECTROCARDIOLOGY	53			1,173	9
30		EMERGENCY	61			22,825	9
31		OTHER NONREIMBURSABLE COST CENTERS	100			112	9
32 CAFETERIA/DIETARY	H	DIETARY	11		150,959	169,102	
33 COST OF MEDICAL SUPPLIES	B						
34		HOUSEKEEPING	10			1,491	
35		DIETARY	11			123	
1 COST OF MEDICAL SUPPLIES	B	OPERATION OF PLANT	8			3,401	
2		ADMINISTRATIVE & GENERAL	6			12,000	
3		PHARMACY	16			370	
4		ADULTS & PEDIATRICS	25			225,221	
5		INTENSIVE CARE UNIT	26			47,276	
6		OPERATING ROOM	37			53,770	
7		LABORATORY	44			1,184	
8		ANESTHESIOLOGY	40			191	
9		RADIOLOGY-DIAGNOSTIC	41			2,452	
10		RESPIRATORY THERAPY	49			80,408	
11		BLOOD STORING, PROCESSING & TRANS.	47			177	
12		EMERGENCY	61			6,684	
13		RENAL DIALYSIS	57			18,017	
36 TOTAL RECLASSIFICATIONS					150,959	2,979,589	

(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: 142012	PERIOD: FROM 1/ 1/2010 TO 6/30/2010	PREPARED 11/11/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	564,382	PHARMACY	16	564,382	
TOTAL RECLASSIFICATIONS FOR CODE A			564,382				564,382

RECLASS CODE: C
EXPLANATION : CONTRACTED LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	37,355	HOUSEKEEPING	10	37,355	
TOTAL RECLASSIFICATIONS FOR CODE C			37,355				37,355

RECLASS CODE: D
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	494,033	ADMINISTRATIVE & GENERAL	6	797,037	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	303,004			0	
TOTAL RECLASSIFICATIONS FOR CODE D			797,037				797,037

RECLASS CODE: E
EXPLANATION : NEW/OLD DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	382,605	OLD CAP REL COSTS-BLDG & FIXT	1	382,605	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	303,308	OLD CAP REL COSTS-MVBLE EQUIP	2	303,308	
TOTAL RECLASSIFICATIONS FOR CODE E			685,913				685,913

RECLASS CODE: F
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	273,035			0	
2.00			0	NONPATIENT TELEPHONES	5.01	113	
3.00			0	DATA PROCESSING	5.02	496	
4.00			0	PURCHASING RECEIVING AND STORE	5.03	210	
5.00			0	ADMINISTRATIVE	5.04	993	
6.00			0	CASHERING/ACCOUNTS RECEIVABLE	5.05	9,540	
7.00			0	OPERATION OF PLANT	8	33,487	
8.00			0	HOUSEKEEPING	10	2,941	
9.00			0	DIETARY	11	4,400	
10.00			0	NURSING ADMINISTRATION	14	138	
11.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	12,416	
12.00			0	PHARMACY	16	726	
13.00			0	MEDICAL RECORDS & LIBRARY	17	865	
14.00			0	ADULTS & PEDIATRICS	25	49,740	
15.00			0	INTENSIVE CARE UNIT	26	18,489	
18.00			0	OPERATING ROOM	37	9,627	
19.00			0	RECOVERY ROOM	38	1,507	
20.00			0	RENAL DIALYSIS	57	7,598	
21.00			0	ANESTHESIOLOGY	40	5,619	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	65,992	
23.00			0	RESPIRATORY THERAPY	49	23,847	
24.00			0	PHYSICAL THERAPY	50	181	
25.00			0	ELECTROCARDIOLOGY	53	1,173	
26.00			0	EMERGENCY	61	22,825	
27.00			0	OTHER NONREIMBURSABLE COST CEN	100	112	
TOTAL RECLASSIFICATIONS FOR CODE F			273,035				273,035

RECLASS CODE: H
EXPLANATION : CAFETERIA/DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	320,061	DIETARY	11	320,061	
TOTAL RECLASSIFICATIONS FOR CODE H			320,061				320,061

RECLASS CODE: B
EXPLANATION : COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	452,765			0	

RECLASSIFICATIONS

PROVIDER NO: 142012	PERIOD: FROM 1/ 1/2010 TO 6/30/2010	PREPARED 11/11/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: B
EXPLANATION : COST OF MEDICAL SUPPLIES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
18.00			0
20.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			452,765

----- DECREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	1,491	
DIETARY	11	123	
OPERATION OF PLANT	8	3,401	
ADMINISTRATIVE & GENERAL	6	12,000	
PHARMACY	16	370	
ADULTS & PEDIATRICS	25	225,221	
INTENSIVE CARE UNIT	26	47,276	
OPERATING ROOM	37	53,770	
LABORATORY	44	1,184	
ANESTHESIOLOGY	40	191	
RADIOLOGY-DIAGNOSTIC	41	2,452	
RESPIRATORY THERAPY	49	80,408	
BLOOD STORING, PROCESSING & TR	47	177	
EMERGENCY	61	6,684	
RENAL DIALYSIS	57	18,017	
			452,765

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	289,163						289,163	
2 LAND IMPROVEMENTS	521,518						521,518	525,838
3 BUILDINGS & FIXTURE	18,595,700						18,595,700	9,319,857
4 BUILDING IMPROVEMENT	4,320						4,320	
5 FIXED EQUIPMENT	2,633,326						2,633,326	2,628,426
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	22,044,027						22,044,027	12,474,121
8 RECONCILING ITEMS								
9 TOTAL	22,044,027						22,044,027	12,474,121

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS	469,273						469,273	227,408
3 BUILDINGS & FIXTURE	11,487,778	400,610		400,610			11,888,388	3,886,096
4 BUILDING IMPROVEMENT	67,599						67,599	
5 FIXED EQUIPMENT	13,620,633	19,100		19,100	251,897		13,387,836	8,192,077
6 MOVABLE EQUIPMENT	23,396						23,396	23,396
7 SUBTOTAL	25,668,679	419,710		419,710	251,897		25,836,492	12,328,977
8 RECONCILING ITEMS	509,756	4,065		4,065	251,897		261,924	
9 TOTAL	25,158,923	415,645		415,645			25,574,568	12,328,977

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	113,389						113,389
2	OLD CAP REL COSTS-MV	778						778
3	NEW CAP REL COSTS-BL	434,370						434,370
4	NEW CAP REL COSTS-MV	401,535						401,535
5	TOTAL	950,072						950,072

