

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-4009	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 4/21/2011 TIME 8:37

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:

RIVER EDGE HOSPITAL 14-4009
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 4/21/2011 TIME 8:37

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DATE: 4/21/2011 TIME 8:37

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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	62,087	0	-4,947,654
100	TOTAL	0	62,087	0	-4,947,654

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET S-2
 I I TO 12/31/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8311 WEST ROOSEVELT ROAD P.O. BOX:
 1.01 CITY: FOREST PARK STATE: IL ZIP CODE: 60130- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00	HOSPITAL RIVER EDGE HOSPITAL	14-4009	2.01	7/ 1/1967	V 4 5 6 XVIII XIX N P O

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1
- 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 N 16974
- 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 MIPPA §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 MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA 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 I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE 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. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

V XVIII XIX
1 2 3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N Y
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? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF 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-I, 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

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, 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 NHCQ 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: 0
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

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE\$ 4
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. N 0.00 0					
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. 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					

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y 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). N N 0

MULTICAMPUS

- 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.

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
I 14-4009 I FROM 1/ 1/2010 I WORKSHEET S-3
I I TO 12/31/2010 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	196	2.01	3	4	9,572	5
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	196	71,540			9,572		20,373
12 TOTAL	196	71,540			9,572		20,373
13 RPCH VISITS							
17 OTHER LONG TERM CARE	14	5,110					
25 TOTAL	210						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. TOTAL	RES. FTES LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			35,092				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			35,092				
12 TOTAL			35,092				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			4,855				
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 NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					758	1,453	2,887
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					758	1,453	2,887
12 TOTAL		223.88			758	1,453	2,887
13 RPCH VISITS							
17 OTHER LONG TERM CARE		6.57					3
25 TOTAL		230.45					
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		13,086,134			
2	NON-PHYSICIAN ANESTHETIST PART A					
3	NON-PHYSICIAN ANESTHETIST PART B					
4	PHYSICIAN - PART A					
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
5	PHYSICIAN - PART B					
5.01	NON-PHYSICIAN - PART B					
6	INTERNS & RESIDENTS (APPRVD)					
6.01	CONTRACT SERVICES, I&R					
7	HOME OFFICE PERSONNEL					
8	SNF					
8.01	EXCLUDED AREA SALARIES	698,579	358,598	1,057,177		
OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:					
9.01	PHARMACY SERVICES UNDER CONTRACT					
9.02	LABORATORY SERVICES UNDER CONTRACT					
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT					
10	CONTRACT LABOR: PHYS PART A					
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)					
11	HOME OFFICE SALARIES & WAGE RELATED COSTS					
12	HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)					CMS 339
14	WAGE-RELATED COSTS (OTHER)					CMS 339
15	EXCLUDED AREAS					CMS 339
16	NON-PHYS ANESTHETIST PART A					CMS 339
17	NON-PHYS ANESTHETIST PART B					CMS 339
18	PHYSICIAN PART A					CMS 339
18.01	PART A TEACHING PHYSICIANS					CMS 339
19	PHYSICIAN PART B					CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)					CMS 339
20	INTERNS & RESIDENTS (APPRVD)					CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	136,375		136,375		
22	ADMINISTRATIVE & GENERAL	3,384,702	-358,598	3,026,104		
22.01	A & G UNDER CONTRACT					
23	MAINTENANCE & REPAIRS					
24	OPERATION OF PLANT	53,046		53,046		
25	LAUNDRY & LINEN SERVICE					
26	HOUSEKEEPING					
26.01	HOUSEKEEPING UNDER CONTRACT					
27	DIETARY	251,886		251,886		
27.01	DIETARY UNDER CONTRACT					
28	CAFETERIA					
29	MAINTENANCE OF PERSONNEL					
30	NURSING ADMINISTRATION	936,453		936,453		
31	CENTRAL SERVICE AND SUPPLY					
32	PHARMACY					
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	194,987		194,987		
34	SOCIAL SERVICE	969,309		969,309		
35	OTHER GENERAL SERVICE					
PART III - HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES	13,086,134		13,086,134		
2	EXCLUDED AREA SALARIES	698,579	358,598	1,057,177		
3	SUBTOTAL SALARIES	12,387,555	-358,598	12,028,957		
4	SUBTOTAL OTHER WAGES & RELATED COSTS					
5	SUBTOTAL WAGE-RELATED COSTS					
6	TOTAL	12,387,555	-358,598	12,028,957		
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	5,926,758	-358,598	5,568,160		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
I 14-4009 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,252,033	2,252,033		2,252,033
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		464,961	464,961	3,612	468,573
5	0500 EMPLOYEE BENEFITS	136,375	2,233,649	2,370,024	3,921	2,373,945
6	0600 ADMINISTRATIVE & GENERAL	3,384,702	3,607,471	6,992,173	-902,752	6,089,421
8	0800 OPERATION OF PLANT	53,046	906,224	959,270	19,904	979,174
9	0900 LAUNDRY & LINEN SERVICE		649,147	649,147		649,147
10	1000 HOUSEKEEPING					
11	1100 DIETARY	251,886	534,774	786,660		786,660
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	936,453	152,004	1,088,457		1,088,457
17	1700 MEDICAL RECORDS & LIBRARY	194,987	150,166	345,153		345,153
18	1800 SOCIAL SERVICE	969,309	72,691	1,042,000		1,042,000
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,153,136	283,565	6,436,701	442,209	6,878,910
36	3600 OTHER LONG TERM CARE	698,579	36,421	735,000	13,440	748,440
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY		204,054	204,054		204,054
53	5300 ELECTROCARDIOLOGY		13,425	13,425		13,425
56	5600 DRUGS CHARGED TO PATIENTS		953,439	953,439		953,439
59	3950 OUTPATIENT PSYCH					
60	6000 OUTPAT SERVICE COST CNTRS					
	CLINIC	307,661	3,646	311,307	47,840	359,147
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	13,086,134	12,517,670	25,603,804	-371,826	25,231,978
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES				371,826	371,826
100	7950 COMMUNITY RELATIONS				-0-	371,826
101	TOTAL	13,086,134	12,517,670	25,603,804	-0-	25,603,804

