

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 AND SETTLEMENT SUMMARY	I	15-0023	I	FROM 9/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 8/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 1/28/2011 TIME 14:09

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:
UNION HOSPITAL, INC. 15-0023

FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

SR VICE PRESIDENT/CFO

TITLE

01/28/11

DATE

ECR ENCRYPTION INFORMATION

DATE: 1/28/2011 TIME 14:09

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kbu6R0wi178RM8a506f5RRqFshbAdI
dupw1f5shj0ac8yV

PI ENCRYPTION INFORMATION

DATE: 1/28/2011 TIME 14:09

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	488,711	70,518	0	0
2	SUBPROVIDER	0	85,051	0	0	0
100	TOTAL	0	573,762	70,518	0	0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET S-2
 I I TO 8/31/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1606 NORTH SEVENTH ST P.O. BOX:
 1.01 CITY: TERRE HAUTE STATE: IN ZIP CODE: 47804- COUNTY: VIGO

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	UNION HOSPITAL, INC.	15-0023		1/ 1/1966	4	5	6
03.00 SUBPROVIDER	MEDICAL REHAB	15-T023		9/ 1/1989	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2009 TO: 8/31/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y
- 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 45460
- 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. 2
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y
- 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). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y Y

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBLIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET S-2
 I I TO 8/31/2010 I

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

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX 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 15H043
 40.01 NAME: UNION HOSPITAL, INC. FI/CONTRACTOR NAME
 40.02 STREET: 1606 NORTH SEVENTH ST P.O. BOX: FI/CONTRACTOR #
 40.03 CITY: TERRE HAUTE STATE: IN ZIP CODE: 47804-

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? Y
 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 NHCMQ 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
48.00 SUBPROVIDER	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: 1,957,892
 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. Y
 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	FEES 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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
I 15-0023 I FROM 9/ 1/2009 I WORKSHEET S-2
I I TO 8/31/2010 I

- 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. Y
- 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). Y N 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

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). Y 1/13/2011

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
I 15-0023 I FROM 9/ 1/2009 I WORKSHEET 5-3
I I TO 8/31/2010 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5		
1 ADULTS & PEDIATRICS	248	85,075			32,141		5,664		
2 HMO					2,706		7,428		
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	248	85,075			32,141		5,664		
6 INTENSIVE CARE UNIT	36	12,608			5,716				
7 CORONARY CARE UNIT									
8 BURN INTENSIVE CARE UNIT									
9 SURGICAL INTENSIVE CARE UNIT									
10 INTENSIVE NURSERY	13	4,745					245		
11 NURSERY							409		
12 TOTAL	297	102,428			37,857		6,318		
13 RPCH VISITS									
14 SUBPROVIDER	22	8,030			4,203		347		
25 TOTAL	319								
26 OBSERVATION BED DAYS								1,235	
26 01 OBSERVATION BED DAYS-SUB I									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES --	
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02		TOTAL OBSERVATION BEDS ADMITTED 6.01	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			6				
2 HMO			58,405				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			58,405				
6 INTENSIVE CARE UNIT			9,274				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 INTENSIVE NURSERY			3,026				
11 NURSERY			2,480				
12 TOTAL			73,185			21.05	
13 RPCH VISITS							
14 SUBPROVIDER			5,370				
25 TOTAL						21.05	
26 OBSERVATION BED DAYS	379	856	4,588	2,252	2,336		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS 15	
		EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13		TITLE XIX 14
1 ADULTS & PEDIATRICS					7,627	1,381	15,856
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 INTENSIVE NURSERY							
11 NURSERY							
12 TOTAL	21.05	1,852.90			7,627	1,381	15,856
13 RPCH VISITS							
14 SUBPROVIDER		36.30			386	10	499
25 TOTAL	21.05	1,889.20					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
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	94,825,295		94,825,295	3,351,235.00	28.30	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	353,378		353,378	3,243.00	108.97	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	927,937		927,937	9,871.00	94.01	
5 PHYSICIAN - PART B	8,664,831		8,664,831	36,916.00	234.72	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		1,016,313	1,016,313	45,246.00	22.46	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,287,958	380,568	2,668,526	105,665.00	25.25	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,655,337		3,655,337	96,420.00	37.91	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,169,017		1,169,017	8,990.00	130.04	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	13,888,829		13,888,829	367,678.00	37.77	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	20,716,594		20,716,594			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	686,560		686,560			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	53,934		53,934			CMS 339
18.01 PART A TEACHING PHYSICIANS	146,287		146,287			CMS 339
19 PHYSICIAN PART B	1,175,880		1,175,880			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	229,139		229,139			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	203,174	618,165	821,339	29,566.00	27.78	
22 ADMINISTRATIVE & GENERAL	4,620,719	-478,260	4,142,459	181,610.00	22.81	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	51,929		51,929	3,109.00	16.70	
25 LAUNDRY & LINEN SERVICE	765,498		765,498	53,274.00	14.37	
26 HOUSEKEEPING	4,510,164		4,510,164	278,013.00	16.22	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,672,388	-9,666	1,662,722	104,516.00	15.91	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	502,500		502,500	49,065.00	10.24	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,540,862		2,540,862	129,923.00	19.56	
34 SOCIAL SERVICE	136,080		136,080	4,114.00	33.08	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	85,232,527	-1,016,313	84,216,214	3,259,202.00	25.84	
2 EXCLUDED AREA SALARIES	2,287,958	380,568	2,668,526	105,665.00	25.25	
3 SUBTOTAL SALARIES	82,944,569	-1,396,881	81,547,688	3,153,537.00	25.86	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	18,713,183		18,713,183	473,088.00	39.56	
5 SUBTOTAL WAGE-RELATED COSTS	20,770,528		20,770,528		25.47	
6 TOTAL	122,428,280	-1,396,881	121,031,399	3,626,625.00	33.37	
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	15,003,314	130,239	15,133,553	833,190.00	18.16	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET A
 I I TO 8/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		76,049	76,049	240,022	316,071
1.01 0101	OLD CAP PHASE II		7,625	7,625	323,123	330,748
1.02 0102	OLD CAP PHASE III		28,790	28,790	256,216	285,006
1.03 0103	OLD CAP PHASE IV		70,804	70,804	792,066	862,870
1.04 0104	OLD CAP OTHER		111,560	111,560	63,087	174,647
1.05 0105	OLD CAP IMPROVEMENTS		9,256	9,256	95,951	105,207
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		2,137	2,137	166,756	168,893
3 0300	NEW CAP REL COSTS-BLDG & FIXT		5,939,501	5,939,501	6,720,689	12,660,190
3.01 0301	NEW CAP IMPROVEMENTS		2,768,888	2,768,888	961,861	3,730,749
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		10,282,620	10,282,620	961,585	11,244,205
5 0500	EMPLOYEE BENEFITS	203,174	17,462	220,636	2,908,448	3,129,084
6.01 0610	NONPATIENT TELEPHONES	665,825	508,955	1,174,780		1,174,780
6.02 0620	DATA PROCESSING					
6.03 0630	PURCHASING RECEIVING AND STORES					
6.04 0640	ADMITTING	1,178,477	314,532	1,493,009		1,493,009
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE					
6.06 0660	ADMINISTRATIVE AND GENERAL	2,776,417	849,187	3,625,604	-1,205,974	2,419,630
8 0800	OPERATION OF PLANT	51,929	6,529,345	6,581,274	-12,750	6,568,524
9 0900	LAUNDRY & LINEN SERVICE	765,498	-787,509	-22,011		-22,011
10 1000	HOUSEKEEPING	4,510,164	2,686,884	7,197,048		7,197,048
11 1100	DIETARY	1,672,388	742,810	2,415,198	-63,629	2,351,569
12 1200	CAFETERIA	502,500	1,253,867	1,756,367		1,756,367
14 1400	NURSING ADMINISTRATION					
17 1700	MEDICAL RECORDS & LIBRARY	2,540,862	968,111	3,508,973		3,508,973
18 1800	SOCIAL SERVICE	136,080	13,550	149,630		149,630
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD				1,089,208	1,089,208
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				1,792,871	1,792,871
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS				124,113	124,113
25 2500	ADULTS & PEDIATRICS	19,267,486	4,878,458	24,145,944	-83,059	24,062,885
26 2600	INTENSIVE CARE UNIT	5,972,624	2,541,509	8,514,133	92,897	8,607,030
27 2700	CORONARY CARE UNIT					
28 2800	BURN INTENSIVE CARE UNIT					
29 2900	SURGICAL INTENSIVE CARE UNIT					
30 2080	INTENSIVE NURSERY	1,400,340	541,500	1,941,840		1,941,840
31 3100	SUBPROVIDER	2,010,705	469,551	2,480,256	53,791	2,534,047
33 3300	NURSERY	697,245	184,565	881,810		881,810
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	4,286,217	20,777,555	25,063,772		25,063,772
37.01 3701	CARDIAC SURGERY	2,167,742	2,132,665	4,300,407		4,300,407
37.02 3702	WVSC	25,146	12,570,911	12,596,057		12,596,057
38 3800	RECOVERY ROOM	1,846,094	439,975	2,286,069		2,286,069
38.02 3802	O/P TREATMENT ROOM	2,984,432	581,863	3,566,295		3,566,295
39 3900	DELIVERY ROOM & LABOR ROOM	1,685,983	761,382	2,447,365		2,447,365
41 4100	RADIOLOGY-DIAGNOSTIC	10,593,195	5,501,404	16,094,599	-124,113	15,970,486
41.01 3230	CAT SCAN	901,531	1,228,817	2,130,348		2,130,348
41.02 3120	CARDIAC CATHORIZATION LABORATORY	624,555	23,674,371	24,298,926		24,298,926
42 4200	RADIOLOGY-THERAPEUTIC	100,365	4,458,114	4,558,479		4,558,479
43 4300	RADIOISOTOPE		1,927,900	1,927,900		1,927,900
44 4400	LABORATORY		11,806,612	11,806,612		11,806,612
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,521,766	2,521,766		2,521,766
49 4900	RESPIRATORY THERAPY	2,217,060	934,911	3,151,971		3,151,971
50 5000	PHYSICAL THERAPY	1,223,700	435,192	1,658,892		1,658,892
50.01 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	516,700	91,525	608,225	-132,630	475,595
50.02 5001	O/P PHYSICAL THERAPY	1,104,427	509,601	1,614,028		1,614,028
51 5100	OCCUPATIONAL THERAPY	985,773	405,598	1,391,371		1,391,371
52 5200	SPEECH PATHOLOGY	472,460	135,383	607,843		607,843
53 5300	ELECTROCARDIOLOGY	847,246	496,453	1,343,699		1,343,699
53.01 5301	CARDIAC REHAB	284,241	80,788	365,029		365,029
54 5400	ELECTROENCEPHALOGRAPHY	1,086,379	400,138	1,486,517		1,486,517
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,555,394	1,555,394		1,555,394
56 5600	DRUGS CHARGED TO PATIENTS	3,233,098	45,121,232	48,354,330	-2,371,978	45,982,352
59 3950	RENAL ACUTE		873,851	873,851	-189	873,662
59.01 3951	RENAL CAPD		80,845	80,845		80,845
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC					
60.01 6001	MHC	531,870	267,788	799,658		799,658
60.02 4040	FAMILY PRACTICES	3,736,957	1,291,013	5,027,970	-2,907,914	2,120,056
60.03 6002	PHYSICIANS PRACTICE	2,457,537	1,041,646	3,499,183		3,499,183
60.04 6003	RURAL HEALTH	1,797,637	663,085	2,460,722	138,853	2,599,575
60.05 6004	PATIENT NUTRITION	152,569	29,371	181,940		181,940
60.06 6005	PAIN CLINIC					
60.07 6006	WOUND CLINIC	297,781	1,051,264	1,349,045		1,349,045
61 6100	EMERGENCY	4,035,633	1,496,729	5,532,362		5,532,362
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		10,214,277	10,214,277	-10,180,551	33,726
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	94,548,042	196,569,426	291,117,468	-301,250	290,816,218
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.01 7951	RENTAL PROPERTY		98,947	98,947		98,947
100.03 7953	WELLNESS				301,250	301,250
100.06 7954	SYCAMORE SPORTS MED	277,253	61,573	338,826		338,826
101	TOTAL	94,825,295	196,729,946	291,555,241	-0-	291,555,241