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-92,550	NONPATIENT TELEPHONES	5.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-127,995			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	946,388			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP	A	402	OLD CAP REL COSTS-MVBLE E	2	9
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	38,966	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MEDICAL RECORDS ABSTRACTS	A	-114	MEDICAL RECORDS & LIBRARY	17	
38 MISC INCOME	B	-415	NONPATIENT TELEPHONES	5.01	
39 MISC INCOME	B	-110	EMPLOYEE BENEFITS	5	
40 MISC INCOME	B	-614	CASHERING/ACCOUNTS RECEIV	5.05	
41 MISC INCOME	B	-162,247	ADMINISTRATIVE & GENERAL	6	
42 MISC INCOME	B	-28,679	DIETARY	11	
43					
44 MISC INCOME	B	-54,448	CAFETERIA	12	
45 MISC INCOME	B	-441	PHARMACY	16	
46 MISC INCOME	B	-7,000	OPERATION OF PLANT	8	
47					
47.01					
48 PBP ADJ	A	-35,275	ADMINISTRATIVE & GENERAL	6	
49					
49.01 PBP ADJ	A	-24,576	NURSING ADMINISTRATION	14	
49.02 NONALLOWABLE INTEREST	A	-159,450	ADMINISTRATIVE & GENERAL	6	
49.03					
49.04					
49.05					
49.06 PROVISION FOR UNCOLLECTIBLE ACCT	A	-777,786	ADMINISTRATIVE & GENERAL	6	
49.07					
49.08 NONALLOW CTRS 1090/1093/7012/1120/42	A	-70,814	ADMINISTRATIVE & GENERAL	6	
49.09 NONALLOWABLE COST	A	-2,298	ADMINISTRATIVE & GENERAL	6	
49.10					
49.11 NONALLOWABLE COST	A	-20,210	EMPLOYEE BENEFITS	5	
49.12 LOBBY COSTS	A	-9,876	ADMINISTRATIVE & GENERAL	6	
49.13 NONALLOWABLE COST	A	-2,500	CENTRAL SERVICES & SUPPLY	15	
49.14 NONALLOWABLE COST	A	-295	RADIOLOGY-DIAGNOSTIC	41	
49.15 MEDICAID PROVIDER TAX	A	-2,827,641	ADMINISTRATIVE & GENERAL	6	
49.16					
49.17 MEDICARE INHOUSE PATIENTS	A	-371,453	ADULTS & PEDIATRICS	25	
49.18 MEDICARE INHOUSE PATIENTS	A	-174,477	INTENSIVE CARE UNIT	26	
49.19 MEDICARE INHOUSE PATIENTS	A	-52,945	OPERATING ROOM	37	
49.20 MEDICARE INHOUSE PATIENTS	A	-11,362	RECOVERY ROOM	38	
49.21 MEDICARE INHOUSE PATIENTS	A	-55,551	RADIOLOGY-DIAGNOSTIC	41	
49.22 MEDICARE INHOUSE PATIENTS	A	-70,894	LABORATORY	44	
49.23 MEDICARE INHOUSE PATIENTS	A	-137,489	RESPIRATORY THERAPY	49	
49.24 MEDICARE INHOUSE PATIENTS	A	-15,476	PHYSICAL THERAPY	50	
49.25 MEDICARE INHOUSE PATIENTS	A	-897	ELECTROCARDIOLOGY	53	
49.26 MEDICARE INHOUSE PATIENTS	A	-169,760	DRUGS CHARGED TO PATIENTS	56	
49.27 MEDICARE INHOUSE PATIENTS	A	-49,743	RENAL DIALYSIS	57	
49.28					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,529,625			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER	LINE NO		
	1	2	3	4		5
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,529,625				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	5	EMPLOYEE BENEFITS	PERSONNEL	282,502		282,502	
2	5 2	DATA PROCESSING	DATA PROCESSING	140,863		140,863	
3	6	ADMINISTRATIVE & GENERAL	ADMIN & GEN'L	409,356		409,356	
4	1	OLD CAP REL COSTS-BLDG &	OLD BLDG	1,961		1,961	9
4.01	2	OLD CAP REL COSTS-MVBLE E	OLD EQUIP	680		680	9
4.02	3	NEW CAP REL COSTS-BLDG &	NEWBLDG	12,799		12,799	9
4.03	4	NEW CAP REL COSTS-MVBLE E	NEW EQUIP	98,227		98,227	9
5		TOTALS		946,388		946,388	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	AGGREGATE	82,993	82,993		177,200	1	85	4
4 40	AGGREGATE	41,038	41,038		200,300	1	96	5
5 41	AGGREGATE	664	664		225,300	1	108	5
8 57	AGGREGATE	3,300	3,300		177,200			
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	127,995	127,995			3	289	14

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	AGGREGATE					85		82,993
4 40	AGGREGATE					96		41,038
5 41	AGGREGATE					108		664
8 57	AGGREGATE							3,300
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					289		127,995

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/11/2010
 I 14-2012 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	STATUS
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	9	SQ. FEET NEW	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	9	SQ. FEET NEW	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	9	SQ. FEET NEW	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	9	SQ. FEET NEW	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
5.01	NONPATIENT TELEPHONES	S	GROSS SALARIES	ENTERED
5.02	DATA PROCESSING	6	GROSS REVENUE	ENTERED
5.03	PURCHASING RECEIVING AND STORES	4	SUPPLIES EXPENSE	ENTERED
5.04	ADMITTING	5	I/P REVENUE	ENTERED
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6	GROSS REVENUE	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	8	BLANK	NOT ENTERED
8	OPERATION OF PLANT	9	SQ. FEET NEW	ENTERED
9	LAUNDRY & LINEN SERVICE	10	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	9	SQ. FEET NEW	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	13	BLANK	NOT ENTERED
14	NURSING ADMINISTRATION	14	NSG HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	SUPPLY COST	ENTERED
16	PHARMACY	16	DRUG COSTS	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	10	PATIENT DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	I&RHRS	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	I&RHRS	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	5.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	113,389	113,389					
003 OLD CAP REL COSTS-MVBLE E	778		778				
004 NEW CAP REL COSTS-BLDG &	434,370			434,370			
005 NEW CAP REL COSTS-MVBLE E	401,535				401,535		
005 EMPLOYEE BENEFITS	2,361,588	486	3	1,860	1,719	2,365,656	
005 01 NONPATIENT TELEPHONES	55,002	315	2	1,206	1,115	15,764	73,404
005 02 DATA PROCESSING	353,884						
005 03 PURCHASING RECEIVING AND	187,733	2,833	19	10,852	10,032	17,071	533
005 04 ADMINITTING	98,468	840	6	3,217	2,974	27,078	846
005 05 CASHIERING/ACCOUNTS RECEIV	447,564	694	5	2,658	2,457	51,040	1,594
006 ADMINSTRATIVE & GENERAL	3,012,425	6,282	43	24,063	22,244	687,212	21,468
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,225,941	11,773	81	45,102	41,692	125,786	3,929
009 LAUNDRY & LINEN SERVICE	37,355						
010 HOUSEKEEPING	259,165	907	6	3,474	3,212	49,478	1,546
011 DIETARY	129,427	5,578	38	21,367	19,751	24,475	765
012 CAFETERIA	265,613					46,467	1,451
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	365,414	1,600	11	6,130	5,666	110,513	3,452
015 CENTRAL SERVICES & SUPPLY	47,523	1,981	14	7,590	7,017		
016 PHARMACY	433,579					107,425	3,356
017 MEDICAL RECORDS & LIBRARY	125,239	1,150	8	4,406	4,073	7,134	223
018 SOCIAL SERVICE	48,801	616	4	2,360	2,181	15,022	469
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,373,660	34,024	233	130,346	120,494	517,727	16,172
027 INTENSIVE CARE UNIT	438,742	1,467	10	5,618	5,193	167,866	5,244
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	27,773	4,665	32	17,872	16,521	22,644	707
039 RECOVERY ROOM	72,895					23,994	749
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	10					392	12
044 RADIOLOGY-DIAGNOSTIC	199,012	14,104	97	54,029	49,945	64,511	2,015
047 LABORATORY	161,153	4,650	32	17,812	16,466	4,737	148
049 BLOOD STORING, PROCESSING	32,120						
050 RESPIRATORY THERAPY	411,350	1,009	7	3,865	3,573	158,556	4,953
052 PHYSICAL THERAPY	210,882	2,851	20	10,920	10,094	19,883	621
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	5,029					1,408	44
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	440,349						
057 DRUGS CHARGED TO PATIENTS	394,622						
059 RENAL DIALYSIS	165,829					59,738	1,866
060 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	41,947					4,658	145
062 EMERGENCY	545,009	4,477	31	17,150	15,854	32,039	1,001
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	14,925,175	102,302	702	391,897	362,273	2,362,618	73,309
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10,616					3,038	95
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	214,701	11,087	76	42,473	39,262		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,150,492	113,389	778	434,370	401,535	2,365,656	73,404