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
I 14-4009 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,114,722	1,137,311
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-144,060	324,513
5	0500 EMPLOYEE BENEFITS	-270,640	2,103,305
6	0600 ADMINISTRATIVE & GENERAL	-1,960,186	4,129,235
8	0800 OPERATION OF PLANT		979,174
9	0900 LAUNDRY & LINEN SERVICE		649,147
10	1000 HOUSEKEEPING		
11	1100 DIETARY	-22,993	763,667
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		1,088,457
17	1700 MEDICAL RECORDS & LIBRARY	-10,435	334,718
18	1800 SOCIAL SERVICE		1,042,000
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-492,279	6,386,631
36	3600 OTHER LONG TERM CARE	-120	748,320
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		204,054
53	5300 ELECTROCARDIOLOGY		13,425
56	5600 DRUGS CHARGED TO PATIENTS		953,439
59	3950 OUTPATIENT PSYCH		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		359,147
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-4,015,435	21,216,543
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 COMMUNITY RELATIONS		371,826
101	TOTAL	-4,015,435	21,588,369

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
59	OUTPATIENT PSYCH	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	COMMUNITY RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

PROVIDER NO:	PERIOD:	PREPARED
144009	FROM 1/ 1/2010	4/18/2011
	TO 12/31/2010	WORKSHEET A-6

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 LEASE\RENTAL	A	NEW CAP REL COSTS-MVBLE EQUIP	4		3,612
2 PHYSICIAN COST	B	ADULTS & PEDIATRICS	25		442,209
3		OTHER LONG TERM CARE	36		13,440
4		CLINIC	60		47,840
5 COMMUNITY RELATIONS	C	COMMUNITY RELATIONS	100	358,598	13,228
6 ADMINISTRATION MISCELLANEOUS	G	EMPLOYEE BENEFITS	5		3,921
7		OPERATION OF PLANT	8		19,904
36 TOTAL RECLASSIFICATIONS				358,598	544,154

(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:	PERIOD:	PREPARED
144009	FROM 1/ 1/2010	4/18/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 LEASE\RENTAL	A	ADMINISTRATIVE & GENERAL	6			3,612	10
2 PHYSICIAN COST	B	ADMINISTRATIVE & GENERAL	6			503,489	
3							
4							
5 COMMUNITY RELATIONS	C	ADMINISTRATIVE & GENERAL	6		358,598	13,228	
6 ADMINISTRATION MISCELLANEOUS	G	ADMINISTRATIVE & GENERAL	6			23,825	
7							
36 TOTAL RECLASSIFICATIONS					358,598	544,154	

(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:	PERIOD:	PREPARED
144009	FROM 1/ 1/2010	4/18/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : LEASE\RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,612
TOTAL RECLASSIFICATIONS FOR CODE A			3,612

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	3,612	
			3,612

RECLASS CODE: B
EXPLANATION : PHYSICIAN COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	442,209
2.00	OTHER LONG TERM CARE	36	13,440
3.00	CLINIC	60	47,840
TOTAL RECLASSIFICATIONS FOR CODE B			503,489

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	503,489	
			0
			0
			503,489

RECLASS CODE: C
EXPLANATION : COMMUNITY RELATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNITY RELATIONS	100	371,826
TOTAL RECLASSIFICATIONS FOR CODE C			371,826

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	371,826	
			371,826

RECLASS CODE: G
EXPLANATION : ADMINISTRATION MISCELLANEOUS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,921
2.00	OPERATION OF PLANT	8	19,904
TOTAL RECLASSIFICATIONS FOR CODE G			23,825

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	23,825	
			0
			23,825

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	1,263,514	264,836		264,836		1,528,350	
7 SUBTOTAL	1,263,514	264,836		264,836		1,528,350	
8 RECONCILING ITEMS							
9 TOTAL	1,263,514	264,836		264,836		1,528,350	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST		
		9	10	11	12	13	14	15	
3	NEW CAP REL COSTS-BL	2,066,178	-1,334,533			402,116	3,550	1,137,311	
4	NEW CAP REL COSTS-MV	628,687	-304,174					324,513	
5	TOTAL	2,694,865	-1,638,707			402,116	3,550	1,461,824	

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST		
		9	10	11	12	13	14	15	
3	NEW CAP REL COSTS-BL	1,846,367				402,116	3,550	2,252,033	
4	NEW CAP REL COSTS-MV	464,961						464,961	
5	TOTAL	2,311,328				402,116	3,550	2,716,994	