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
I 15-0023 I FROM 9/ 1/2009 I WORKSHEET A
I I TO 8/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-186,544	129,527
1.01 0101	OLD CAP PHASE II	4,203	334,951
1.02 0102	OLD CAP PHASE III	1,169	286,175
1.03 0103	OLD CAP PHASE IV	-217,694	645,176
1.04 0104	OLD CAP OTHER	-63,127	111,520
1.05 0105	OLD CAP IMPROVEMENTS	-7,509	97,698
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	-83,065	85,828
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-2,771,652	9,888,538
3.01 0301	NEW CAP IMPROVEMENTS	-815,602	2,915,147
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-5,162,104	6,082,101
5 0500	EMPLOYEE BENEFITS	17,873,303	21,002,387
6.01 0610	NONPATIENT TELEPHONES	-420,304	754,476
6.02 0620	DATA PROCESSING	11,903,817	11,903,817
6.03 0630	PURCHASING RECEIVING AND STORES	1,406,362	1,406,362
6.04 0640	ADMITTING		1,493,009
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	7,229,190	7,229,190
6.06 0660	ADMINISTRATIVE AND GENERAL	14,113,207	16,532,837
8 0800	OPERATION OF PLANT	-807,109	5,761,415
9 0900	LAUNDRY & LINEN SERVICE	-5,831	-27,842
10 1000	HOUSEKEEPING	-1,058,983	6,138,065
11 1100	DIETARY	-139,154	2,212,415
12 1200	CAFETERIA	-1,138,073	618,294
14 1400	NURSING ADMINISTRATION	1,450,676	1,450,676
17 1700	MEDICAL RECORDS & LIBRARY	3,233,711	6,742,684
18 1800	SOCIAL SERVICE		149,630
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,089,208
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,792,871
24 2400	PARAMED ED PRGM-(SPECIFY)		124,113
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-883,570	23,179,315
26 2600	INTENSIVE CARE UNIT		8,607,030
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2080	INTENSIVE NURSERY	-285,282	1,656,558
31 3100	SUBPROVIDER		2,534,047
33 3300	NURSERY		881,810
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-5,028,280	20,035,492
37.01 3701	CARDIAC SURGERY	-1,743,735	2,556,672
37.02 3702	WVSC	162,948	12,759,005
38 3800	RECOVERY ROOM	22,419	2,308,488
38.02 3802	O/P TREATMENT ROOM		3,566,295
39 3900	DELIVERY ROOM & LABOR ROOM	-186,000	2,261,365
41 4100	RADIOLOGY-DIAGNOSTIC	-6,529,598	9,440,888
41.01 3230	CAT SCAN	318,901	2,449,249
41.02 3120	CARDIAC CATHORIZATION LABORATORY	392,536	24,691,462
42 4200	RADIOLOGY-THERAPEUTIC		4,558,479
43 4300	RADIOISOTOPE	82,701	2,010,601
44 4400	LABORATORY	-5,363,858	6,442,754
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,521,766
49 4900	RESPIRATORY THERAPY	-2,704	3,149,267
50 5000	PHYSICAL THERAPY	148,575	1,807,467
50.01 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		475,595
50.02 5001	O/P PHYSICAL THERAPY	93,715	1,707,743
51 5100	OCCUPATIONAL THERAPY	115,056	1,506,427
52 5200	SPEECH PATHOLOGY	53,782	661,625
53 5300	ELECTROCARDIOLOGY	-34,402	1,309,297
53.01 5301	CARDIAC REHAB	-32,663	332,366
54 5400	ELECTROENCEPHALOGRAPHY	-978,198	508,319
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-14,285	1,541,109
56 5600	DRUGS CHARGED TO PATIENTS	400,470	46,382,822
59 3950	RENAL ACUTE		873,662
59.01 3951	RENAL CAPD		80,845
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	MHC	-53,068	746,590
60.02 4040	FAMILY PRACTICES	-331,783	1,788,273
60.03 6002	PHYSICIANS PRACTICE	-2,152,152	1,347,031
60.04 6003	RURAL HEALTH	-183,681	2,415,894
60.05 6004	PATIENT NUTRITION	-7,653	174,287
60.06 6005	PAIN CLINIC		
60.07 6006	WOUND CLINIC	8,190	1,357,235
61 6100	EMERGENCY		5,532,362
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-33,726	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	22,293,542	313,109,760
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100.01 7951	RENTAL PROPERTY		98,947
100.03 7953	WELLNESS		301,250
100.06 7954	SYCAMORE SPORTS MED	-48,360	290,466
101	TOTAL	22,245,182	313,800,423

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150023	FROM 9/ 1/2009	.1/28/2011
	TO 8/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	INCREASE		
			SALARY	OTHER	
	1	2	3	4	5
1 WORKERS COMP	A	EMPLOYEE BENEFITS	5	85,893	66,126
2 RENAL DRUGS	B	DRUGS CHARGED TO PATIENTS	56		189
3 PROPERTY INSURANCE	C	OLD CAP REL COSTS-BLDG & FIXT	1		5,089
4		OLD CAP PHASE II	1.01		4,259
5		OLD CAP PHASE III	1.02		2,504
6		OLD CAP PHASE IV	1.03		7,169
7		OLD CAP OTHER	1.04		24,379
8		OLD CAP IMPROVEMENTS	1.05		15,468
9		OLD CAP REL COSTS-MVBLE EQUIP	2		5,408
10		NEW CAP REL COSTS-BLDG & FIXT	3		40,714
11		NEW CAP IMPROVEMENTS	3.01		89,287
12		NEW CAP REL COSTS-MVBLE EQUIP	4		343,924
13 PARAMED	D	PARAMED ED PRGM-(SPECIFY)	24	98,604	25,509
14 FITNESS ACTIVITY	E	EMPLOYEE BENEFITS	5	184,081	54,543
15		WELLNESS	100.03	232,392	68,858
16 CLAY CITY RURAL HEALT	F	RURAL HEALTH	60.04		59,676
17					
18					
19 CAYUGA RURAL HEALTH	G	RURAL HEALTH	60.04		1,653
20					
21					
22 CORK MEDICAL RURAL HEALTH	H	RURAL HEALTH	60.04		77,524
23					
24					
25 HOUSE NURSE ASSISTANT	I	ADULTS & PEDIATRICS	25	530,951	45,194
26		INTENSIVE CARE UNIT	26	85,610	7,287
27		SUBPROVIDER	31	49,572	4,219
28 EMPLOYEE ACCESS	J	EMPLOYEE BENEFITS	5	109,857	22,773
29 TUBE FEEDING	K	ADULTS & PEDIATRICS	25	9,666	53,963
30 INTEREST	L	OLD CAP REL COSTS-BLDG & FIXT	1		234,933
31		OLD CAP PHASE II	1.01		318,864
32		OLD CAP PHASE III	1.02		253,712
33		OLD CAP PHASE IV	1.03		784,897
34		OLD CAP OTHER	1.04		38,708
35		OLD CAP IMPROVEMENTS	1.05		80,483
1 INTEREST	L	OLD CAP REL COSTS-MVBLE EQUIP	2		161,348
2		NEW CAP REL COSTS-BLDG & FIXT	3		6,697,954
3		NEW CAP IMPROVEMENTS	3.01		933,598
4		NEW CAP REL COSTS-MVBLE EQUIP	4		676,054
5 AUTO INSURANCE	M	EMPLOYEE BENEFITS	5		1,715
6 AUTO DEPRECIATION	N	EMPLOYEE BENEFITS	5		11,293
7 FAMILY PRACTICE	O	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,016,313	72,895
8		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,104,550	688,321
9		ADMINISTRATIVE AND GENERAL	6.06	24,106	1,729
10 LOBBY PHARMACY	P	EMPLOYEE BENEFITS	5	238,334	2,133,833
36 TOTAL RECLASSIFICATIONS				3,769,929	14,116,052