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIV	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.02	5.03	5.04	5.05	5a.05	6	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING	353,884						
005 03 PURCHASING RECEIVING AND		229,073					
005 04 ADMINITTING		83	133,512				
005 05 CASHIERING/ACCOUNTS RECEIV		554		506,566			
006 ADMINISTRATION & GENERAL		9,943			3,783,680	3,783,680	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		10,927			1,465,231	487,733	
009 LAUNDRY & LINEN SERVICE					37,355	12,434	
010 HOUSEKEEPING		12,065			329,853	109,798	
011 DIETARY		39,323			240,724	80,130	
012 CAFETERIA					313,531	104,365	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		258			493,044	164,120	
015 CENTRAL SERVICES & SUPPLY		147,029			211,154	70,287	
016 PHARMACY		178			544,538	181,261	
017 MEDICAL RECORDS & LIBRARY		2,136			144,369	48,056	
018 SOCIAL SERVICE					69,453	23,119	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	79,239	4,847	30,531	113,427	2,420,700	805,778	
026 INTENSIVE CARE UNIT	22,098	1,117	8,514	31,632	687,501	228,849	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,697	67	1,039	3,860	97,877	32,580	
038 RECOVERY ROOM	451		174	645	98,908	32,924	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,243		479	1,780	3,916	1,304	
041 RADIOLOGY-DIAGNOSTIC	7,059	225	2,401	10,104	403,502	134,314	
044 LABORATORY	23,391		8,781	33,484	270,654	90,093	
047 BLOOD STORING, PROCESSING	5,426		2,089	7,767	47,402	15,779	
049 RESPIRATORY THERAPY	58,273	59	22,358	83,415	747,418	248,794	
050 PHYSICAL THERAPY	7,781	88	2,976	11,138	277,254	92,290	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,248		442	1,787	9,958	3,315	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	9,414		3,627	13,475	466,865	155,406	
056 DRUGS CHARGED TO PATIENTS	118,289		45,508	169,323	727,742	242,244	
057 RENAL DIALYSIS	11,920	77	4,593	17,063	261,086	86,908	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					46,750	15,562	
061 EMERGENCY	5,355	97		7,666	628,679	209,269	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	353,884	229,073	133,512	506,566	14,829,144	3,676,712	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					13,749	4,577	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS					307,599	102,391	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	353,884	229,073	133,512	506,566	15,150,492	3,783,680	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,952,964						
009 LAUNDRY & LINEN SERVICE		49,789					
010 HOUSEKEEPING	19,644		459,295				
011 DIETARY	120,807		28,700	470,361			
012 CAFETERIA					417,896		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	34,657		8,233		34,953		735,007
015 CENTRAL SERVICES & SUPPLY	42,916		10,196				
016 PHARMACY					33,976		
017 MEDICAL RECORDS & LIBRARY	24,910		5,918		2,256		
018 SOCIAL SERVICE	13,341		3,169		4,751		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	736,984	41,998	175,085	396,760	163,748		510,208
027 INTENSIVE CARE UNIT	31,765	7,791	7,546	73,601	53,092		119,837
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	101,046		24,005		7,162		16,446
039 RECOVERY ROOM					7,589		7,839
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					124		
044 RADIOLOGY-DIAGNOSTIC	305,479		72,572		20,404		10,763
047 LABORATORY	100,712		23,926		1,498		365
049 BLOOD STORING, PROCESSING							
050 RESPIRATORY THERAPY	21,851		5,191		50,148		3,825
052 PHYSICAL THERAPY	61,741		14,668		6,289		3,853
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					445		48
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS					18,894		33,081
060 DAY HOSPITAL							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC					1,473		
066 EMERGENCY	96,967		23,036		10,133		28,742
095 OBSERVATION BEDS (NON-DIS							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	1,712,820	49,789	402,245	470,361	416,935		735,007
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					961		
101 PHYSICIANS' PRIVATE OFFIC							
102 NONPAID WORKERS							
103 OTHER NONREIMBURSABLE COS	240,144		57,050				
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	1,952,964	49,789	459,295	470,361	417,896		735,007

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	334,553						
016 PHARMACY		759,775					
017 MEDICAL RECORDS & LIBRARY			225,509				
018 SOCIAL SERVICE				113,833			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		15,665	50,496	96,021			5,413,443
026 INTENSIVE CARE UNIT		3,390	14,082	17,812			1,245,266
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		156	1,718				280,990
038 RECOVERY ROOM			287				147,547
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY			792				6,136
041 RADIOLOGY-DIAGNOSTIC			4,498				951,532
044 LABORATORY			14,907				502,155
047 BLOOD STORING, PROCESSING			3,458				66,639
049 RESPIRATORY THERAPY			37,135				1,114,362
050 PHYSICAL THERAPY			4,959				461,054
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			795				14,561
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	334,553	122	5,999				962,945
056 DRUGS CHARGED TO PATIENTS		740,190	75,374				1,785,550
057 RENAL DIALYSIS		76	7,596				407,641
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							63,785
061 EMERGENCY		176	3,413				1,000,415
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	334,553	759,775	225,509	113,833			14,424,021
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							19,287
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							707,184
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	334,553	759,775	225,509	113,833			15,150,492

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
005 01 NONPATIENT TELEPHONES		
005 02 DATA PROCESSING		
005 03 PURCHASING RECEIVING AND		
005 04 ADMINITTING		
005 05 CASHIERING/ACCOUNTS RECEIV		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
025 INPAT ROUTINE SRVC CNTRS		5,413,443
026 ADULTS & PEDIATRICS		1,245,266
027 INTENSIVE CARE UNIT		
028 CORONARY CARE UNIT		
029 BURN INTENSIVE CARE UNIT		
031 SURGICAL INTENSIVE CARE U		
033 SUBPROVIDER		
037 NURSERY		
037 ANCILLARY SRVC COST CNTRS		
038 OPERATING ROOM		280,990
038 RECOVERY ROOM		147,547
039 DELIVERY ROOM & LABOR ROO		
040 ANESTHESIOLOGY		6,136
041 RADIOLOGY-DIAGNOSTIC		951,532
044 LABORATORY		502,155
047 BLOOD STORING, PROCESSING		66,639
049 RESPIRATORY THERAPY		1,114,362
050 PHYSICAL THERAPY		461,054
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		14,561
054 ELECTROENCEPHALOGRAPHY		
055 MEDICAL SUPPLIES CHARGED		962,945
056 DRUGS CHARGED TO PATIENTS		1,785,550
057 RENAL DIALYSIS		407,641
059 DAY HOSPITAL		
060 OUTPAT SERVICE COST CNTRS		
061 CLINIC		63,785
061 EMERGENCY		1,000,415
062 OBSERVATION BEDS (NON-DIS		
062 SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		14,424,021
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		19,287
098 PHYSICIANS' PRIVATE OFFIC		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE COS		707,184
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		15,150,492

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		486		3		489	489
005 01 NONPATIENT TELEPHONES		315		2		317	3
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND		2,833		19		2,852	4
005 04 ADMINITTING		840		6		846	6
005 05 CASHIERING/ACCOUNTS RECEIV		694		5		699	11
006 ADMINSTRATIVE & GENERAL	58,134	6,282		43		64,459	140
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,000	11,773		81		12,854	26
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,557	907		6		2,470	10
011 DIETARY		5,578		38		5,616	5
012 CAFETERIA							10
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,600		11		1,611	23
015 CENTRAL SERVICES & SUPPLY		1,981		14		1,995	
016 PHARMACY							22
017 MEDICAL RECORDS & LIBRARY		1,150		8		1,158	1
018 SOCIAL SERVICE		616		4		620	3
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,570	34,024		233		47,827	108
026 INTENSIVE CARE UNIT	160	1,467		10		1,637	35
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		4,665		32		4,697	5
038 RECOVERY ROOM							5
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		14,104		97		14,201	13
044 LABORATORY		4,650		32		4,682	1
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		1,009		7		1,016	33
050 PHYSICAL THERAPY		2,851		20		2,871	4
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	29,834					29,834	
056 DRUGS CHARGED TO PATIENTS	65,728					65,728	
057 RENAL DIALYSIS							12
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							1
061 EMERGENCY		4,477		31		4,508	7
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	169,983	102,302		702		272,987	488
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							1
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	216,241	11,087		76		227,404	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	386,224	113,389		778		500,391	489

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.01	5.02	5.03	5.04	5.05	6	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES	320						
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND		2	2,858				
005 04 ADMINISTRATION		4	1	857			
005 05 CASHIERING/ACCOUNTS RECEIV		7	7		724		
006 ADMINISTRATIVE & GENERAL	93		124			64,816	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	17		136			8,355	
009 LAUNDRY & LINEN SERVICE						213	
010 HOUSEKEEPING	7		151			1,881	
011 DIETARY	3		491			1,373	
012 CAFETERIA	6					1,788	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	15		3			2,811	
015 CENTRAL SERVICES & SUPPLY			1,834			1,204	
016 PHARMACY	15		2			3,105	
017 MEDICAL RECORDS & LIBRARY	1		27			823	
018 SOCIAL SERVICE	2					396	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	71		60	198	160	13,804	
026 INTENSIVE CARE UNIT	23		14	55	45	3,920	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3		1	7	5	558	
038 RECOVERY ROOM	3			1	1	564	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				3	3	22	
041 RADIOLOGY-DIAGNOSTIC	9		3	16	14	2,301	
044 LABORATORY	1			57	47	1,543	
047 BLOOD STORING, PROCESSING				14	11	270	
049 RESPIRATORY THERAPY	22		1	145	118	4,262	
050 PHYSICAL THERAPY	3		1	19	16	1,581	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				3	3	57	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				24	19	2,662	
056 DRUGS CHARGED TO PATIENTS				285	247	4,150	
057 RENAL DIALYSIS	8		1	30	24	1,489	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1					267	
061 EMERGENCY	4		1		11	3,585	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	320		2,858	857	724	62,984	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						78	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS						1,754	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	320		2,858	857	724	64,816	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	21,388						
009 LAUNDRY & LINEN SERVICE		213					
010 HOUSEKEEPING	215		4,734				
011 DIETARY	1,323		296	9,107			
012 CAFETERIA					1,804		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	380		85		151		5,079
015 CENTRAL SERVICES & SUPPLY	470		105				
016 PHARMACY					147		
017 MEDICAL RECORDS & LIBRARY	273		61		10		
018 SOCIAL SERVICE	146		33		20		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,071	180	1,804	7,682	707		3,525
027 INTENSIVE CARE UNIT	348	33	78	1,425	229		828
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,107		247		31		114
039 RECOVERY ROOM					33		54
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					1		
041 RADIOLOGY-DIAGNOSTIC	3,345		748		88		74
044 LABORATORY	1,103		247		6		3
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	239		54		216		26
050 PHYSICAL THERAPY	676		151		27		27
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					2		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					82		229
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					6		
061 EMERGENCY	1,062		237		44		199
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	18,758	213	4,146	9,107	1,800		5,079
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP					4		
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	2,630		588				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	21,388	213	4,734	9,107	1,804		5,079