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET A-8
 I I TO 12/31/2010 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,283,642				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-224,918				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-22,993	DIETARY	11		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,435	MEDICAL RECORDS & LIBRARY	17		
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	219,811	NEW CAP REL COSTS-BLDG &	3	9	
32 DEPRECIATION-NEW MOVABLE EQUIP	A	163,726	NEW CAP REL COSTS-MVBLE E	4	9	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52		
37 MISC INCOME	B	-4,822	ADMINISTRATIVE & GENERAL	6		
38 EDUCATION	A	-154,922	ADULTS & PEDIATRICS	25		
39 EDUCATION	A	-120	OTHER LONG TERM CARE	36		
40 CONTRIBUTIONS	A	-693	ADMINISTRATIVE & GENERAL	6		
41 BAD DEBT	A	-295,020	ADMINISTRATIVE & GENERAL	6		
42 PHYSICIAN BILLING	A	-22,764	ADMINISTRATIVE & GENERAL	6		
43 MARKETING	A	-9,270	ADMINISTRATIVE & GENERAL	6		
44 TRANSPORTATION	A	-107,036	ADMINISTRATIVE & GENERAL	6		
45 LOBBYING	A	-50,519	ADMINISTRATIVE & GENERAL	6		
46 SPORTS TICKETS	A	-9,270	ADMINISTRATIVE & GENERAL	6		
47 PHYSICIAN BENEFITS	A	-171,381	EMPLOYEE BENEFITS	5		
48 WORKERS COMP INSURANCE	A	-53,108	EMPLOYEE BENEFITS	5		
48.01 LIABILITY INSURANCE	A	-289,589	ADMINISTRATIVE & GENERAL	6		
48.03 MEDICAL INSURANCE	A	-46,151	EMPLOYEE BENEFITS	5		
48.04 HOSPITAL LEASE	A	-307,786	NEW CAP REL COSTS-MVBLE E	4	10	
48.05 HOSPITAL LEASE	A	-1,334,533	NEW CAP REL COSTS-BLDG &	3	10	
49						
49.01						
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,015,435				

(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	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE EXPENSE	755,542	980,460	-224,918
2						
3						
4						
5		TOTALS		755,542	980,460	-224,918

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

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

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

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I 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
25	AGGR	490,049	208,215	281,833	154,100	2,061	152,692	7,635
6	AGGR	946,285	946,285					
TOTAL		1,436,334	1,154,500	281,833		2,061	152,692	7,635

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

1	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
2	LINE NO.	11	12	COL 12	14	COL 14	16	17	18
3	25	AGGR					152,692	129,141	337,357
4	6	AGGR							946,285
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101	TOTAL						152,692	129,141	1,283,642

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS		ENTERED
12	CAFETERIA	9	FTE'S	SERVED	ENTERED
14	NURSING ADMINISTRATION	10	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	6	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,137,311	1,137,311					
005 NEW CAP REL COSTS-MVBLE E	324,513		324,513				
006 EMPLOYEE BENEFITS	2,103,305	6,922		2,060	2,112,287		
008 ADMINISTRATIVE & GENERAL	4,129,235	188,914		56,219	493,600	4,867,968	
009 OPERATION OF PLANT	979,174	67,937		20,217	8,653	1,075,981	1,389,241
010 LAUNDRY & LINEN SERVICE	649,147	13,169		3,919	666,235	193,967	20,944
011 HOUSEKEEPING		14,099		4,196	18,295	5,326	22,423
012 DIETARY	763,667	67,098		19,968	41,086	891,819	106,710
014 CAFETERIA							
017 NURSING ADMINISTRATION	1,088,457	64,365		19,154	152,749	1,324,725	102,364
018 MEDICAL RECORDS & LIBRARY	334,718	12,593		3,748	31,805	382,864	20,028
025 SOCIAL SERVICE	1,042,000	23,120		6,880	158,108	1,230,108	36,770
036 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	6,386,631	548,618		163,264	1,003,662	8,102,175	872,500
OTHER LONG TERM CARE	748,320	55,056		16,384	113,948	933,708	87,559
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
LABORATORY	204,054	3,449		1,026	208,529	60,711	5,485
053 ELECTROCARDIOLOGY	13,425				13,425	3,909	
056 DRUGS CHARGED TO PATIENTS	953,439	9,828		2,925	966,192	281,296	15,629
059 OUTPATIENT PSYCH							
060 OUTPAT SERVICE COST CNTRS							
CLINIC	359,147	7,070		2,104	50,184	418,505	121,843
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	21,216,543	1,082,238		322,064	2,053,795	21,100,529	4,725,938
098 NONREIMBURS COST CENTERS							
PHYSICIANS' PRIVATE OFFIC		46,842			46,842	13,638	74,495
100 COMMUNITY RELATIONS	371,826	8,231		2,449	58,492	440,998	13,090
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	21,588,369	1,137,311		324,513	2,112,287	21,588,369	4,867,968