(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
150023	FROM 9/ 1/2009	1/28/2011
	TO 8/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO	SALARY 8	OTHER 9	
1 WORKERS COMP	A ADMINISTRATIVE AND GENERAL	6.06	85,893	66,126	
2 RENAL DRUGS	B RENAL ACUTE	59		189	
3 PROPERTY INSURANCE	C ADMINISTRATIVE AND GENERAL	6.06		538,201	12
4					12
5					12
6					12
7					12
8					12
9					12
10					12
11					12
12					12
13 PARAMED	D RADIOLOGY-DIAGNOSTIC	41	98,604	25,509	
14 FITNESS ACTIVITY	E ADMINISTRATIVE AND GENERAL	6.06	416,473	123,401	
15					
16 CLAY CITY RURAL HEALT	F NEW CAP REL COSTS-BLDG & FIXT	3		16,686	9
17	NEW CAP IMPROVEMENTS	3.01		26,909	9
18	NEW CAP REL COSTS-MVBLE EQUIP	4		16,081	9
19 CAYUGA RURAL HEALTH	G NEW CAP REL COSTS-BLDG & FIXT	3		1,293	9
20	NEW CAP IMPROVEMENTS	3.01		34	9
21	NEW CAP REL COSTS-MVBLE EQUIP	4		326	9
22 CORK MEDICAL RURAL HEALTH	H OPERATION OF PLANT	8		12,750	9
23	NEW CAP IMPROVEMENTS	3.01		34,081	9
24	NEW CAP REL COSTS-MVBLE EQUIP	4		30,693	9
25 HOUSE NURSE ASSISTANT	I ADULTS & PEDIATRICS	25	666,133	56,700	
26					
27					
28 EMPLOYEE ACCESS	J PSYCHIATRIC/PSYCHOLOGICAL SERVICES	50.01	109,857	22,773	
29 TUBE FEEDING	K DIETARY	11	9,666	53,963	
30 INTEREST	L INTEREST EXPENSE	88		10,180,551	11
31					11
32					11
33					11
34					11
35					11
1 INTEREST	L				11
2					11
3					11
4					11
5 AUTO INSURANCE	M ADMINISTRATIVE AND GENERAL	6.06		1,715	
6 AUTO DEPRECIATION	N NEW CAP REL COSTS-MVBLE EQUIP	4		11,293	9
7 FAMILY PRACTICE	O FAMILY PRACTICES	60.02	2,144,969	762,945	
8					
9					
10 LOBBY PHARMACY	P DRUGS CHARGED TO PATIENTS	56	238,334	2,133,833	
36 TOTAL RECLASSIFICATIONS			3,769,929	14,116,052	

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	3,503,365					3,503,365	
2	LAND IMPROVEMENTS	1,742,218				782	1,741,436	
3	BUILDINGS & FIXTURE	30,205,896					30,205,896	
4	BUILDING IMPROVEMEN	7,088,924					7,088,924	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	12,721,973				5,560,090	7,161,883	
7	SUBTOTAL	55,262,376				5,560,872	49,701,504	
8	RECONCILING ITEMS							
9	TOTAL	55,262,376				5,560,872	49,701,504	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	12,207,768	432,999		432,999	9,800	12,630,967	
2	LAND IMPROVEMENTS	8,891,869	7,509,700		7,509,700	46,628	16,354,941	
3	BUILDINGS & FIXTURE	69,147,163	153,216,741		153,216,741	155,200	222,208,704	
4	BUILDING IMPROVEMEN	32,896,926	1,687,654		1,687,654	807,651	33,776,929	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	73,966,684	28,123,611		28,123,611	5,935,129	96,155,166	
7	SUBTOTAL	197,110,410	190,970,705		190,970,705	6,954,408	381,126,707	
8	RECONCILING ITEMS							
9	TOTAL	197,110,410	190,970,705		190,970,705	6,954,408	381,126,707	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	GROSS ASSETS	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		LEASES	CAPITIALIZED GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
	1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP PHASE II							
1 02	OLD CAP PHASE III							
1 03	OLD CAP PHASE IV							
1 04	OLD CAP OTHER							
1 05	OLD CAP IMPROVEMENTS							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP IMPROVEMENTS							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.00000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
						RELATED COST	
	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	-109,746	234,184	5,089			129,527
1 01	OLD CAP PHASE II	13,434	317,258	4,259			334,951
1 02	OLD CAP PHASE III	31,161	252,510	2,504			286,175
1 03	OLD CAP PHASE IV	-144,370	782,377	7,169			645,176
1 04	OLD CAP OTHER	48,433	38,708	24,379			111,520
1 05	OLD CAP IMPROVEMENTS	1,747	80,483	15,468			97,698
2	OLD CAP REL COSTS-MV	-69,514	149,934	5,408			85,828
3	NEW CAP REL COSTS-BL	3,149,870	6,697,954	40,714			9,888,538
3 01	NEW CAP IMPROVEMENTS	1,922,821	903,039	89,287			2,915,147
4	NEW CAP REL COSTS-MV	5,096,421	641,756	343,924			6,082,101
5	TOTAL	9,940,257	10,098,203	538,201			20,576,661

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
						RELATED COST	
	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	76,049					76,049
1 01	OLD CAP PHASE II	7,625					7,625
1 02	OLD CAP PHASE III	28,790					28,790
1 03	OLD CAP PHASE IV	70,804					70,804
1 04	OLD CAP OTHER	111,560					111,560
1 05	OLD CAP IMPROVEMENTS	9,256					9,256
2	OLD CAP REL COSTS-MV	2,137					2,137
3	NEW CAP REL COSTS-BL	5,939,501					5,939,501
3 01	NEW CAP IMPROVEMENTS	2,768,888					2,768,888
4	NEW CAP REL COSTS-MV	10,282,620					10,282,620
5	TOTAL	19,297,230					19,297,230