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	5,608						
016 PHARMACY		3,291					
017 MEDICAL RECORDS & LIBRARY			2,354				
018 SOCIAL SERVICE				1,220			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRCS		68	529	1,029			85,823
026 INTENSIVE CARE UNIT		15	147	191			9,023
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1	18				6,794
038 RECOVERY ROOM			3				664
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY			8				37
041 RADIOLOGY-DIAGNOSTIC			47				20,859
044 LABORATORY			156				7,846
047 BLOOD STORING, PROCESSING			36				331
049 RESPIRATORY THERAPY			389				6,521
050 PHYSICAL THERAPY			52				5,428
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			8				73
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	5,608	1	63				38,211
056 DRUGS CHARGED TO PATIENTS		3,205	782				74,397
057 RENAL DIALYSIS			80				1,955
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							275
061 EMERGENCY		1	36				9,695
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,608	3,291	2,354	1,220			267,932
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							83
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							232,376
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,608	3,291	2,354	1,220			500,391

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2010 TO 6/30/2010 PREPARED 11/11/2010 WORKSHEET B PART II

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	01 NONPATIENT TELEPHONES	
005	02 DATA PROCESSING	
005	03 PURCHASING RECEIVING AND	
005	04 ADMINITTING	
005	05 CASHIERING/ACCOUNTS RECEIV	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	85,823
026	INTENSIVE CARE UNIT	9,023
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	6,794
038	RECOVERY ROOM	664
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	37
041	RADIOLOGY-DIAGNOSTIC	20,859
044	LABORATORY	7,846
047	BLOOD STORING, PROCESSING	331
049	RESPIRATORY THERAPY	6,521
050	PHYSICAL THERAPY	5,428
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	73
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	38,211
056	DRUGS CHARGED TO PATIENTS	74,397
057	RENAL DIALYSIS	1,955
059	DAY HOSPITAL	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	275
061	EMERGENCY	9,695
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	267,932
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	83
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	232,376
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	500,391

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				1,860	1,719	3,579	3,579
005 01 NONPATIENT TELEPHONES				1,206	1,115	2,321	24
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND				10,852	10,032	20,884	26
005 04 ADMINITTING				3,217	2,974	6,191	41
005 05 CASHIERING/ACCOUNTS RECEIV				2,658	2,457	5,115	77
006 ADMINISTRATIVE & GENERAL				24,063	22,244	46,307	1,038
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				45,102	41,692	86,794	190
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				3,474	3,212	6,686	75
011 DIETARY				21,367	19,751	41,118	37
012 CAFETERIA							70
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				6,130	5,666	11,796	167
015 CENTRAL SERVICES & SUPPLY				7,590	7,017	14,607	
016 PHARMACY							163
017 MEDICAL RECORDS & LIBRARY				4,406	4,073	8,479	11
018 SOCIAL SERVICE				2,360	2,181	4,541	23
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				130,346	120,494	250,840	784
026 INTENSIVE CARE UNIT				5,618	5,193	10,811	254
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				17,872	16,521	34,393	34
038 RECOVERY ROOM							36
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							1
041 RADIOLOGY-DIAGNOSTIC				54,029	49,945	103,974	98
044 LABORATORY				17,812	16,466	34,278	7
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				3,865	3,573	7,438	240
050 PHYSICAL THERAPY				10,920	10,094	21,014	30
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							2
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							90
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							7
061 EMERGENCY				17,150	15,854	33,004	49
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				391,897	362,273	754,170	3,574
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							5
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				42,473	39,262	81,735	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				434,370	401,535	835,905	3,579

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5.01	5.02	5.03	5.04	5.05	6	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES	2,345						
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND	17		20,927				
005 04 ADMINISTRATIVE	27		8	6,267			
005 05 CASHIERING/ACCOUNTS RECEIV	51		51		5,294		
006 ADMINISTRATIVE & GENERAL	689		908			48,942	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	125		998			6,309	
009 LAUNDRY & LINEN SERVICE						161	
010 HOUSEKEEPING	49		1,102			1,420	
011 DIETARY	24		3,592			1,037	
012 CAFETERIA	46					1,350	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	110		24			2,123	
015 CENTRAL SERVICES & SUPPLY			13,432			909	
016 PHARMACY	107		16			2,345	
017 MEDICAL RECORDS & LIBRARY	7		195			622	
018 SOCIAL SERVICE	15					299	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	516		443	1,435	1,184	10,422	
026 INTENSIVE CARE UNIT	167		102	400	330	2,960	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	23		6	49	40	421	
038 RECOVERY ROOM	24			8	7	426	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				23	19	17	
041 RADIOLOGY-DIAGNOSTIC	64		21	113	106	1,737	
044 LABORATORY	5			413	350	1,165	
047 BLOOD STORING, PROCESSING				98	81	204	
049 RESPIRATORY THERAPY	158		5	1,051	871	3,218	
050 PHYSICAL THERAPY	20		8	140	116	1,194	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1			21	19	43	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				170	141	2,010	
056 DRUGS CHARGED TO PATIENTS				2,130	1,772	3,134	
057 RENAL DIALYSIS	60		7	216	178	1,124	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5					201	
061 EMERGENCY	32		9		80	2,707	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,342		20,927	6,267	5,294	47,558	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3					59	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS						1,325	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,345		20,927	6,267	5,294	48,942	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	94,416						
009 LAUNDRY & LINEN SERVICE		161					
010 HOUSEKEEPING	950		10,282				
011 DIETARY	5,840		642	52,290			
012 CAFETERIA					1,466		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,676		184		123		16,203
015 CENTRAL SERVICES & SUPPLY	2,075		228				
016 PHARMACY					119		
017 MEDICAL RECORDS & LIBRARY	1,204		132		8		
018 SOCIAL SERVICE	645		71		17		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	35,629	136	3,921	44,108	573		11,247
026 INTENSIVE CARE UNIT	1,536	25	169	8,182	187		2,642
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,885		537		25		363
038 RECOVERY ROOM					27		173
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	14,768		1,625		72		237
044 LABORATORY	4,869		536		5		8
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	1,056		116		176		84
050 PHYSICAL THERAPY	2,985		328		22		85
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					2		1
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					66		729
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					5		
061 EMERGENCY	4,688		516		36		634
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	82,806	161	9,005	52,290	1,463		16,203
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					3		
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS	11,610		1,277				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	94,416	161	10,282	52,290	1,466		16,203

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	18	22	23	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING							
005 03 PURCHASING RECEIVING AND							
005 04 ADMINITTING							
005 05 CASHIERING/ACCOUNTS RECEIV							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	31,251						
016 PHARMACY		2,750					
017 MEDICAL RECORDS & LIBRARY			10,658				
018 SOCIAL SERVICE				5,611			
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		57	2,388	4,733			368,416
026 INTENSIVE CARE UNIT		12	666	878			29,321
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1	81				40,858
038 RECOVERY ROOM			14				715
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY			37				97
041 RADIOLOGY-DIAGNOSTIC			213				123,028
044 LABORATORY			705				42,341
047 BLOOD STORING, PROCESSING			164				547
049 RESPIRATORY THERAPY			1,756				16,169
050 PHYSICAL THERAPY			234				26,176
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			38				127
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	31,251		284				33,856
056 DRUGS CHARGED TO PATIENTS		2,679	3,558				13,273
057 RENAL DIALYSIS			359				2,829
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							218
061 EMERGENCY		1	161				41,917
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	31,251	2,750	10,658	5,611			739,888
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							70
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							95,947
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	31,251	2,750	10,658	5,611			835,905

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2010 TO 6/30/2010 PREPARED 11/11/2010 WORKSHEET B PART III

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	01 NONPATIENT TELEPHONES	
005	02 DATA PROCESSING	
005	03 PURCHASING RECEIVING AND	
005	04 ADMINITTING	
005	05 CASHIERING/ACCOUNTS RECEIV	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	368,416
026	INTENSIVE CARE UNIT	29,321
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	40,858
038	RECOVERY ROOM	715
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	97
041	RADIOLOGY-DIAGNOSTIC	123,028
044	LABORATORY	42,341
047	BLOOD STORING, PROCESSING	547
049	RESPIRATORY THERAPY	16,169
050	PHYSICAL THERAPY	26,176
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	127
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	33,856
056	DRUGS CHARGED TO PATIENTS	13,273
057	RENAL DIALYSIS	2,829
059	DAY HOSPITAL	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	218
061	EMERGENCY	41,917
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	739,888
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	70
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	95,947
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	835,905