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC
	EN SERVICE				ISTRATION	DS & LIBRARY	E
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	881,146						
011 HOUSEKEEPING		46,044					
012 DIETARY		3,651	1,261,823				
014 CAFETERIA							
017 NURSING ADMINISTRATION		3,502			1,816,270		
018 MEDICAL RECORDS & LIBRARY		685				515,044	
025 SOCIAL SERVICE		1,258					1,626,268
036 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	869,867	29,847	1,058,188		1,519,855	426,991	1,605,452
OTHER LONG TERM CARE	11,279	2,996	131,654		209,876	14,538	20,816
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
053 LABORATORY		188				13,317	
056 ELECTROCARDIOLOGY						871	
059 DRUGS CHARGED TO PATIENTS		535				31,330	
060 OUTPATIENT PSYCH							
095 OUTPAT SERVICE COST CNTRS							
CLINIC		385	71,981		86,539	27,997	
SPEC PURPOSE COST CENTERS							
SUBTOTALS	881,146	43,047	1,261,823		1,816,270	515,044	1,626,268
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC		2,549					
101 COMMUNITY RELATIONS		448					
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	881,146	46,044	1,261,823		1,816,270	515,044	1,626,268

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART I

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003	GENERAL SERVICE COST CNTR			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
008	ADMINISTRATIVE & GENERAL			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVICE			
011	HOUSEKEEPING			
012	DIETARY			
014	CAFETERIA			
017	NURSING ADMINISTRATION			
018	MEDICAL RECORDS & LIBRARY			
025	SOCIAL SERVICE			
036	INPAT ROUTINE SRVC CNTRS			
041	ADULTS & PEDIATRICS	16,843,741		16,843,741
044	OTHER LONG TERM CARE	1,684,265		1,684,265
053	ANCILLARY SRVC COST CNTRS			
056	RADIOLOGY-DIAGNOSTIC			
059	LABORATORY	288,230		288,230
060	ELECTROCARDIOLOGY	18,205		18,205
095	DRUGS CHARGED TO PATIENTS	1,294,982		1,294,982
098	OUTPATIENT PSYCH			
100	OUTPAT SERVICE COST CNTRS			
101	CLINIC	738,494		738,494
102	SPEC PURPOSE COST CENTERS			
103	SUBTOTALS	20,867,917		20,867,917
104	NONREIMBURS COST CENTERS			
105	PHYSICIANS' PRIVATE OFFIC	137,524		137,524
106	COMMUNITY RELATIONS	582,928		582,928
107	CROSS FOOT ADJUSTMENT			
108	NEGATIVE COST CENTER			
109	TOTAL	21,588,369		21,588,369

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		6,922	2,060	8,982	8,982		
008 ADMINISTRATIVE & GENERAL	51,528	188,914	56,219	296,661	2,100	298,761	
009 OPERATION OF PLANT		67,937	20,217	88,154	37	19,226	107,417
010 LAUNDRY & LINEN SERVICE		13,169	3,919	17,088		11,904	1,619
011 HOUSEKEEPING		14,099	4,196	18,295		327	1,734
012 DIETARY		67,098	19,968	87,066	175	15,935	8,251
014 CAFETERIA							
017 NURSING ADMINISTRATION		64,365	19,154	83,519	650	23,670	7,915
018 MEDICAL RECORDS & LIBRARY		12,593	3,748	16,341	135	6,841	1,549
025 SOCIAL SERVICE		23,120	6,880	30,000	673	21,980	2,843
036 INPAT ROUTINE SRVC CNTRS							
041 ADULTS & PEDIATRICS		548,618	163,264	711,882	4,264	144,770	67,463
044 OTHER LONG TERM CARE		55,056	16,384	71,440	485	16,683	6,770
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC							
059 LABORATORY		3,449	1,026	4,475		3,726	424
060 ELECTROCARDIOLOGY						240	
095 DRUGS CHARGED TO PATIENTS		9,828	2,925	12,753		17,264	1,208
098 OUTPATIENT PSYCH							
100 OUTPAT SERVICE COST CNTRS							
101 CLINIC		7,070	2,104	9,174	214	7,478	869
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	51,528	1,082,238	322,064	1,455,830	8,733	290,044	100,645
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC		46,842		46,842		837	5,760
101 COMMUNITY RELATIONS		8,231	2,449	10,680	249	7,880	1,012
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	51,528	1,137,311	324,513	1,513,352	8,982	298,761	107,417

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	9	10	11	12	14	17	18
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	30,611						
011 HOUSEKEEPING		20,356					
012 DIETARY		1,614	113,041				
014 CAFETERIA							
017 NURSING ADMINISTRATION		1,548			117,302		
018 MEDICAL RECORDS & LIBRARY		303				25,169	
025 SOCIAL SERVICE		556					56,052
036 INPAT ROUTINE SRVC CNTRS							
041 ADULTS & PEDIATRICS	30,219	13,197	94,799		98,158	20,867	55,335
044 OTHER LONG TERM CARE	392	1,324	11,794		13,555	710	717
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC							
059 LABORATORY		83				651	
060 ELECTROCARDIOLOGY						43	
095 DRUGS CHARGED TO PATIENTS		236				1,530	
098 OUTPATIENT PSYCH							
100 OUTPAT SERVICE COST CNTRS							
101 CLINIC		170	6,448		5,589	1,368	
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	30,611	19,031	113,041		117,302	25,169	56,052
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC		1,127					
101 COMMUNITY RELATIONS		198					
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	30,611	20,356	113,041		117,302	25,169	56,052

ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/18/2011
I	14-4009	I	FROM 1/ 1/2010	I	WORKSHEET B
I		I	TO 12/31/2010	I	PART III