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0023
I

I PERIOD:
I FROM 9/ 1/2009 I PREPARED 1/28/2011
I TO 8/31/2010 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-19,628	PURCHASING RECEIVING AND	6.03	
7 REFUNDS AND REBATES OF EXPENSES	B	-76,222	PURCHASING RECEIVING AND	6.03	
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-29,407	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-19,018,639			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	48,268,058			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-981,931	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	A	-15,160	DRUGS CHARGED TO PATIENTS	56	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-14,055	MEDICAL SUPPLIES CHARGED	55	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-17,466	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	A	-11,623	OPERATION OF PLANT	8	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 TELEPHONE DEPRECIATION	A	-32,550	NEW CAP REL COSTS-MVBLE E	4	9
38 VENDING HOUSEKEEPING	A	-20,551	HOUSEKEEPING	10	
39 MEALS SOLD	B	-43,571	DIETARY	11	
40 VISITORS MEALS	A	-334,503	CAFETERIA	12	
41 ACCELERATED DEPRECIATION	A	-22,397	OLD CAP REL COSTS-BLDG &	1	9
42 LAB - PHASE I	B	-172,569	OLD CAP REL COSTS-BLDG &	1	9
43 LAB - ADMINISTRATION	B	-578	ADMINISTRATIVE AND GENERA	6.06	
44 LAB - LAUNDRY	B	-5,831	LAUNDRY & LINEN SERVICE	9	
45 LAB - HOUSEKEEPING	B	-92,720	HOUSEKEEPING	10	
46 LAB - OPERATION OF PLANT	B	-253,626	OPERATION OF PLANT	8	
47 EMPLOYEE X-RAY	B	-58,219	EMPLOYEE BENEFITS	5	
48 CRNA	A	-186,000	DELIVERY ROOM & LABOR ROO	39	
49 HAMILTON CENTER OPERATION OF PLANT	A	-86,523	OPERATION OF PLANT	8	
49.01 HAMILTON CENTER SUPPLIES	A	-36	MEDICAL SUPPLIES CHARGED	55	
49.02 HAMILTON CENTER NUTRITION	A	-224,853	DIETARY	11	
49.03 FITNESS ACTIVITY	B	-208,914	EMPLOYEE BENEFITS	5	
49.04 OTHER INTEREST	B	-749	OLD CAP REL COSTS-BLDG &	1	11
49.05 OTHER INTEREST	B	-1,606	OLD CAP PHASE II	1.01	11
49.06 OTHER INTEREST	B	-1,202	OLD CAP PHASE III	1.02	11
49.07 OTHER INTEREST	B	-2,520	OLD CAP PHASE IV	1.03	11
49.08 OTHER INTEREST	B	-10,318	NEW CAP IMPROVEMENTS	3.01	11
49.09 OTHER INTEREST	B	-20,241	NEW CAP IMPROVEMENTS	3.01	11
49.10 OTHER INTEREST	B	-11,414	OLD CAP REL COSTS-MVBLE E	2	11
49.11 OTHER INTEREST	B	-34,298	NEW CAP REL COSTS-MVBLE E	4	11
49.12 MISCELLANEOUS	B	-123,132	ADMINISTRATIVE AND GENERA	6.06	
49.13 MISCELLANEOUS	B	-11,526	MEDICAL RECORDS & LIBRARY	17	
49.14 MISCELLANEOUS	B	-7,150	PATIENT NUTRITION	60.05	
49.15 MISCELLANEOUS	B	-25,925	RADIOLOGY-DIAGNOSTIC	41	
49.16 MISCELLANEOUS	B	-9,537	HOUSEKEEPING	10	
49.17 MISCELLANEOUS	B	-10,817	NEW CAP REL COSTS-MVBLE E	4	9
49.18 MISCELLANEOUS	B	-194	MEDICAL SUPPLIES CHARGED	55	
49.19 MISCELLANEOUS	B	-1,140	ELECTROENCEPHALOGRAPHY	54	
49.20 MISCELLANEOUS	B	-21,385	NONPATIENT TELEPHONES	6.01	
49.21 MISCELLANEOUS	B	-44,576	FAMILY PRACTICES	60.02	
49.22 MISCELLANEOUS	B	-14,200	PHYSICIANS PRACTICE	60.03	
49.23 FRESNIUS REVENUE	B	-34,627	OPERATION OF PLANT	8	
49.24 CATERING	B	-11,225	CAFETERIA	12	
49.25 BOND ISSUE	B	-33,726	INTEREST EXPENSE	88	
49.26 MANAGEMENT SERVICES	B	-13,200	ADMINISTRATIVE AND GENERA	6.06	
49.27 PHYSICIAN MEALS	B	-5,235	CAFETERIA	12	
49.28 EMPLOYEE BENEFITS	A	-140,949	EMPLOYEE BENEFITS	5	
49.29 OTHER RENTAL	B	-33,967	OPERATION OF PLANT	8	
49.30 COH INVESTMENT	B	24,345	ADMINISTRATIVE AND GENERA	6.06	
49.31 LOSS - EARLY EXTNG DEBT	A	4,274	OLD CAP REL COSTS-BLDG &	1	9
49.32 LOSS - EARLY EXTNG DEBT	A	5,809	OLD CAP PHASE II	1.01	9
49.33 LOSS - EARLY EXTNG DEBT	A	4,621	OLD CAP PHASE III	1.02	9
49.34 LOSS - EARLY EXTNG DEBT	A	14,292	OLD CAP PHASE IV	1.03	9
49.35 LOSS - EARLY EXTNG DEBT	A	704	OLD CAP OTHER	1.04	9
49.36 SYCAMORE SPORTS MEDICINE	B	-48,360	SYCAMORE SPORTS MED	100.06	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET A-8
 I I TO 8/31/2010 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	AMOUNT	COST CENTER	LINE NO		
49.37 LOBBY PHARMACY	B	-626,892	EMPLOYEE BENEFITS	5		
49.38 LOBBYING COSTS	A	-8,519	ADMINISTRATIVE AND GENERA	6.06		
49.39 AP&S REVENUE	B	-65,590	NONPATIENT TELEPHONES	6.01		
49.40 AP&S REVENUE	B	-571,790	NEW CAP REL COSTS-BLDG &	3		9
49.41 AP&S REVENUE	B	-2,015	HOUSEKEEPING	10		
49.42 AP&S REVENUE	B	-314,150	DATA PROCESSING	6.02		
49.43 AP&S REVENUE	B	-3,677	ADMINISTRATIVE AND GENERA	6.06		
49.44 COH REVENUE	B	-56,191	NEW CAP IMPROVEMENTS	3.01		9
49.45 COH REVENUE	B	-4,650	NONPATIENT TELEPHONES	6.01		
49.46 PHYSICIAN RENTAL	A	-34,685	OLD CAP OTHER	1.04		9
49.47 PHYSICIAN RENTAL	A	-833,361	NEW CAP REL COSTS-BLDG &	3		9
49.48 PHYSICIAN RENTAL	A	-631,080	OPERATION OF PLANT	8		
49.49 ACCELERATED DEPRECIATION	B	-326,007	NEW CAP IMPROVEMENTS	3.01		9
49.50 ACCELERATED DEPRECIATION	B	-3,033	NEW CAP REL COSTS-MVBLE E	4		9
49.51 ACCELERATED DEPRECIATION	B	5,510	OLD CAP REL COSTS-BLDG &	1		9
49.52						
49.53						
49.54						
49.55						
49.56						
49.57						
49.58						
49.59						
49.60						
50 TOTAL (SUM OF LINES 1 THRU 49)		22,245,182				

- (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	8	OPERATION OF PLANT		25,137	-19,070	
		NORTH 4TH STREET	6,067			
2	43	RADIOISOTOPE		1,927,900	82,701	
		LAB	2,010,601			
3	44	LABORATORY		11,136,612	-5,200,396	
		LAB	5,936,216			
4	6	5 CASHIERING/ACCOUNTS RECEI		26,474	-8,273	
		MSB	18,201			
4.01	8	OPERATION OF PLANT		15,217	-4,755	
		MSB	10,462			
4.02	10	HOUSEKEEPING		934,160	-934,160	
		HOME OFFICE				
4.03	6	1 NONPATIENT TELEPHONES		299,272	-299,272	
		HOME OFFICE				
4.04	8	OPERATION OF PLANT		752,098	-752,098	
		HOME OFFICE				
4.05	1	OLD CAP REL COSTS-BLDG &		613	-613	9
		HOME OFFICE				
4.06	1	2 OLD CAP PHASE III		2,250	-2,250	9
		HOME OFFICE				
4.07	1	3 OLD CAP PHASE IV		229,466	-229,466	9
		HOME OFFICE				
4.08	1	4 OLD CAP OTHER		29,146	-29,146	9
		HOME OFFICE				
4.09	1	5 OLD CAP IMPROVEMENTS		7,509	-7,509	9
		HOME OFFICE				
4.10	2	OLD CAP REL COSTS-MVBLE E		71,651	-71,651	9
		HOME OFFICE				
4.11	3	NEW CAP REL COSTS-BLDG &		1,366,501	-1,366,501	9
		HOME OFFICE				
4.12	3	1 NEW CAP IMPROVEMENTS		402,845	-402,845	9
		HOME OFFICE				
4.13	4	NEW CAP REL COSTS-MVBLE E		5,081,406	-5,081,406	9
		HOME OFFICE				
4.14	37	OPERATING ROOM	265,840		265,840	
		HOME OFFICE				
4.15	37	1 CARDIAC SURGERY	22,419		22,419	
		HOME OFFICE				
4.16	37	2 WVSC	162,948		162,948	
		HOME OFFICE				
4.17	38	RECOVERY ROOM	22,419		22,419	
		HOME OFFICE				
4.18	60	7 WOUND CLINIC	8,190		8,190	
		HOME OFFICE				
4.19	41	RADIOLOGY-DIAGNOSTIC	261,242		261,242	
		HOME OFFICE				
4.20	41	1 CAT SCAN	318,901		318,901	
		HOME OFFICE				
4.21	50	PHYSICAL THERAPY	148,575		148,575	
		HOME OFFICE				
4.22	50	2 O/P PHYSICAL THERAPY	93,715		93,715	
		HOME OFFICE				
4.23	51	OCCUPATIONAL THERAPY	115,056		115,056	
		HOME OFFICE				
4.24	52	SPEECH PATHOLOGY	53,782		53,782	
		HOME OFFICE				
4.25	41	2 CARDIAC CATHERIZATION LAB	392,536		392,536	
		HOME OFFICE				
4.26	53	ELECTROCARDIOLOGY	57,706		57,706	
		HOME OFFICE				
4.27	53	1 CARDIAC REHAB	4,587		4,587	
		HOME OFFICE				
4.28	54	ELECTROENCEPHALOGRAPHY	10,239		10,239	
		HOME OFFICE				
4.29	56	DRUGS CHARGED TO PATIENTS	415,630		415,630	
		HOME OFFICE				
4.30	8	OPERATION OF PLANT	1,020,260		1,020,260	
		HOME OFFICE				
4.31	11	DIETARY	129,270		129,270	
		HOME OFFICE				
4.32	12	CAFETERIA	194,821		194,821	
		HOME OFFICE				
4.33	6	3 PURCHASING RECEIVING AND	1,502,212		1,502,212	
		HOME OFFICE				
4.34	6	2 DATA PROCESSING	12,217,967		12,217,967	
		HOME OFFICE				
4.35	14	NURSING ADMINISTRATION	1,450,676		1,450,676	
		HOME OFFICE				
4.36	5	EMPLOYEE BENEFITS	18,908,277		18,908,277	
		HOME OFFICE				
4.37	17	MEDICAL RECORDS & LIBRARY	3,262,703		3,262,703	
		HOME OFFICE				
4.38	6	5 CASHIERING/ACCOUNTS RECEI	7,237,463		7,237,463	
		HOME OFFICE				
4.39	6	6 ADMINISTRATIVE AND GENERA	14,317,334		14,317,334	
		HOME OFFICE				
5		TOTALS	70,576,315	22,308,257	48,268,058	