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	(SQ. FEET NEW)	(SQ. FEET NEW)	(SQ. FEET NEW)	(SQ. FEET NEW)	(GROSS SALARIES)	(GROSS SALARIES)
	1	2	3	4	5	5.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	146,900					
002 OLD CAP REL COSTS-MVB		146,900				
003 NEW CAP REL COSTS-BLD			146,900			
004 NEW CAP REL COSTS-MVB				146,900		
005 EMPLOYEE BENEFITS	629	629	629	629	7,685,377	
005 01 NONPATIENT TELEPHONES	408	408	408	408	51,214	7,634,163
005 02 DATA PROCESSING						
005 03 PURCHASING RECEIVING	3,670	3,670	3,670	3,670	55,459	55,459
005 04 ADMINITTING	1,088	1,088	1,088	1,088	87,969	87,969
005 05 CASHIERING/ACCOUNTS RE	899	899	899	899	165,814	165,814
006 ADMINISTRATION & GENE	8,138	8,138	8,138	8,138	2,232,573	2,232,573
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	15,253	15,253	15,253	15,253	408,645	408,645
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,175	1,175	1,175	1,175	160,739	160,739
011 DIETARY	7,226	7,226	7,226	7,226	79,513	79,513
012 CAFETERIA					150,959	150,959
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	2,073	2,073	2,073	2,073	359,026	359,026
015 CENTRAL SERVICES & SU	2,567	2,567	2,567	2,567		
016 PHARMACY					348,995	348,995
017 MEDICAL RECORDS & LIB	1,490	1,490	1,490	1,490	23,177	23,177
018 SOCIAL SERVICE	798	798	798	798	48,801	48,801
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	44,082	44,082	44,082	44,082	1,681,954	1,681,954
027 INTENSIVE CARE UNIT	1,900	1,900	1,900	1,900	545,349	545,349
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
033 SUBPROVIDER						
037 NURSERY						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	6,044	6,044	6,044	6,044	73,565	73,565
040 RECOVERY ROOM					77,951	77,951
041 DELIVERY ROOM & LABOR						
044 ANESTHESIOLOGY					1,275	1,275
047 RADIOLOGY-DIAGNOSTIC	18,272	18,272	18,272	18,272	209,579	209,579
049 LABORATORY	6,024	6,024	6,024	6,024	15,389	15,389
050 BLOOD STORING, PROCES						
052 RESPIRATORY THERAPY	1,307	1,307	1,307	1,307	515,104	515,104
053 PHYSICAL THERAPY	3,693	3,693	3,693	3,693	64,594	64,594
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY					4,575	4,575
056 ELECTROENCEPHALOGRAPH						
057 MEDICAL SUPPLIES CHAR						
059 DRUGS CHARGED TO PATI						
060 RENAL DIALYSIS					194,071	194,071
061 DAY HOSPITAL						
062 OUTPAT SERVICE COST C						
095 CLINIC					15,132	15,132
096 EMERGENCY	5,800	5,800	5,800	5,800	104,085	104,085
098 OBSERVATION BEDS (NON						
099 SPEC PURPOSE COST CEN						
100 SUBTOTALS	132,536	132,536	132,536	132,536	7,675,507	7,624,293
101 NONREIMBURS COST CENT						
102 GIFT, FLOWER, COFFEE					9,870	9,870
103 PHYSICIANS' PRIVATE O						
104 NONPAID WORKERS						
105 OTHER NONREIMBURSABLE	14,364	14,364	14,364	14,364		
106 CROSS FOOT ADJUSTMENT						
107 NEGATIVE COST CENTER						
108 COST TO BE ALLOCATED	113,389	778	434,370	401,535	2,365,656	73,404
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.771879	.005296	2.956909	2.733390	.307813	.009615
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED					489	320
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000064	.000042
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					3,579	2,345
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000466	.000307
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	RE ADMITTING	CASHERING/ACCOUNTS RECEIV	ADMINISTRATIVE MAINTENANCE & REPAIRS		
	(GROSS REVENUE)	(SUPPLIES) EXPENSE	(I/P) REVENUE	(GROSS) REVENUE	(RECONCILIATION)	(ACCUM. COST)	(BLANK)
	5.02	5.03	5.04	5.05	6a.00	6	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 NONPATIENT TELEPHONES							
005 02 DATA PROCESSING	21,074,243						
005 03 PURCHASING RECEIVING		701,479					
005 04 ADMITTING		253	20,636,330				
005 05 CASHIERING/ACCOUNTS RE		1,698		21,074,243			
006 ADMINISTRATIVE & GENE		30,447			-3,783,680	11,366,812	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		33,462				1,465,231	
009 LAUNDRY & LINEN SERVI						37,355	
010 HOUSEKEEPING		36,945				329,853	
011 DIETARY		120,418				240,724	
012 CAFETERIA						313,531	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		789				493,044	
015 CENTRAL SERVICES & SU		450,242				211,154	
016 PHARMACY		545				544,538	
017 MEDICAL RECORDS & LIB		6,541				144,369	
018 SOCIAL SERVICE						69,453	
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	4,718,848	14,844	4,718,848	4,718,848		2,420,700	
026 INTENSIVE CARE UNIT	1,315,969	3,420	1,315,969	1,315,969		687,501	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	160,587	206	160,587	160,587		97,877	
038 RECOVERY ROOM	26,832		26,832	26,832		98,908	
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	74,036		74,036	74,036		3,916	
041 RADIOLOGY-DIAGNOSTIC	420,358	688	371,173	420,358		403,502	
044 LABORATORY	1,393,004		1,357,240	1,393,004		270,654	
047 BLOOD STORING, PROCES	323,131		322,863	323,131		47,402	
049 RESPIRATORY THERAPY	3,470,261	180	3,455,671	3,470,261		747,418	
050 PHYSICAL THERAPY	463,377	269	460,030	463,377		277,254	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	74,337		68,392	74,337		9,958	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	560,603		560,603	560,603		466,865	
056 DRUGS CHARGED TO PATI	7,044,138		7,034,230	7,044,138		727,742	
057 RENAL DIALYSIS	709,856	236	709,856	709,856		261,086	
059 DAY HOSPITAL							
060 OUTPAT SERVICE COST C							
060 CLINIC						46,750	
061 EMERGENCY	318,906	296		318,906		628,679	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	21,074,243	701,479	20,636,330	21,074,243	-3,783,680	11,045,464	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						13,749	
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE						307,599	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	353,884	229,073	133,512	506,566		3,783,680	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.326557		.024037		.332871	
(WRKSHT B, PT I)	.016792		.006470				
105 COST TO BE ALLOCATED		2,858	857	724		64,816	
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.004074		.000034		.005702	
(WRKSHT B, PT II)			.000042				
107 COST TO BE ALLOCATED		20,927	6,267	5,294		48,942	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.029833		.000251		.004306	
(WRKSHT B, PT III)			.000304				

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQ. FEET NEW)	(PATIENT) DAYS	(SQ. FEET NEW)	(PATIENT) DAYS	(GROSS SALARIES)	(BLANK)	(NSG HOURS)
		8	9	10	11	12	13	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
005	01 NONPATIENT TELEPHONES							
005	02 DATA PROCESSING							
005	03 PURCHASING RECEIVING							
005	04 ADMITTING							
005	05 CASHIERING/ACCOUNTS RE							
006	ADMINISTRATIVE & GENE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	116,815						
009	LAUNDRY & LINEN SERVI		4,237					
010	HOUSEKEEPING	1,175		115,640				
011	DIETARY	7,226		7,226	4,237			
012	CAFETERIA					4,292,492		
013	MAINTENANCE OF PERSON							
014	NURSING ADMINISTRATION	2,073		2,073		359,026		426,551
015	CENTRAL SERVICES & SU	2,567		2,567				
016	PHARMACY					348,995		
017	MEDICAL RECORDS & LIB	1,490		1,490		23,177		
018	SOCIAL SERVICE	798		798		48,801		
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	44,082	3,574	44,082	3,574	1,681,954		296,092
026	INTENSIVE CARE UNIT	1,900	663	1,900	663	545,349		69,546
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER							
033	NURSERY							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	6,044		6,044		73,565		9,544
038	RECOVERY ROOM					77,951		4,549
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY					1,275		
041	RADIOLOGY-DIAGNOSTIC	18,272		18,272		209,579		6,246
044	LABORATORY	6,024		6,024		15,389		212
047	BLOOD STORING, PROCES							
049	RESPIRATORY THERAPY	1,307		1,307		515,104		2,220
050	PHYSICAL THERAPY	3,693		3,693		64,594		2,236
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY					4,575		28
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI							
057	RENAL DIALYSIS					194,071		19,198
059	DAY HOSPITAL							
	OUTPAT SERVICE COST C							
060	CLINIC					15,132		
061	EMERGENCY	5,800		5,800		104,085		16,680
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	102,451	4,237	101,276	4,237	4,282,622		426,551
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE					9,870		
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE	14,364		14,364				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,952,964	49,789	459,295	470,361	417,896		735,007
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		11.751003		111.012745			
	(WRKSHT B, PT I)	16.718435		3.971766		.097355		1.723140
105	COST TO BE ALLOCATED	21,388	213	4,734	9,107	1,804		5,079
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.050271		2.149398			
	(WRKSHT B, PT II)	.183093		.040937		.000420		.011907
107	COST TO BE ALLOCATED	94,416	161	10,282	52,290	1,466		16,203
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.037999		12.341279			
	(WRKSHT B, PT III)	.808252		.088914		.000342		.037986