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
003	GENERAL SERVICE COST CNTR			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
008	ADMINISTRATIVE & GENERAL			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVICE			
011	HOUSEKEEPING			
012	DIETARY			
014	CAFETERIA			
017	NURSING ADMINISTRATION			
018	MEDICAL RECORDS & LIBRARY			
025	SOCIAL SERVICE			
036	INPAT ROUTINE SRVC CNTRS			
041	ADULTS & PEDIATRICS	1,240,954		1,240,954
044	OTHER LONG TERM CARE	123,870		123,870
053	ANCILLARY SRVC COST CNTRS			
056	RADIOLOGY-DIAGNOSTIC			
059	LABORATORY	9,359		9,359
060	ELECTROCARDIOLOGY	283		283
095	DRUGS CHARGED TO PATIENTS	32,991		32,991
098	OUTPATIENT PSYCH			
100	OUTPAT SERVICE COST CNTRS			
101	CLINIC	31,310		31,310
102	SPEC PURPOSE COST CENTERS			
103	SUBTOTALS	1,438,767		1,438,767
104	NONREIMBURS COST CENTERS			
105	PHYSICIANS' PRIVATE OFFIC	54,566		54,566
106	COMMUNITY RELATIONS	20,019		20,019
107	CROSS FOOT ADJUSTMENTS			
108	NEGATIVE COST CENTER			
109	TOTAL	1,513,352		1,513,352

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E (SQUARE FEET	FITS (GROSS SALARIES)		(ACCUM. COST	(SQUARE FEET
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	138,177					
005 NEW CAP REL COSTS-MVB		132,486				
006 EMPLOYEE BENEFITS	841	841	12,949,759			
008 ADMINISTRATIVE & GENE	22,952	22,952	3,026,104	-4,867,968	16,720,401	
009 OPERATION OF PLANT	8,254	8,254	53,046		1,075,981	106,130
010 LAUNDRY & LINEN SERVI	1,600	1,600			666,235	1,600
011 HOUSEKEEPING	1,713	1,713			18,295	1,713
012 DIETARY	8,152	8,152	251,886		891,819	8,152
014 CAFETERIA						
017 NURSING ADMINISTRATIO	7,820	7,820	936,453		1,324,725	7,820
018 MEDICAL RECORDS & LIB	1,530	1,530	194,987		382,864	1,530
025 SOCIAL SERVICE	2,809	2,809	969,309		1,230,108	2,809
036 INPAT ROUTINE SRVC CN						
041 ADULTS & PEDIATRICS	66,654	66,654	6,153,136		8,102,175	66,654
044 OTHER LONG TERM CARE	6,689	6,689	698,579		933,708	6,689
053 ANCILLARY SRVC COST C						
059 RADIOLOGY-DIAGNOSTIC						
060 LABORATORY	419	419			208,529	419
095 ELECTROCARDIOLOGY					13,425	
098 DRUGS CHARGED TO PATI	1,194	1,194			966,192	1,194
100 OUTPATIENT PSYCH						
101 OUTPAT SERVICE COST C						
102 CLINIC	859	859	307,661		418,505	859
103 SPEC PURPOSE COST CEN						
104 SUBTOTALS	131,486	131,486	12,591,161	-4,867,968	16,232,561	99,439
105 NONREIMBURS COST CENT						
106 PHYSICIANS' PRIVATE O	5,691				46,842	5,691
107 COMMUNITY RELATIONS	1,000	1,000	358,598		440,998	1,000
108 CROSS FOOT ADJUSTMENT						
109 NEGATIVE COST CENTER						
110 COST TO BE ALLOCATED	1,137,311	324,513	2,112,287		4,867,968	1,389,241
111 (WRKSHT B, PART I)						
112 UNIT COST MULTIPLIER	8.230827		.163114		.291139	13.089993
113 (WRKSHT B, PT I)		2.449414				
114 COST TO BE ALLOCATED						
115 (WRKSHT B, PART II)						
116 UNIT COST MULTIPLIER						
117 (WRKSHT B, PT II)						
118 COST TO BE ALLOCATED			8,982		298,761	107,417
119 (WRKSHT B, PART III)						
120 UNIT COST MULTIPLIER			.000694		.017868	1.012127
121 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 12/31/2010 I

	COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING		DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC
		EN SERVICE				ISTRATION	DS & LIBRARY	E
		(PATIENT DAYS	(SQUARE FEET	(MEALS)	(FTE'S)SERVED	(DIRECT)NRSING HRS	(GROSS CHARGES	(PATIENT)DAYS
		9	10	11	12	14	17	18
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVI	35,547						
011	HOUSEKEEPING		102,817					
012	DIETARY		8,152	128,354				
014	CAFETERIA				18,939			
017	NURSING ADMINISTRATIO		7,820		2,871	286,820		
018	MEDICAL RECORDS & LIB		1,530		402		55,785,507	
025	SOCIAL SERVICE		2,809		1,490			35,547
036	INPAT ROUTINE SRVC CN							
041	ADULTS & PEDIATRICS	35,092	66,654	107,640	11,539	240,011	46,248,568	35,092
044	OTHER LONG TERM CARE	455	6,689	13,392	1,593	33,143	1,574,614	455
053	ANCILLARY SRVC COST C							
056	RADIOLOGY-DIAGNOSTIC							
059	LABORATORY		419				1,442,363	
060	ELECTROCARDIOLOGY						94,380	
095	DRUGS CHARGED TO PATI		1,194				3,393,275	
098	OUTPATIENT PSYCH							
100	OUTPAT SERVICE COST C							
101	CLINIC		859	7,322	657	13,666	3,032,307	
102	SPEC PURPOSE COST CEN							
103	SUBTOTALS	35,547	96,126	128,354	18,552	286,820	55,785,507	35,547
104	NONREIMBURS COST CENT							
105	PHYSICIANS' PRIVATE O		5,691					
106	COMMUNITY RELATIONS		1,000		387			
107	CROSS FOOT ADJUSTMENT							
108	NEGATIVE COST CENTER							
109	COST TO BE ALLOCATED	881,146	46,044	1,261,823		1,816,270	515,044	1,626,268
110	(WRKSHT B, PART I)							
111	UNIT COST MULTIPLIER		.447825				.009233	
112	(WRKSHT B, PT I)	24.788196		9.830804		6.332438		45.749796
113	COST TO BE ALLOCATED							
114	(WRKSHT B, PART II)							
115	UNIT COST MULTIPLIER							
116	(WRKSHT B, PT II)							
117	COST TO BE ALLOCATED	30,611	20,356	113,041		117,302	25,169	56,052
118	(WRKSHT B, PART III)							
119	UNIT COST MULTIPLIER		.197983				.000451	
120	(WRKSHT B, PT III)	.861142		.880697		.408974		1.576842

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,843,741		16,843,741	129,141	16,972,882
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	1,684,265		1,684,265		1,684,265
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	288,230		288,230		288,230
53	ELECTROCARDIOLOGY	18,205		18,205		18,205
56	DRUGS CHARGED TO PATIENTS	1,294,982		1,294,982		1,294,982
59	OUTPATIENT PSYCH OUTPAT SERVICE COST CNTRS					
60	CLINIC OTHER REIMBURS COST CNTRS	738,494		738,494		738,494
101	SUBTOTAL	20,867,917		20,867,917	129,141	20,997,058
102	LESS OBSERVATION BEDS					
103	TOTAL	20,867,917		20,867,917	129,141	20,997,058

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	46,248,568		46,248,568			
36	OTHER LONG TERM CARE	1,574,614		1,574,614			
41	ANCILLARY SRVC COST CNTRS RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	1,442,363		1,442,363	.199832	.199832	.199832
53	ELECTROCARDIOLOGY	94,380		94,380	.192890	.192890	.192890
56	DRUGS CHARGED TO PATIENTS	3,393,275		3,393,275	.381632	.381632	.381632
59	OUTPATIENT PSYCH						
60	OUTPAT SERVICE COST CNTRS CLINIC		3,032,307	3,032,307	.243542	.243542	.243542
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	52,753,200	3,032,307	55,785,507			
102	LESS OBSERVATION BEDS						
103	TOTAL	52,753,200	3,032,307	55,785,507			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
I 14-4009 I FROM 1/ 1/2010 I WORKSHEET C
I I TO 12/31/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,843,741		16,843,741	129,141	16,972,882
36	OTHER LONG TERM CARE	1,684,265		1,684,265		1,684,265
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC LABORATORY	288,230		288,230		288,230
53	ELECTROCARDIOLOGY	18,205		18,205		18,205
56	DRUGS CHARGED TO PATIENTS	1,294,982		1,294,982		1,294,982
59	OUTPATIENT PSYCH					
60	OUTPAT SERVICE COST CNTRS CLINIC	738,494		738,494		738,494
101	OTHER REIMBURS COST CNTRS					
102	SUBTOTAL	20,867,917		20,867,917	129,141	20,997,058
103	LESS OBSERVATION BEDS					
	TOTAL	20,867,917		20,867,917	129,141	20,997,058

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
I 14-4009 I FROM 1/ 1/2010 I WORKSHEET C
I I TO 12/31/2010 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	46,248,568		46,248,568			
36	OTHER LONG TERM CARE	1,574,614		1,574,614			
41	ANCILLARY SRVC COST CNTRS RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	1,442,363		1,442,363	.199832	.199832	.199832
53	ELECTROCARDIOLOGY	94,380		94,380	.192890	.192890	.192890
56	DRUGS CHARGED TO PATIENTS	3,393,275		3,393,275	.381632	.381632	.381632
59	OUTPATIENT PSYCH						
60	OUTPAT SERVICE COST CNTRS CLINIC		3,032,307	3,032,307	.243542	.243542	.243542
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	52,753,200	3,032,307	55,785,507			
102	LESS OBSERVATION BEDS						
103	TOTAL	52,753,200	3,032,307	55,785,507			

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
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	288,230	9,359	278,871			288,230
53	ELECTROCARDIOLOGY	18,205	283	17,922			18,205
56	DRUGS CHARGED TO PATIENTS	1,294,982	32,991	1,261,991			1,294,982
59	OUTPATIENT PSYCH						
59	OUTPAT SERVICE COST CNTRS						
60	CLINIC	738,494	31,310	707,184			738,494
60	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	2,339,911	73,943	2,265,968			2,339,911
102	LESS OBSERVATION BEDS						
103	TOTAL	2,339,911	73,943	2,265,968			2,339,911

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	1,442,363	.199832	.199832
53	ELECTROCARDIOLOGY	94,380	.192890	.192890
56	DRUGS CHARGED TO PATIENTS	3,393,275	.381632	.381632
59	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,032,307	.243542	.243542
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	7,962,325		
102	LESS OBSERVATION BEDS			
103	TOTAL	7,962,325		