* 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		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G UH FOUNDATION	0.00		0.00	MSB
2	G TH MEDICAL LAB	0.00		0.00	LAB
3	G UNION HOSPITAL, INC	0.00		0.00	HOME OFFICE
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.
 FOUNDATION, THML, HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET A-8-2
 I I TO 8/31/2010 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
1 25	ADULTS & PEDIATRICS	900,000	850,000	50,000	136,700	250	16,430	822
2 30	INTENSIVE NURSERY	285,282	285,282					
3 31	SUBPROVIDER	97,500		97,500	171,400	1,200	98,885	4,944
4 37	OPERATING ROOM	5,317,670	5,281,670	36,000	204,100	240	23,550	1,178
5 37 1	CARDIAC SURGERY	418,931	418,931					
6 37 1	CARDIAC SURGERY	1,347,223	1,347,223		204,100			
7 41	RADIOLOGY-DIAGNOSTIC	45,000		45,000	231,100	175	19,444	972
8 41	RADIOLOGY-DIAGNOSTIC	6,766,024	6,718,024	48,000	231,100	240	26,665	1,333
9 44	LABORATORY	670,000		670,000	219,500	4,800	506,538	25,327
10 49	RESPIRATORY THERAPY	6,000		6,000	171,400	40	3,296	165
11 53	ELECTROCARDIOLOGY	94,745	91,545	3,200	171,400	32	2,637	132
12 54	ELECTROENCEPHALOGRAPHY	164,901	164,901					
13 54	ELECTROENCEPHALOGRAPHY	822,396	822,396					
14 53 1	CARDIAC REHAB	37,250	37,250					
15 60 2	FAMILY PRACTICES	978,437		978,437	136,700	10,838	712,286	35,614
16 60 1	MHC	66,804	50,000	16,804	136,700	209	13,736	687
17 60 5	PATIENT NUTRITION	750		750	171,400	3	247	12
18 60 3	PHYSICIANS PRACTICE	2,137,952	2,137,952					
19 60 4	RURAL HEALTH	212,522	179,023	33,499	171,400	350	28,841	1,442
20 6 6	ADMINISTRATIVE AND GENERA	27,909		27,909	171,400	244	20,107	1,005
21 60 2	FAMILY PRACTICES	22,896		22,896	136,700	199	13,078	654
22 60 2	FAMILY PRACTICES	162,265		162,265	136,700	2,298	151,027	7,551
23 6 6	ADMINISTRATIVE AND GENERA	73,810		73,810	171,400	835	68,807	3,440
24 6 6	ADMINISTRATIVE AND GENERA	80,712		80,712	171,400	617	50,843	2,542
25 6 6	ADMINISTRATIVE AND GENERA	195,567		195,567	171,400	1,928	158,875	7,944
26								
27								
28								
29								
30								
101	TOTAL	20,932,546	18,384,197	2,548,349		24,498	1,915,292	95,764

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET A-8-2
 I I TO 8/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					16,430	33,570	883,570
2 30	INTENSIVE NURSERY							418,931
3 31	SUBPROVIDER					98,885		285,282
4 37	OPERATING ROOM					23,550	12,450	5,294,120
5 37 1	CARDIAC SURGERY							418,931
6 37 1	CARDIAC SURGERY							1,347,223
7 41	RADIOLOGY-DIAGNOSTIC					19,444	25,556	25,556
8 41	RADIOLOGY-DIAGNOSTIC					26,665	21,335	6,739,359
9 44	LABORATORY					506,538	163,462	163,462
10 49	RESPIRATORY THERAPY					3,296	2,704	2,704
11 53	ELECTROCARDIOLOGY					2,637	563	92,108
12 54	ELECTROENCEPHALOGRAPHY							164,901
13 54	ELECTROENCEPHALOGRAPHY							822,396
14 53 1	CARDIAC REHAB							37,250
15 60 2	FAMILY PRACTICES					712,286	266,151	266,151
16 60 1	MHC					13,736	3,068	53,068
17 60 5	PATIENT NUTRITION					247	503	503
18 60 3	PHYSICIANS PRACTICE							2,137,952
19 60 4	RURAL HEALTH					28,841	4,658	183,681
20 6 6	ADMINISTRATIVE AND GENERA					20,107	7,802	7,802
21 60 2	FAMILY PRACTICES					13,078	9,818	9,818
22 60 2	FAMILY PRACTICES					151,027	11,238	11,238
23 6 6	ADMINISTRATIVE AND GENERA					68,807	5,003	5,003
24 6 6	ADMINISTRATIVE AND GENERA					50,843	29,869	29,869
25 6 6	ADMINISTRATIVE AND GENERA					158,875	36,692	36,692
26								
27								
28								
29								
30								
101	TOTAL					1,915,292	634,442	19,018,639

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP PHASE II	OLD CAP PHASE III	OLD CAP PHASE IV	OLD CAP OTHER	OLD CAP IMPROVEMENTS
		0	1	1.01	1.02	1.03	1.04	1.05
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &	129,527	129,527					
001 01	OLD CAP PHASE II	334,951		334,951				
001 02	OLD CAP PHASE III	286,175			286,175			
001 03	OLD CAP PHASE IV	645,176				645,176		
001 04	OLD CAP OTHER	111,520					111,520	
001 05	OLD CAP IMPROVEMENTS	97,698						97,698
002	OLD CAP REL COSTS-MVBLE E	85,828						
003	NEW CAP REL COSTS-BLDG &	9,888,538						
003 01	NEW CAP IMPROVEMENTS	2,915,147						
004	NEW CAP REL COSTS-MVBLE E	6,082,101						
005	EMPLOYEE BENEFITS	21,002,387						
006 01	NONPATIENT TELEPHONES	754,476						
006 02	DATA PROCESSING	11,903,817						
006 03	PURCHASING RECEIVING AND	1,406,362						
006 04	ADMITTING	1,493,009	922				370	324
006 05	CASHIERING/ACCOUNTS RECEI	7,229,190						
006 06	ADMINISTRATIVE AND GENERA	16,532,837	449			21,700	667	584
008	OPERATION OF PLANT	5,761,415	67,076	127,116	76,668	230,222	47,034	41,204
009	LAUNDRY & LINEN SERVICE	-27,842	7,617				3,054	2,676
010	HOUSEKEEPING	6,138,065	3,592			50,943	2,584	2,264
011	DIETARY	2,212,415	4,039			10,111	1,846	1,617
012	CAFETERIA	618,294	1,677				672	589
014	NURSING ADMINISTRATION	1,450,676						
017	MEDICAL RECORDS & LIBRARY	6,742,684						
018	SOCIAL SERVICE	149,630	249				100	88
022	I&R SERVICES-SALARY & FRI	1,089,208						
023	I&R SERVICES-OTHER PRGM C	1,792,871						
024	PARAMED ED PRGM-(SPECIFY)	124,113						
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	23,179,315	24,727	103,410	36,353		20,351	17,829
026	INTENSIVE CARE UNIT	8,607,030	128	31,250			2,469	2,163
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	INTENSIVE NURSERY	1,656,558		6,330			490	429
031	SUBPROVIDER	2,534,047	351		122,015		8,327	7,295
033	NURSERY	881,810		20,897			1,616	1,416
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	20,035,492	8,456		7,602	1,795	3,941	3,452
037 01	CARDIAC SURGERY	2,556,672						
037 02	WVSC	12,759,005						
038	RECOVERY ROOM	2,308,488	800				321	281
038 02	O/P TREATMENT ROOM	3,566,295			43,537		2,921	2,559
039	DELIVERY ROOM & LABOR ROO	2,261,365		40,224			3,111	2,726
041	RADIOLOGY-DIAGNOSTIC	9,440,888	3,505			20,064	1,855	1,626
041 01	CAT SCAN	2,449,249	383			2,454	209	183
041 02	CARDIAC CATHERIZATION LAB	24,691,462	2,769				1,110	973
042	RADIOLOGY-THERAPEUTIC	4,558,479						
043	RADIOISOTOPE	2,010,601						
044	LABORATORY	6,442,754						
046	WHOLE BLOOD & PACKED RED	2,521,766						
049	RESPIRATORY THERAPY	3,149,267	581	5,724			676	592
050	PHYSICAL THERAPY	1,807,467				28,494	640	560
050 01	PSYCHIATRIC/PSYCHOLOGICAL	475,595						
050 02	O/P PHYSICAL THERAPY	1,707,743						
051	OCCUPATIONAL THERAPY	1,506,427				28,471	639	560
052	SPEECH PATHOLOGY	661,625				28,471	639	560
053	ELECTROCARDIOLOGY	1,309,297				29,653	666	583
053 01	CARDIAC REHAB	332,366						
054	ELECTROENCEPHALOGRAPHY	508,319				34,197	768	672
055	MEDICAL SUPPLIES CHARGED	1,541,109	1,444			10,134	806	706
056	DRUGS CHARGED TO PATIENTS	46,382,822				64,758	1,454	1,273
059	RENAL ACUTE	873,662						
059 01	RENAL CAPD	80,845						
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060 01	MHC	746,590						
060 02	FAMILY PRACTICES	1,788,273	477				191	168
060 03	PHYSICIANS PRACTICE	1,347,031						
060 04	RURAL HEALTH	2,415,894						
060 05	PATIENT NUTRITION	174,287						
060 06	PAIN CLINIC							
060 07	WOUND CLINIC	1,357,235						
061	EMERGENCY	5,532,362	285			57,419	1,403	1,229
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	313,109,760	129,527	334,951	286,175	618,886	110,930	97,181
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					26,290	590	517
100 01	RENTAL PROPERTY	98,947						
100 03	WELLNESS	301,250						
100 06	SYCAMORE SPORTS MED	290,466						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	313,800,423	129,527	334,951	286,175	645,176	111,520	97,698