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (DRUG COSTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	I&R SERVICES- SALARY & FRI (I&RHRS)	I&R SERVICES- OTHER PRGM C (I&RHRS)
	15	16	17	18	22	23
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
005 01 NONPATIENT TELEPHONES						
005 02 DATA PROCESSING						
005 03 PURCHASING RECEIVING						
005 04 ADMINITTING						
005 05 CASHIERING/ACCOUNTS RE						
006 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU	100					
016 PHARMACY		571,104				
017 MEDICAL RECORDS & LIB			21,074,243			
018 SOCIAL SERVICE				4,237		
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		11,775	4,718,848	3,574		
026 INTENSIVE CARE UNIT		2,548	1,315,969	663		
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST C						
OPERATING ROOM		117	160,587			
038 RECOVERY ROOM			26,832			
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY			74,036			
041 RADIOLOGY-DIAGNOSTIC			420,358			
044 LABORATORY			1,393,004			
047 BLOOD STORING, PROCES			323,131			
049 RESPIRATORY THERAPY			3,470,261			
050 PHYSICAL THERAPY			463,377			
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			74,337			
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR	100	92	560,603			
056 DRUGS CHARGED TO PATI		556,383	7,044,138			
057 RENAL DIALYSIS		57	709,856			
059 DAY HOSPITAL						
060 OUTPAT SERVICE COST C						
CLINIC						
061 EMERGENCY		132	318,906			
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	100	571,104	21,074,243	4,237		
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	334,553	759,775	225,509	113,833		
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		1.330362		26.866415		
(WRKSHT B, PT I)	3,345.530000		.010701			
105 COST TO BE ALLOCATED	5,608	3,291	2,354	1,220		
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		.005763		.287940		
(WRKSHT B, PT II)	56.080000		.000112			
107 COST TO BE ALLOCATED	31,251	2,750	10,658	5,611		
(PER WRKSHT B, PART						
UNIT COST MULTIPLIER		.004815		1.324286		
(WRKSHT B, PT III)	312.510000		.000506			

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	5,413,443		5,413,443		5,413,443
26	INTENSIVE CARE UNIT	1,245,266		1,245,266		1,245,266
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	280,990		280,990		280,990
38	RECOVERY ROOM	147,547		147,547		147,547
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	6,136		6,136		6,136
41	RADIOLOGY-DIAGNOSTIC	951,532		951,532		951,532
44	LABORATORY	502,155		502,155		502,155
47	BLOOD STORING, PROCESSING	66,639		66,639		66,639
49	RESPIRATORY THERAPY	1,114,362		1,114,362		1,114,362
50	PHYSICAL THERAPY	461,054		461,054		461,054
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	14,561		14,561		14,561
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	962,945		962,945		962,945
56	DRUGS CHARGED TO PATIENTS	1,785,550		1,785,550		1,785,550
57	RENAL DIALYSIS	407,641		407,641		407,641
59	DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	63,785		63,785		63,785
61	EMERGENCY	1,000,415		1,000,415		1,000,415
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	14,424,021		14,424,021		14,424,021
102	LESS OBSERVATION BEDS					
103	TOTAL	14,424,021		14,424,021		14,424,021

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	4,718,848		4,718,848			
26	INTENSIVE CARE UNIT	1,315,969		1,315,969			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	160,587		160,587	1.749768	1.749768	1.749768
38	RECOVERY ROOM	26,832		26,832	5.498919	5.498919	5.498919
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	74,036		74,036	.082879	.082879	.082879
41	RADIOLOGY-DIAGNOSTIC	371,173	49,185	420,358	2.263623	2.263623	2.263623
44	LABORATORY	1,357,240	35,764	1,393,004	.360484	.360484	.360484
47	BLOOD STORING, PROCESSING	322,863	268	323,131	.206229	.206229	.206229
49	RESPIRATORY THERAPY	3,455,671	14,590	3,470,261	.321118	.321118	.321118
50	PHYSICAL THERAPY	460,030	3,347	463,377	.994987	.994987	.994987
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	68,392	5,945	74,337	.195878	.195878	.195878
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	560,603		560,603	1.717695	1.717695	1.717695
56	DRUGS CHARGED TO PATIENTS	7,034,230	9,908	7,044,138	.253480	.253480	.253480
57	RENAL DIALYSIS	709,856		709,856	.574259	.574259	.574259
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		318,906	318,906	3.137022	3.137022	3.137022
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,636,330	437,913	21,074,243			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,636,330	437,913	21,074,243			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,413,443		5,413,443		5,413,443
26	INTENSIVE CARE UNIT	1,245,266		1,245,266		1,245,266
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	280,990		280,990		280,990
38	RECOVERY ROOM	147,547		147,547		147,547
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	6,136		6,136		6,136
41	RADIOLOGY-DIAGNOSTIC	951,532		951,532		951,532
44	LABORATORY	502,155		502,155		502,155
47	BLOOD STORING, PROCESSING	66,639		66,639		66,639
49	RESPIRATORY THERAPY	1,114,362		1,114,362		1,114,362
50	PHYSICAL THERAPY	461,054		461,054		461,054
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	14,561		14,561		14,561
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	962,945		962,945		962,945
56	DRUGS CHARGED TO PATIENTS	1,785,550		1,785,550		1,785,550
57	RENAL DIALYSIS	407,641		407,641		407,641
59	DAY HOSPITAL					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	63,785		63,785		63,785
61	EMERGENCY	1,000,415		1,000,415		1,000,415
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	14,424,021		14,424,021		14,424,021
102	LESS OBSERVATION BEDS					
103	TOTAL	14,424,021		14,424,021		14,424,021

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-2012
PERIOD: FROM 1/1/2010 TO 6/30/2010
PREPARED 11/11/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,718,848		4,718,848			
26	INTENSIVE CARE UNIT	1,315,969		1,315,969			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	160,587		160,587	1.749768	1.749768	1.749768
38	RECOVERY ROOM	26,832		26,832	5.498919	5.498919	5.498919
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	74,036		74,036	.082879	.082879	.082879
41	RADIOLOGY-DIAGNOSTIC	371,173	49,185	420,358	2.263623	2.263623	2.263623
44	LABORATORY	1,357,240	35,764	1,393,004	.360484	.360484	.360484
47	BLOOD STORING, PROCESSING	322,863	268	323,131	.206229	.206229	.206229
49	RESPIRATORY THERAPY	3,455,671	14,590	3,470,261	.321118	.321118	.321118
50	PHYSICAL THERAPY	460,030	3,347	463,377	.994987	.994987	.994987
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	68,392	5,945	74,337	.195878	.195878	.195878
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	560,603		560,603	1.717695	1.717695	1.717695
56	DRUGS CHARGED TO PATIENTS	7,034,230	9,908	7,044,138	.253480	.253480	.253480
57	RENAL DIALYSIS	709,856		709,856	.574259	.574259	.574259
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		318,906	318,906	3.137022	3.137022	3.137022
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	20,636,330	437,913	21,074,243			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,636,330	437,913	21,074,243			