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

**NOT A CMS WORKSHEET ** (09/2000)

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
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	288,230	9,359	278,871	936	16,175	271,119
53	ELECTROCARDIOLOGY	18,205	283	17,922	28	1,039	17,138
56	DRUGS CHARGED TO PATIENTS	1,294,982	32,991	1,261,991	3,299	73,195	1,218,488
59	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	738,494	31,310	707,184	3,131	41,017	694,346
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	2,339,911	73,943	2,265,968	7,394	131,426	2,201,091
102	LESS OBSERVATION BEDS						
103	TOTAL	2,339,911	73,943	2,265,968	7,394	131,426	2,201,091

Health Financial Systems MCRIF32 FOR RIVER EDGE HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 12/31/2010 I PART II

**NOT A CMS WORKSHEET ** (09/2000)

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
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	1,442,363	.187969	.199183
53	ELECTROCARDIOLOGY	94,380	.181585	.192594
56	DRUGS CHARGED TO PATIENTS	3,393,275	.359089	.380660
59	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,032,307	.228983	.242509
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	7,962,325		
102	LESS OBSERVATION BEDS			
103	TOTAL	7,962,325		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,240,954		1,240,954
101	TOTAL				1,240,954		1,240,954

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I 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	35,092	9,572			35.36	338,466
101	TOTAL	35,092	9,572				338,466

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 14-4009 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY		9,359	1,442,363	307,377		
53	ELECTROCARDIOLOGY		283	94,380	15,444		
56	DRUGS CHARGED TO PATIENTS		32,991	3,393,275	1,471,066		
59	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		31,310	3,032,307			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		73,943	7,962,325	1,793,887		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 14-4009 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	.006489		1,995
53	ELECTROCARDIOLOGY	.002999		46
56	DRUGS CHARGED TO PATIENTS	.009722		14,302
59	OUTPATIENT PSYCH			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.010325		
	OTHER REIMBURS COST CNTRS			
101	TOTAL			16,343

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I 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					35,092	
101	TOTAL					35,092	

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
I I TO 12/31/2010 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
101	TOTAL	9,572	9,572

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 14-4009 I I

TITLE XVIII, PART A HOSPITAL

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
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY						
56	ELECTROCARDIOLOGY						
59	DRUGS CHARGED TO PATIENTS						
60	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 14-4009 I I

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
41	ANCILLARY SRVC COST CNTRS							
	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY			1,442,363			307,377	
53	ELECTROCARDIOLOGY			94,380			15,444	
56	DRUGS CHARGED TO PATIENTS			3,393,275			1,471,066	
59	OUTPATIENT PSYCH							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,032,307				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			7,962,325			1,793,887	

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 14-4009 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	70					
56	ELECTROCARDIOLOGY						
59	DRUGS CHARGED TO PATIENTS						
60	OUTPATIENT PSYCH						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL	70					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART V
 I 14-4009 I I

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 Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY	.199832	.199832			
53 ELECTROCARDIOLOGY	.192890	.192890			
56 DRUGS CHARGED TO PATIENTS	.381632	.381632			
59 OUTPATIENT PSYCH					
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.243542	.243542			
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)

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					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY		70			
53 ELECTROCARDIOLOGY					
56 DRUGS CHARGED TO PATIENTS					
59 OUTPATIENT PSYCH					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
101 SUBTOTAL		70			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		70			

(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

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY				14	
53 ELECTROCARDIOLOGY					
56 DRUGS CHARGED TO PATIENTS					
59 OUTPATIENT PSYCH					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
101 SUBTOTAL				14	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				14	

TITLE XVIII, PART B

HOSPITAL

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description
 (A) ANCILLARY SRVC COST CNTRS
 41 RADIOLOGY-DIAGNOSTIC
 44 LABORATORY
 53 ELECTROCARDIOLOGY
 56 DRUGS CHARGED TO PATIENTS
 59 OUTPATIENT PSYCH
 OUTPAT SERVICE COST CNTRS
 60 CLINIC
 101 SUBTOTAL
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 PROGRAM ONLY CHARGES
 104 NET CHARGES

9.03

10

11

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 14-4009 I I

COMPUTATION OF INPATIENT OPERATING COST

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)	35,092
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	35,092
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,092
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)	9,572
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	16,972,882
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	16,972,882

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46,248,568
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46,248,568
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.366993
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,317.92
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	16,972,882

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 14-4009 I I

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 483.67
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,629,689
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,629,689

	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 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					625,809
49 TOTAL PROGRAM INPATIENT COSTS					5,255,498

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 338,466
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 16,343
 52 TOTAL PROGRAM EXCLUDABLE COST 354,809
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 4,900,689

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 14-4009 I I

TITLE XVIII PART A

HOSPITAL

PPS

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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 483.67
- 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		16,972,882			
87 NEW CAPITAL-RELATED COST	1,240,954	16,972,882	.073114		
88 NON PHYSICIAN ANESTHETIST		16,972,882			
89 MEDICAL EDUCATION		16,972,882			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

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)	35,092
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	35,092
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	35,092
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)	20,373
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	16,843,741
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	16,843,741

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46,248,568
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46,248,568
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.364200
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,317.92
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	16,843,741