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	2	3	3.01	4	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP PHASE II							
001 03 OLD CAP PHASE III							
001 04 OLD CAP PHASE IV							
001 05 OLD CAP OTHER							
002 OLD CAP REL COSTS-MVBLE E	85,828						
003 NEW CAP REL COSTS-BLDG &		9,888,538					
003 01 NEW CAP IMPROVEMENTS			2,915,147				
004 NEW CAP REL COSTS-MVBLE E				6,082,101			
005 EMPLOYEE BENEFITS					21,002,387		
006 01 NONPATIENT TELEPHONES		10,703	3,155	246,657	148,759	1,163,750	
006 02 DATA PROCESSING							11,903,817
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING		24,191	7,132	3,438	263,295	24,960	216,187
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA		462,351	136,301	45,640	513,454	63,439	513,445
008 OPERATION OF PLANT	73,220	3,633,520	1,071,168	157,033	11,602	55,120	
009 LAUNDRY & LINEN SERVICE				75,876	171,028	8,320	67,559
010 HOUSEKEEPING		8,047	2,372	150,516	1,007,661	11,440	135,117
011 DIETARY	2,728	113,657	33,506	121,533	371,485	35,360	243,211
012 CAFETERIA		91,144	26,869	12,129	112,269		40,535
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY		128,987	38,025	181,057	567,679	39,520	1,053,913
018 SOCIAL SERVICE					30,403	2,080	27,023
022 I&R SERVICES-SALARY & FRI					227,065		
023 I&R SERVICES-OTHER PRGM C					246,779		
024 PARAMED ED PRGM-(SPECIFY)					22,030		
025 ADULTS & PEDIATRICS		1,534,807	452,462	448,335	4,276,721	206,954	1,810,568
026 INTENSIVE CARE UNIT		238,050	70,177	452,057	1,353,531	32,240	256,723
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY				124,288	312,864	13,520	81,070
031 SUBPROVIDER				32,389	460,307	36,400	526,957
033 NURSERY				6,396	155,778	9,360	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		463,247	136,566	857,485	957,627	86,319	783,679
037 02 CARDIAC SURGERY		7,135	2,103	101,464	484,317	9,360	
037 03 WVSC		489,165	144,206	727,634	5,618		
038 RECOVERY ROOM		38,966	11,487	71,576	412,454	19,760	256,723
038 02 O/P TREATMENT ROOM				52,249	666,782	13,520	108,094
039 DELIVERY ROOM & LABOR ROO		60,356	17,793	149,331	376,682	18,720	54,047
041 RADIOLOGY-DIAGNOSTIC		480,971	141,791	918,043	2,344,702	86,319	851,238
041 01 CAT SCAN		22,497	6,632	10,336	201,420	7,280	
041 02 CARDIAC CATHERIZATION LAB		70,374	20,746	114,409	139,538	14,560	27,023
042 RADIOLOGY-THERAPEUTIC		391,717	115,478	224,599	22,424	52,000	324,281
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		8,373	2,468	59,035	495,336	14,560	108,094
050 PHYSICAL THERAPY		104,176	30,711	22,864	273,399	23,920	81,070
050 01 PSYCHIATRIC/PSYCHOLOGICAL		19,630	5,787	3,236	90,897	11,440	54,047
050 02 O/P PHYSICAL THERAPY	2,212			48,766	246,751	5,200	310,769
051 OCCUPATIONAL THERAPY		62,506	18,427	5,285	220,241	7,280	
052 SPEECH PATHOLOGY		33,477	9,869	734	105,557	2,080	13,512
053 ELECTROCARDIOLOGY				46,999	189,292	6,240	162,141
053 01 CARDIAC REHAB		234,580	69,154	25,054	63,505	7,280	54,047
054 ELECTROENCEPHALOGRAPHY				19,285	242,719	20,800	
055 MEDICAL SUPPLIES CHARGED	7,668	59,150	17,437	54,902		16,640	
056 DRUGS CHARGED TO PATIENTS		35,578	10,488	85,543	669,090	39,520	148,629
059 RENAL ACUTE						2,080	
059 01 RENAL CAPD							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 MHC		53,644	15,814	9,221	118,830	1,040	243,211
060 03 FAMILY PRACTICES		415,093	122,370	106,884	355,682	48,880	1,121,472
060 04 PHYSICIANS PRACTICE		128,938	38,011	31,496	549,063	32,240	662,074
060 05 RURAL HEALTH		102,661	30,265	15,005	401,628	1,040	932,308
060 06 PATIENT NUTRITION		14,564	4,293	1,180	34,087		40,535
060 07 PAIN CLINIC							
060 08 WOUND CLINIC		52,585	15,502	15,803	66,530	9,360	
061 EMERGENCY		293,698	86,582	244,626	901,641	67,599	594,515
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	85,828	9,888,538	2,915,147	6,080,388	20,888,522	1,163,750	11,903,817
096 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP							
100 02 RENTAL PROPERTY				1,688			
100 03 WELLNESS					51,921		
100 06 SYCAMORE SPORTS MED				25	61,944		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	85,828	9,888,538	2,915,147	6,082,101	21,002,387	1,163,750	11,903,817

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6a.05	6.06	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG & IMPROVEMENTS							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND	1,406,362						
006 04 ADMITTING	417	2,034,245					
006 05 CASHIERING/ACCOUNTS RECEI			7,229,190				
006 06 ADMINISTRATIVE AND GENERAL OPERATION OF PLANT	94			18,290,961	18,290,961		
008 LAUNDRY & LINEN SERVICE	59			11,352,457	702,672	12,055,129	
009 HOUSEKEEPING	2,140			310,428	19,214	161,194	490,836
010 DIETARY	17,980			7,530,581	466,113	149,673	814
011 CAFETERIA	2,203			3,153,711	195,202	285,267	
012 NURSING ADMINISTRATION				904,178	55,965	186,095	
014 MEDICAL RECORDS & LIBRARY	135			1,450,676	89,791		
018 SOCIAL SERVICE	19			8,752,000	541,714	213,149	
022 I&R SERVICES-SALARY & FRI				209,592	12,973	5,276	
023 I&R SERVICES-OTHER PRGM C				1,316,273	81,472		
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS				2,039,650	126,246		
025 ADULTS & PEDIATRICS	148,660	140,077	497,899	32,898,468	2,036,284	3,610,402	190,524
026 INTENSIVE CARE UNIT	67,358	46,697	165,984	11,325,857	701,025	523,667	34,248
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	6,017	18,695	66,450	2,286,711	141,538	25,843	3,527
031 SUBPROVIDER	8,773	10,687	37,988	3,785,536	234,310	439,489	15,772
033 NURSERY	3,095	6,969	24,770	1,112,107	68,835	85,308	4,055
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	831,050	263,808	937,699	25,378,218	1,570,810	973,493	38,756
037 01 CARDIAC SURGERY	134,779	22,244	79,066	3,397,140	210,269	11,791	43
037 02 WVSC	2,743	161,686	574,708	14,864,765	920,069		
038 RECOVERY ROOM	20,200	22,244	79,064	3,242,364	200,689	81,324	22,026
038 02 O/P TREATMENT ROOM	20,597	10,524	37,408	4,524,486	280,048	154,168	34,301
039 DELIVERY ROOM & LABOR ROO	23,710	21,458	76,270	3,105,793	192,236	263,947	17,823
041 RADIOLOGY-DIAGNOSTIC	7,958	105,340	374,429	14,778,729	914,744	892,734	26,774
041 01 CAT SCAN	14,067	110,112	391,389	3,216,211	199,071	48,186	15
041 02 CARDIAC CATHERIZATION LAB	4,236	194,331	690,745	25,972,276	1,607,580	174,897	5,831
042 RADIOLOGY-THERAPEUTIC	293	46,984	167,005	5,903,260	365,388	647,308	9,321
043 RADIOISOTOPE		17,862	63,490	2,091,953	129,484		
044 LABORATORY		130,263	463,017	7,036,034	435,502		
046 WHOLE BLOOD & PACKED RED		9,803	34,844	2,566,413	158,851		
049 RESPIRATORY THERAPY	11,281	24,542	87,234	3,967,763	245,589	49,505	
050 PHYSICAL THERAPY	387	14,671	52,146	2,440,505	151,057	205,908	717
050 01 PSYCHIATRIC/PSYCHOLOGICAL	30			660,662	40,892	32,438	
050 02 O/P PHYSICAL THERAPY	646	9,255	32,897	2,364,239	146,337		11,685
051 OCCUPATIONAL THERAPY	68	11,362	40,388	1,901,654	117,705	137,021	1,093
052 SPEECH PATHOLOGY		5,310	18,876	880,710	54,512	89,050	
053 ELECTROCARDIOLOGY	1,846	28,570	101,553	1,876,840	116,169	35,130	3,043
053 01 CARDIAC REHAB	380	2,280	8,102	796,748	49,316	387,642	209
054 ELECTROENCEPHALOGRAPHY	143	5,072	18,028	850,003	52,612	40,514	1,102
055 MEDICAL SUPPLIES CHARGED	2,113	15,861	56,378	1,784,348	110,444	140,305	
056 DRUGS CHARGED TO PATIENTS	4,740	435,953	1,548,106	49,427,954	3,059,500	135,513	
059 RENAL ACUTE	1,692	4,702	16,712	898,848	55,635		76
059 01 RENAL CAPD		265	942	82,052	5,079		
060 OUTPAT SERVICE COST CNTRS CLINIC							
060 01 MHC	454			1,188,804	73,582	88,646	373
060 02 FAMILY PRACTICES	1,048			3,960,538	245,141	696,033	371
060 03 PHYSICIANS PRACTICE	2,423			2,791,276	172,769	213,069	689
060 04 RURAL HEALTH	1,534			3,900,335	241,415	169,647	79
060 05 PATIENT NUTRITION	12	447	1,588	270,993	16,773	24,066	
060 06 PAIN CLINIC							
060 07 WOUND CLINIC	4,263	8,133	28,909	1,558,320	96,454	86,896	1,574
061 EMERGENCY	56,714	128,038	455,106	8,421,217	521,240	559,389	65,995
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	1,406,357	2,034,245	7,229,190	312,966,780	18,239,362	12,023,983	490,836
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				27,397	1,696	31,146	
100 01 RENTAL PROPERTY	5			100,640	6,229		
100 03 WELLNESS				353,171	21,860		
100 06 SYCAMORE SPORTS MED				352,435	21,814		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,406,362	2,034,245	7,229,190	313,800,423	18,290,961	12,055,129	490,836