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	280,990	47,652	233,338			280,990
38	RECOVERY ROOM	147,547	1,379	146,168			147,547
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	6,136	134	6,002			6,136
41	RADIOLOGY-DIAGNOSTIC	951,532	143,887	807,645			951,532
44	LABORATORY	502,155	50,187	451,968			502,155
47	BLOOD STORING, PROCESSING	66,639	878	65,761			66,639
49	RESPIRATORY THERAPY	1,114,362	22,690	1,091,672			1,114,362
50	PHYSICAL THERAPY	461,054	31,604	429,450			461,054
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	14,561	200	14,361			14,561
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	962,945	72,067	890,878			962,945
56	DRUGS CHARGED TO PATIENTS	1,785,550	87,670	1,697,880			1,785,550
57	RENAL DIALYSIS	407,641	4,784	402,857			407,641
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	63,785	493	63,292			63,785
61	EMERGENCY	1,000,415	51,612	948,803			1,000,415
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,765,312	515,237	7,250,075			7,765,312
102	LESS OBSERVATION BEDS						
103	TOTAL	7,765,312	515,237	7,250,075			7,765,312

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	160,587	1.749768	1.749768
38	RECOVERY ROOM	26,832	5.498919	5.498919
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	74,036	.082879	.082879
41	RADIOLOGY-DIAGNOSTIC	420,358	2.263623	2.263623
44	LABORATORY	1,393,004	.360484	.360484
47	BLOOD STORING, PROCESSING	323,131	.206229	.206229
49	RESPIRATORY THERAPY	3,470,261	.321118	.321118
50	PHYSICAL THERAPY	463,377	.994987	.994987
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	74,337	.195878	.195878
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	560,603	1.717695	1.717695
56	DRUGS CHARGED TO PATIENTS	7,044,138	.253480	.253480
57	RENAL DIALYSIS	709,856	.574259	.574259
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	318,906	3.137022	3.137022
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	15,039,426		
102	LESS OBSERVATION BEDS			
103	TOTAL	15,039,426		

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	280,990	47,652	233,338	4,765	13,534	262,691
38	RECOVERY ROOM	147,547	1,379	146,168	138	8,478	138,931
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	6,136	134	6,002	13	348	5,775
41	RADIOLOGY-DIAGNOSTIC	951,532	143,887	807,645	14,389	46,843	890,300
44	LABORATORY	502,155	50,187	451,968	5,019	26,214	470,922
47	BLOOD STORING, PROCESSING	66,639	878	65,761	88	3,814	62,737
49	RESPIRATORY THERAPY	1,114,362	22,690	1,091,672	2,269	63,317	1,048,776
50	PHYSICAL THERAPY	461,054	31,604	429,450	3,160	24,908	432,986
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	14,561	200	14,361	20	833	13,708
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	962,945	72,067	890,878	7,207	51,671	904,067
56	DRUGS CHARGED TO PATIENTS	1,785,550	87,670	1,697,880	8,767	98,477	1,678,306
57	RENAL DIALYSIS	407,641	4,784	402,857	478	23,366	383,797
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	63,785	493	63,292	49	3,671	60,065
61	EMERGENCY	1,000,415	51,612	948,803	5,161	55,031	940,223
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,765,312	515,237	7,250,075	51,523	420,505	7,293,284
102	LESS OBSERVATION BEDS						
103	TOTAL	7,765,312	515,237	7,250,075	51,523	420,505	7,293,284

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	160,587	1.635817	1.720096
38	RECOVERY ROOM	26,832	5.177810	5.493776
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	74,036	.078003	.082703
41	RADIOLOGY-DIAGNOSTIC	420,358	2.117957	2.229393
44	LABORATORY	1,393,004	.338062	.356881
47	BLOOD STORING, PROCESSING	323,131	.194153	.205957
49	RESPIRATORY THERAPY	3,470,261	.302218	.320464
50	PHYSICAL THERAPY	463,377	.934414	.988167
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	74,337	.184403	.195609
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	560,603	1.612669	1.704839
56	DRUGS CHARGED TO PATIENTS	7,044,138	.238256	.252236
57	RENAL DIALYSIS	709,856	.540669	.573585
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	318,906	2.948276	3.120838
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	15,039,426		
102	LESS OBSERVATION BEDS			
103	TOTAL	15,039,426		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2010 TO 6/30/2010 PREPARED 11/11/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	85,823		85,823	368,416		368,416
26	INTENSIVE CARE UNIT	9,023		9,023	29,321		29,321
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	94,846		94,846	397,737		397,737

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2010 TO 6/30/2010 PREPARED 11/11/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,574	2,192	24.01	52,630	103.08	225,951
26	INTENSIVE CARE UNIT	663	321	13.61	4,369	44.22	14,195
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	4,237	2,513		56,999		240,146

PROVIDER NO: 14-2012
 COMPONENT NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,794	40,858	160,587	64,455	.042307	2,727
38	RECOVERY ROOM	664	715	26,832	17,425	.024747	431
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	37	97	74,036	50,604	.000500	25
41	RADIOLOGY-DIAGNOSTIC	20,859	123,028	420,358	229,917	.049622	11,409
44	LABORATORY	7,846	42,341	1,393,004	820,149	.005632	4,619
47	BLOOD STORING, PROCESSING	331	547	323,131	216,166	.001024	221
49	RESPIRATORY THERAPY	6,521	16,169	3,470,261	1,968,099	.001879	3,698
50	PHYSICAL THERAPY	5,428	26,176	463,377	245,448	.011714	2,875
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	73	127	74,337	40,516	.000982	40
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	38,211	33,856	560,603	426,817	.068161	29,092
56	DRUGS CHARGED TO PATIENTS	74,397	13,273	7,044,138	4,371,313	.010562	46,170
57	RENAL DIALYSIS	1,955	2,829	709,856	477,313	.002754	1,315
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	275	218				
61	EMERGENCY	9,695	41,917	318,906		.030401	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	173,086	342,151	15,039,426	8,928,222		102,622

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 COMPONENT NO: 14-2012
 PREPARED 11/11/2010
 WORKSHEET D
 PART II
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
	TITLE XVIII, PART A HOSPITAL		
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.254429	16,399
38	RECOVERY ROOM	.026647	464
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.001310	66
41	RADIOLOGY-DIAGNOSTIC	.292674	67,291
44	LABORATORY	.030395	24,928
47	BLOOD STORING, PROCESSING	.001693	366
49	RESPIRATORY THERAPY	.004659	9,169
50	PHYSICAL THERAPY	.056490	13,865
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.001708	69
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.060392	25,776
56	DRUGS CHARGED TO PATIENTS	.001884	8,236
57	RENAL DIALYSIS	.003985	1,902
59	DAY HOSPITAL		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.131440	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		168,531

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

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET D
 PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,574	
26	INTENSIVE CARE UNIT					663	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL					4,237	

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

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,192
26	INTENSIVE CARE UNIT		321
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL		2,513

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			160,587			64,455	
38	OPERATING ROOM			26,832			17,425	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			74,036			50,604	
41	ANESTHESIOLOGY			420,358			229,917	
44	RADIOLOGY-DIAGNOSTIC			1,393,004			820,149	
47	LABORATORY			323,131			216,166	
49	BLOOD STORING, PROCESSING			3,470,261			1,968,099	
50	RESPIRATORY THERAPY			463,377			245,448	
52	PHYSICAL THERAPY							
53	SPEECH PATHOLOGY			74,337			40,516	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY			560,603			426,817	
56	MEDICAL SUPPLIES CHARGED			7,044,138			4,371,313	
57	DRUGS CHARGED TO PATIENTS			709,856			477,313	
59	RENAL DIALYSIS							
60	DAY HOSPITAL							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			318,906				
	EMERGENCY							
	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			15,039,426			8,928,222	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	13,860					
44	LABORATORY	4,552					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	680					
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,579					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	473					
57	RENAL DIALYSIS						
59	DAY HOSPITAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	13,817					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	35,961					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
 | 14-2012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	1.749768	1.749768			
38 RECOVERY ROOM	5.498919	5.498919			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.082879	.082879			
41 RADIOLOGY-DIAGNOSTIC	2.263623	2.263623			
44 LABORATORY	.360484	.360484			
47 BLOOD STORING, PROCESSING & TRANS.	.206229	.206229			
49 RESPIRATORY THERAPY	.321118	.321118			
50 PHYSICAL THERAPY	.994987	.994987			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.195878	.195878			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.717695	1.717695			
56 DRUGS CHARGED TO PATIENTS	.253480	.253480			
57 RENAL DIALYSIS	.574259	.574259			
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	3.137022	3.137022			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
 | 14-2012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		13,860			
44 LABORATORY		4,552			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		680			
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,579			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		473			
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		13,817			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		35,961			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		35,961			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				31,374	
44 LABORATORY				1,641	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				218	
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				505	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				120	
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY				43,344	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				77,202	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				77,202	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
 | 14-2012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-2012 | |

TITLE XVIII, PART B HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 DAY HOSPITAL
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART VI
14-2012		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.253480