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	479.99
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,778,836
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9,778,836

	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	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				716,521
49	TOTAL PROGRAM INPATIENT COSTS				10,495,357

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 14-4009 I I

TITLE XIX - I/P HOSPITAL OTHER

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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 479.99
- 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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 14-4009 I

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		12,589,810	
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	.199832	307,377	61,424
56	ELECTROCARDIOLOGY	.192890	15,444	2,979
59	DRUGS CHARGED TO PATIENTS	.381632	1,471,066	561,406
60	OUTPAT SERVICE COST CNTRS CLINIC	.243542		
101	OTHER REIMBURS COST CNTRS			
102	TOTAL		1,793,887	625,809
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		1,793,887	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2010 I
 I 14-4009 I

TITLE XIX HOSPITAL

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		25,935,147	
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	.199832	804,793	160,823
53	ELECTROCARDIOLOGY	.192890	53,196	10,261
56	DRUGS CHARGED TO PATIENTS	.381632	1,429,223	545,437
59	OUTPATIENT PSYCH			
60	OUTPAT SERVICE COST CNTRS CLINIC	.243542		
60	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,287,212	716,521
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,287,212	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART B
 I 14-4009 I I

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).	14
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	27
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	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)	27
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	5
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	22
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	22
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	22
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	22
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	22
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	22
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 14-4009 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,135,551		22
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	4/15/2010	21,900		
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		21,900		NONE
4 TOTAL INTERIM PAYMENTS		6,157,451		22
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE)		62,087		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		6,219,538		22

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

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART I
 I 14-4009 I I

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	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	6,922,897
1.09	NET IPF PPS OUTLIER PAYMENTS	261
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)	96.142466
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	6,923,158
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)	6,923,158
	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 $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
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)	6,923,158
5	PRIMARY PAYER PAYMENTS	25,600
6	SUBTOTAL	6,897,558
7	DEDUCTIBLES	381,213
8	SUBTOTAL	6,516,345
9	COINSURANCE	437,294
10	SUBTOTAL	6,079,051
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	200,696
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	140,487
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	13,363
12	SUBTOTAL	6,219,538
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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/18/2011
I	14-4009	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART I
I	14-4009	I		I	

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)	6,219,538
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,157,451
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	62,087
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		10,495,357	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		10,495,357	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		10,495,357	
	COMPUTATION OF LESSER OF COST OR CHARGES			
10	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES		25,935,147	
12	ANCILLARY SERVICE CHARGES		2,287,212	
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
	TOTAL REASONABLE CHARGES		28,222,359	
17	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		28,222,359	
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		17,727,002	
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
	COST OF COVERED SERVICES		10,495,357	
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL		10,495,357	
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		10,495,357	
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL		10,495,357	
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		10,495,357	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		10,495,357	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		10,495,357	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		15,443,011	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		-4,947,654	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/18/2011
I	14-4009	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART III
I	-	I		I	

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

BALANCE SHEET

I
I
IPROVIDER NO:
14-4009I PERIOD:
I FROM 1/ 1/2010
I TO 12/31/2010I PREPARED 4/18/2011
I
I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	167,271			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,545,156			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	130,322			
8 PREPAID EXPENSES	84,678			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	1,927,427			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	3,560,617			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	2,627,783			
18.01 LESS ACCUMULATED DEPRECIATION	-1,946,849			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	4,241,551			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	-5,515,249			
26 TOTAL OTHER ASSETS	-5,515,249			
27 TOTAL ASSETS	653,729			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I
 I I TO 12/31/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	384,051			
29 SALARIES, WAGES & FEES PAYABLE	1,071,999			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	20,415			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-22,235			
36 TOTAL CURRENT LIABILITIES	1,454,230			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	44,863			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	-1,200,685			
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	-1,155,822			
43 TOTAL LIABILITIES	298,408			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	355,321			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	355,321			
52 TOTAL LIABILITIES AND FUND BALANCES	653,729			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)		6,113,619		
3 TOTAL		6,113,619		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		6,113,619		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 ACQUISITION ENTRY		5,758,298		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		5,758,298		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		355,321		

	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 ACQUISITION ENTRY				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET G-2
 I I TO 12/31/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	46,248,568		46,248,568
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE	1,574,614		1,574,614
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	47,823,182		47,823,182
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	47,823,182		47,823,182
17 00 ANCILLARY SERVICES	4,930,018		4,930,018
18 00 OUTPATIENT SERVICES		3,032,307	3,032,307
24 00 PHYSICIAN	1,562,350		1,562,350
25 00 TOTAL PATIENT REVENUES	54,315,550	3,032,307	57,347,857

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	25,603,804		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		25,603,804	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/18/2011
 I 14-4009 I FROM 1/ 1/2010 I WORKSHEET G-3
 I I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	57,347,857
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	25,691,064
3	NET PATIENT REVENUES	31,656,793
4	LESS: TOTAL OPERATING EXPENSES	25,603,804
5	NET INCOME FROM SERVICE TO PATIENTS	6,052,989
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	20,730
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	10,435
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	2,263
22	RENTAL OF HOSPITAL SPACE	22,383
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	4,822
25	TOTAL OTHER INCOME	60,633
26	TOTAL	6,113,622
	OTHER EXPENSES	
27	ROUNDING	3
28		
29		
30	TOTAL OTHER EXPENSES	3
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,113,619