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	10	11	12	14	17	18	22
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS--BLDG &							
001 02 OLD CAP PHASE II							
001 03 OLD CAP PHASE III							
001 04 OLD CAP PHASE IV							
001 05 OLD CAP OTHER							
002 OLD CAP IMPROVEMENTS							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	8,147,181						
011 DIETARY	197,894	3,832,074					
012 CAFETERIA	129,097		1,275,335				
014 NURSING ADMINISTRATION				1,540,467			
017 MEDICAL RECORDS & LIBRARY	147,865		65,955		9,720,683		
018 SOCIAL SERVICE	3,660		2,168			233,669	
022 I&R SERVICES-SALARY & FRI							1,397,745
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,504,594	2,848,857	376,945	574,351	916,116	120,190	535,337
026 INTENSIVE CARE UNIT	363,276	452,360	103,938	158,372	275,861	14,337	34,944
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	17,928		20,850	31,769	110,630	26,743	32,148
031 SUBPROVIDER	304,881	261,936	37,467	57,089	63,301	102	
033 NURSERY	59,180		12,076	18,401	41,167	11,694	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	675,328	34,667	81,747	122,986	1,558,384		55,910
037 01 CARDIAC SURGERY	8,179		15,482	23,591	131,406		
037 02 WVSC			723	1,101	955,150		
038 RECOVERY ROOM	56,416		30,965	47,181	131,403		
038 02 O/P TREATMENT ROOM	106,949	234,254	57,078	86,971	94,866	25,523	
039 DELIVERY ROOM & LABOR ROO	183,104		28,797	43,879	126,759	508	156,547
041 RADIOLOGY-DIAGNOSTIC	619,304		84,327		617,254		23,762
041 01 CAT SCAN	33,427		13,418		650,478		
041 02 CARDIAC CATHERIZATION LAB	121,329		5,470	8,335	1,147,999	203	
042 RADIOLOGY-THERAPEUTIC	449,048		1,032		277,558	712	
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	34,342		37,467	57,089	144,981		
050 PHYSICAL THERAPY	142,842		15,173	30,511	86,665		
050 01 PSYCHIATRIC/PSYCHOLOGICAL	22,503		4,232	10,694			
050 02 O/P PHYSICAL THERAPY			17,237	26,264	54,674		4,193
051 OCCUPATIONAL THERAPY	95,053		14,347	24,534	67,123		
052 SPEECH PATHOLOGY	61,775		6,193	10,223	31,371		
053 ELECTROCARDIOLOGY	24,370		14,966		168,778		
053 01 CARDIAC REHAB	268,913		5,058	7,706	13,466		
054 ELECTROENCEPHALOGRAPHY	28,105		6,193		29,962		
055 MEDICAL SUPPLIES CHARGED	97,332						
056 DRUGS CHARGED TO PATIENTS	94,008		46,034	62,594	1,142,295		
059 RENAL ACUTE					27,776		
059 01 RENAL CAPD					1,566		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	61,495		8,980		14,198		44,728
060 02 FAMILY PRACTICES	482,849		54,395		32,437		480,824
060 03 PHYSICIANS PRACTICE	147,809		13,728				15,375
060 04 RURAL HEALTH	117,687						8,386
060 05 PATIENT NUTRITION	16,695		3,096		2,639		
060 06 PAIN CLINIC							
060 07 WOUND CLINIC	60,281		5,264	8,021	48,046		5,591
061 EMERGENCY	388,057		78,754	119,998	756,374	33,657	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	8,125,575	3,832,074	1,269,555	1,531,660	9,720,683	233,669	1,397,745
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	21,606						
100 01 RENTAL PROPERTY							
100 03 WELLNESS							
100 06 SYCAMORE SPORTS MED			5,780	8,807			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,147,181	3,832,074	1,275,335	1,540,467	9,720,683	233,669	1,397,745

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART I

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR SUBTOTAL OTHER PRGM C GM-(SPECIFY)			I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25		
001 GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
001 02 OLD CAP PHASE II					
001 03 OLD CAP PHASE III					
001 04 OLD CAP PHASE IV					
001 05 OLD CAP OTHER					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP IMPROVEMENTS					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 ADMINISTRATIVE AND GENERA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C	2,165,896				
024 PARAMED ED PRGM-(SPECIFY)		155,189			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	829,538		47,441,606	-1,364,875	46,076,731
026 INTENSIVE CARE UNIT	54,147		14,042,032	-89,091	13,952,941
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
030 INTENSIVE NURSERY	49,816		2,747,503	-81,964	2,665,539
031 SUBPROVIDER			5,199,883		5,199,883
033 NURSERY			1,412,823		1,412,823
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM	86,636		30,576,935	-142,546	30,434,389
037 02 CARDIAC SURGERY			3,797,901		3,797,901
038 WVSC			16,741,808		16,741,808
038 RECOVERY ROOM			3,812,368		3,812,368
038 02 O/P TREATMENT ROOM			5,598,644		5,598,644
039 DELIVERY ROOM & LABOR ROO	242,580		4,361,973	-399,127	3,962,846
041 RADIOLOGY-DIAGNOSTIC	36,820	155,189	18,149,637	-60,582	18,089,055
041 01 CAT SCAN			4,160,806		4,160,806
041 02 CARDIAC CATHERIZATION LAB			29,043,920		29,043,920
042 RADIOLOGY-THERAPEUTIC			7,653,627		7,653,627
043 RADIOISOTOPE			2,221,437		2,221,437
044 LABORATORY			7,471,536		7,471,536
046 WHOLE BLOOD & PACKED RED			2,725,264		2,725,264
049 RESPIRATORY THERAPY			4,536,736		4,536,736
050 PHYSICAL THERAPY			3,073,378		3,073,378
050 01 PSYCHIATRIC/PSYCHOLOGICAL			771,421		771,421
050 02 O/P PHYSICAL THERAPY	6,498		2,631,127	-10,691	2,620,436
051 OCCUPATIONAL THERAPY			2,358,530		2,358,530
052 SPEECH PATHOLOGY			1,133,834		1,133,834
053 ELECTROCARDIOLOGY			2,239,296		2,239,296
053 01 CARDIAC REHAB			1,529,058		1,529,058
054 ELECTROENCEPHALOGRAPHY			1,008,491		1,008,491
055 MEDICAL SUPPLIES CHARGED			2,132,429		2,132,429
056 DRUGS CHARGED TO PATIENTS			53,967,898		53,967,898
059 RENAL ACUTE			982,335		982,335
059 01 RENAL CAPD			88,697		88,697
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC					
060 02 MHC	69,309		1,550,115	-114,037	1,436,078
060 03 FAMILY PRACTICES	745,068		6,697,656	-1,225,892	5,471,764
060 04 PHYSICIANS PRACTICE	23,825		3,378,540	-39,200	3,339,340
060 05 RURAL HEALTH	12,995		4,450,544	-21,381	4,429,163
060 06 PATIENT NUTRITION			334,262		334,262
060 07 PAIN CLINIC					
060 08 WOUND CLINIC	8,664		1,879,111	-14,255	1,864,856
061 EMERGENCY			10,944,681		10,944,681
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	2,165,896	155,189	312,847,842	-3,563,641	309,284,201
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			81,845		81,845
100 01 RENTAL PROPERTY			106,869		106,869
100 03 WELLNESS			375,031		375,031
100 06 SYCAMORE SPORTS MED			388,836		388,836
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,165,896	155,189	313,800,423	-3,563,641	310,236,782