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
 | 14-2012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-2012 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	1.635817				
38 RECOVERY ROOM	5.177810				
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.078003				
41 RADIOLOGY-DIAGNOSTIC	2.117957				15,604
44 LABORATORY	.338062				13,520
47 BLOOD STORING, PROCESSING & TRANS.	.194153				
49 RESPIRATORY THERAPY	.302218				6,582
50 PHYSICAL THERAPY	.934414				
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.184403				1,640
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.612669				
56 DRUGS CHARGED TO PATIENTS	.238256				3,194
57 RENAL DIALYSIS	.540669				
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	2.948276				115,414
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					155,954
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					155,954

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
 | 14-2012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-2012 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/11/2010
 | 14-2012 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-2012 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		33,049			
44 LABORATORY		4,571			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		1,989			
50 PHYSICAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		302			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		761			
57 RENAL DIALYSIS					
59 DAY HOSPITAL					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		340,272			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		380,944			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		380,944			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-2012		

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,574
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,574
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,574
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,192
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,413,443
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,413,443

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,718,848
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,718,848
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.147196
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,320.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,413,443

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/1/2010	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART II
14-2012		

TITLE XVIII PART A HOSPITAL PPS

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					1,514.67
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,320,157
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,320,157

	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	1,245,266	663	1,878.23	321	602,912
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	297,145
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	271,153
52	TOTAL PROGRAM EXCLUDABLE COST	568,298
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	7,427,669

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)
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
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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
14-2012		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,514.67
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	85,823	5,413,443	.015854	
87	NEW CAPITAL-RELATED COST	368,416	5,413,443	.068056	
88	NON PHYSICIAN ANESTHETIST		5,413,443		
89	MEDICAL EDUCATION		5,413,443		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
14-2012		

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,574
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,574
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,574
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	606
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,413,443
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,413,443

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,718,848
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,718,848
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.147196
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,320.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,413,443

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
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COMPONENT NO:	TO 6/30/2010	PART II
14-2012		

TITLE XIX - I/P 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	1,514.67
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	917,890
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	917,890

	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	1,245,266	663	1,878.23	71	133,354
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48					1,167,540
49					2,218,784

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)
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
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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
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COMPONENT NO:	TO 6/30/2010	PART III
14-2012		

TITLE XIX - I/P HOSPITAL 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	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,514.67
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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-2012
 COMPONENT NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,843,024	
26	INTENSIVE CARE UNIT		725,193	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1.749768	64,455	112,781
38	RECOVERY ROOM	5.498919	17,425	95,819
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.082879	50,604	4,194
41	RADIOLOGY-DIAGNOSTIC	2.263623	229,917	520,445
44	LABORATORY	.360484	820,149	295,651
47	BLOOD STORING, PROCESSING & TRANS.	.206229	216,166	44,580
49	RESPIRATORY THERAPY	.321118	1,968,099	631,992
50	PHYSICAL THERAPY	.994987	245,448	244,218
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.195878	40,516	7,936
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.717695	426,817	733,141
56	DRUGS CHARGED TO PATIENTS	.253480	4,371,313	1,108,040
57	RENAL DIALYSIS	.574259	477,313	274,101
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3.137022		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		8,928,222	4,072,898
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,928,222	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2010	
-		

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1.749768		
38	RECOVERY ROOM	5.498919		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.082879		
41	RADIOLOGY-DIAGNOSTIC	2.263623		
44	LABORATORY	.360484		
47	BLOOD STORING, PROCESSING & TRANS.	.206229		
49	RESPIRATORY THERAPY	.321118		
50	PHYSICAL THERAPY	.994987		
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.195878		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.717695		
56	DRUGS CHARGED TO PATIENTS	.253480		
57	RENAL DIALYSIS	.574259		
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3.137022		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-2012
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 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

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		827,486	
26	INTENSIVE CARE UNIT		160,389	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1.749768	27,895	48,810
38	RECOVERY ROOM	5.498919	4,644	25,537
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.082879	11,772	976
41	RADIOLOGY-DIAGNOSTIC	2.263623	67,808	153,492
44	LABORATORY	.360484	249,493	89,938
47	BLOOD STORING, PROCESSING & TRANS.	.206229	43,062	8,881
49	RESPIRATORY THERAPY	.321118	765,739	245,893
50	PHYSICAL THERAPY	.994987	78,529	78,135
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.195878	15,218	2,981
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.717695	84,158	144,558
56	DRUGS CHARGED TO PATIENTS	.253480	1,136,687	288,127
57	RENAL DIALYSIS	.574259	139,680	80,212
59	DAY HOSPITAL			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3.137022		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		2,624,685	1,167,540
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,624,685	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET E
COMPONENT NO:	TO 6/30/2010	PART B
14-2012		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	77,202
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	7,070
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	ENTER THE AMOUNT FROM WORKSHEET D, PART 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)	7,070

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,461
19	SUBTOTAL (SEE INSTRUCTIONS)	4,609
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	4,609
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	4,609

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	12,034
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,424
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,162
28	SUBTOTAL	13,033
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	13,033
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,609
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	8,424
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 AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 COMPONENT NO: -
 PREPARED 11/11/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

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

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
14-2012		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,266,787
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	624,726
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,891,513
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,891,513
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,891,513
7	DEDUCTIBLES	6,568
8	SUBTOTAL	4,884,945
9	COINSURANCE	409,137
10	SUBTOTAL	4,475,808
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	290,253
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	203,177
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	261,093
12	SUBTOTAL	4,678,985
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART I
14-2012		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,678,985
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,475,809
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	203,176
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

38613, 711, 161

50810, 318, 848

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	577,753,000			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	374,304,000			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	482,956,000			
10	DUE FROM OTHER FUNDS	133,070,000			
11	TOTAL CURRENT ASSETS	1568,083,000			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	75,140,000			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	2382,536,000			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	856,975,000			
18	LESS ACCUMULATED DEPRECIATION	-1734,838,000			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	1579,813,000			
21	OTHER ASSETS				
22	INVESTMENTS	2947,112,000			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	110,768,000			
26	TOTAL OTHER ASSETS	3057,880,000			
27	TOTAL ASSETS	6205,776,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	115,520,000			
29 SALARIES, WAGES & FEES PAYABLE	256,932,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	397,485,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	484,663,000			
36 TOTAL CURRENT LIABILITIES	1254,600,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	912,620,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1122,548,000			
42 TOTAL LONG-TERM LIABILITIES	2035,168,000			
43 TOTAL LIABILITIES	3289,768,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2916,008,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	2916,008,000			
52 TOTAL LIABILITIES AND FUND BALANCES	6205,776,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,921,816,988		
2	NET INCOME (LOSS)		-5,808,988		
3	TOTAL		2,916,008,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		2,916,008,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,916,008,000		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-2012
 PERIOD: FROM 1/1/2010 TO 6/30/2010
 PREPARED 11/11/2010
 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	4,718,848		4,718,848
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,718,848		4,718,848
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,315,969		1,315,969
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,315,969		1,315,969
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	6,034,817		6,034,817
17 00 ANCILLARY SERVICES	16,437,460	119,007	16,556,467
18 00 OUTPATIENT SERVICES		318,906	318,906
24 00			
25 00 TOTAL PATIENT REVENUES	22,472,277	437,913	22,910,190

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		19,680,117	
ADD (SPECIFY)			
27 00 HOME OFFICE COSTS	946,388		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		946,388	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		20,626,505	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-2012 PERIOD: FROM 1/1/2010 TO 6/30/2010 PREPARED 11/11/2010 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	22,910,190
2	LESS: ALLOWANCES AND DISCOUNTS ON	8,188,319
3	NET PATIENT REVENUES	14,721,871
4	LESS: TOTAL OPERATING EXPENSES	20,626,505
5	NET INCOME FROM SERVICE TO PATIENT	-5,904,634
	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)	
24.01		
24.02	OTHER OPERATING REVENUE	357,402
25	TOTAL OTHER INCOME	357,402
26	TOTAL	-5,547,232
	OTHER EXPENSES	
27	NET NON OPERATING REV/EXP	261,756
28		
29		
30	TOTAL OTHER EXPENSES	261,756
31	NET INCOME (OR LOSS) FOR THE PERIO	-5,808,988

PROVIDER NO:	PERIOD:	PREPARED 11/11/2010
14-2012	FROM 1/ 1/2010	
SATELLITE NO:	TO 6/30/2010	WORKSHEET 1-5

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

- DESCRIPTION
- 1 TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)
 - 2 TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)
 - 3 DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS
 - 4 COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS
 - 5 BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES
 - 5.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
 - 6 NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)
 - 7 PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)
 - 8 UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)
 - 9 REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	43.47
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	37.31
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	58.52
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.58
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	5,194
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	69,964
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	