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP PHASE	OLD CAP PHASE	OLD CAP PHASE	OLD CAP OTHER	OLD CAP IMPRO
	OLD CAPITAL REL COSTS 0	OSTS-BLDG & 1	II 1.01	III 1.02	IV 1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING		922				370	324
006 05 CASHIERING/ACCOUNTS RECEI	18,201						
006 06 ADMINISTRATIVE AND GENERA		449			21,700	667	584
008 OPERATION OF PLANT	16,529	67,076	127,116	76,668	230,222	47,034	41,204
009 LAUNDRY & LINEN SERVICE		7,617				3,054	2,676
010 HOUSEKEEPING		3,592			50,943	2,584	2,264
011 DIETARY		4,039			10,111	1,846	1,617
012 CAFETERIA		1,677				672	589
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		249				100	88
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		24,727	103,410	36,353		20,351	17,829
026 INTENSIVE CARE UNIT		128	31,250			2,469	2,163
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY			6,330			490	429
031 SUBPROVIDER		351		122,015		8,327	7,295
033 NURSERY			20,897			1,616	1,416
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,456		7,602	1,795	3,941	3,452
037 01 CARDIAC SURGERY							
037 02 WVSC							
038 RECOVERY ROOM		800				321	281
038 02 O/P TREATMENT ROOM				43,537		2,921	2,559
039 DELIVERY ROOM & LABOR ROO			40,224			3,111	2,726
041 RADIOLOGY-DIAGNOSTIC		3,505				1,855	1,626
041 01 CAT SCAN		383				2,454	183
041 02 CARDIAC CATHERIZATION LAB		2,769				1,110	973
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	254,044						
044 LABORATORY	282,911						
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		581	5,724			676	592
050 PHYSICAL THERAPY					28,494	640	560
050 01 PSYCHIATRIC/PSYCHOLOGICAL							
050 02 O/P PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY					28,471	639	560
052 SPEECH PATHOLOGY					28,471	639	560
053 ELECTROCARDIOLOGY					29,653	666	583
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY					34,197	768	672
055 MEDICAL SUPPLIES CHARGED		1,444			10,134	806	706
056 DRUGS CHARGED TO PATIENTS					64,758	1,454	1,273
059 RENAL ACUTE							
059 01 RENAL CAPD							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC							
060 02 FAMILY PRACTICES		477				191	168
060 03 PHYSICIANS PRACTICE							
060 04 RURAL HEALTH							
060 05 PATIENT NUTRITION							
060 06 PAIN CLINIC							
060 07 WOUND CLINIC							
061 EMERGENCY		285			57,419	1,403	1,229
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	571,685	129,527	334,951	286,175	618,886	110,930	97,181
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					26,290	590	517
100 01 RENTAL PROPERTY							
100 03 WELLNESS							
100 06 SYCAMORE SPORTS MED							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	571,685	129,527	334,951	286,175	645,176	111,520	97,698

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I TO 8/31/2010 I PART II

COST CENTER DESCRIPTION	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG & IMPROVEMENTS	NEW CAP IMPROVEMENTS	NEW CAP REL COSTS-MVBLE	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	2	3	3.01	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG & IMPROVEMENTS							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING					1,616		
006 03 PURCHASING RECEIVING AND ADMITTING					18,201		
006 05 CASHIERING/ACCOUNTS RECEIVABLE					23,400		
006 06 ADMINISTRATIVE AND GENERAL OPERATION OF PLANT	73,220				679,069		
008 LAUNDRY & LINEN SERVICE					13,347		
009 HOUSEKEEPING					59,383		
010 DIETARY	2,728				20,341		
011 CAFETERIA					2,938		
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE					437		
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					202,670		
026 INTENSIVE CARE UNIT					36,010		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY					7,249		
031 SUBPROVIDER					137,988		
033 NURSERY					23,929		
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM					25,246		
037 02 CARDIAC SURGERY							
037 02 WVSC							
038 RECOVERY ROOM					1,402		
038 02 O/P TREATMENT ROOM					49,017		
039 DELIVERY ROOM & LABOR ROO					46,061		
041 RADIOLOGY-DIAGNOSTIC					27,050		
041 01 CAT SCAN					3,229		
041 02 CARDIAC CATHERIZATION LAB					4,852		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE					254,044		
044 LABORATORY					282,911		
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY					7,573		
050 PHYSICAL THERAPY					29,694		
050 01 PSYCHIATRIC/PSYCHOLOGICAL							
050 02 O/P PHYSICAL THERAPY	2,212				2,212		
051 OCCUPATIONAL THERAPY					29,670		
052 SPEECH PATHOLOGY					29,670		
053 ELECTROCARDIOLOGY					30,902		
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY					35,637		
055 MEDICAL SUPPLIES CHARGED	7,668				20,758		
056 DRUGS CHARGED TO PATIENTS					67,485		
059 RENAL ACUTE							
059 01 RENAL CAPD							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 MHC							
060 02 FAMILY PRACTICES					836		
060 03 PHYSICIANS PRACTICE							
060 04 RURAL HEALTH							
060 05 PATIENT NUTRITION							
060 06 PAIN CLINIC							
060 07 WOUND CLINIC							
061 EMERGENCY					60,336		
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	85,828				2,235,163		
096 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP					27,397		
100 01 RENTAL PROPERTY							
100 03 WELLNESS							
100 06 SYCAMORE SPORTS MED							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	85,828				2,262,560		

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART II

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING			1,616				
006 05 CASHIERING/ACCOUNTS RECEI				18,201			
006 06 ADMINISTRATIVE AND GENERAL					23,400		
008 OPERATION OF PLANT						897	
009 LAUNDRY & LINEN SERVICE						25	21,258
010 HOUSEKEEPING						595	35
011 DIETARY						249	
012 CAFETERIA						71	
014 NURSING ADMINISTRATION						115	
017 MEDICAL RECORDS & LIBRARY						691	
018 SOCIAL SERVICE						17	
022 I&R SERVICES-SALARY & FRI						104	
023 I&R SERVICES-OTHER PRGM C						161	
024 PARAMED ED PRGM-(SPECIFY)						12	
025 ADULTS & PEDIATRICS			124	1,241	2,599	203,642	8,251
026 INTENSIVE CARE UNIT			41	414	895	29,537	1,483
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY			17	166	181	1,458	153
031 SUBPROVIDER			9	95	299	24,789	683
033 NURSERY			6	62	88	4,812	176
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			234	2,337	2,005	54,910	1,678
037 01 CARDIAC SURGERY			20	197	268	665	2
037 02 WVSC			143	1,432	1,174		
038 RECOVERY ROOM			20	197	256	4,587	954
038 02 O/P TREATMENT ROOM			9	93	357	8,696	1,486
039 DELIVERY ROOM & LABOR ROO			19	190	245	14,888	772
041 RADIOLOGY-DIAGNOSTIC			93	933	1,168	50,354	1,160
041 01 CAT SCAN			98	975	254	2,718	1
041 02 CARDIAC CATHERIZATION LAB			172	1,721	2,052	9,865	253
042 RADIOLOGY-THERAPEUTIC			42	416	466	36,511	404
043 RADIOISOTOPE			16	158	165		
044 LABORATORY			115	1,154	556		
046 WHOLE BLOOD & PACKED RED			9	87	203		
049 RESPIRATORY THERAPY			22	217	313	2,792	
050 PHYSICAL THERAPY			13	130	193	11,614	31
050 01 PSYCHIATRIC/PSYCHOLOGICAL					52	1,830	
050 02 O/P PHYSICAL THERAPY			8	82	187		506
051 OCCUPATIONAL THERAPY			10	101	150	7,729	47
052 SPEECH PATHOLOGY			5	47	70	5,023	
053 ELECTROCARDIOLOGY			25	253	148	1,982	132
053 01 CARDIAC REHAB			2	20	63	21,865	9
054 ELECTROENCEPHALOGRAPHY			4	45	67	2,285	48
055 MEDICAL SUPPLIES CHARGED			14	140	141	7,914	
056 DRUGS CHARGED TO PATIENTS			202	4,044	3,960	7,644	
059 RENAL ACUTE			4	42	71		3
059 01 RENAL CAPD				2	6		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC					94	5,000	16
060 02 FAMILY PRACTICES					313	39,260	16
060 03 PHYSICIANS PRACTICE					221	12,018	30
060 04 RURAL HEALTH					308	9,569	3
060 05 PATIENT NUTRITION				4	21	1,357	
060 06 PAIN CLINIC							
060 07 WOUND CLINIC			7	72	123	4,901	68
061 EMERGENCY			113	1,134	665	31,552	2,858
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			1,616	18,201	23,334	678,209	21,258
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					2	1,757	
100 01 RENTAL PROPERTY					8		
100 03 WELLNESS					28		
100 06 SYCAMORE SPORTS MED					28		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							1,206
103 TOTAL			1,616	18,201	23,400	679,966	22,464

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART II

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC		
	10	11	12	14	17	18		
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP PHASE II								
001 03 OLD CAP PHASE III								
001 04 OLD CAP PHASE IV								
001 05 OLD CAP OTHER								
002 OLD CAP IMPROVEMENTS								
003 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
004 NEW CAP IMPROVEMENTS								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING RECEIVING AND								
006 04 ADMITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 ADMINISTRATIVE AND GENERA								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING	68,455							
011 DIETARY	1,663	38,343						
012 CAFETERIA	1,085		14,591					
014 NURSING ADMINISTRATION				115				
017 MEDICAL RECORDS & LIBRARY	1,242		755		14,711			
018 SOCIAL SERVICE	31		25				808	
022 I&R SERVICES-SALARY & FRI								104
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	21,042	28,505	4,312	42	1,374		417	
026 INTENSIVE CARE UNIT	3,052	4,526	1,189	12	414		50	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
030 INTENSIVE NURSERY	151		239	2	166		92	
031 SUBPROVIDER	2,562	2,621	429	4	95			
033 NURSERY	497		138	1	62		40	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	5,674	347	935	9	2,473			
037 02 CARDIAC SURGERY	69		177	2	197			
037 03 WVSC			8		1,432			
038 RECOVERY ROOM	474		354	4	197			
038 02 O/P TREATMENT ROOM	899	2,344	653	6	142		88	
039 DELIVERY ROOM & LABOR ROO	1,538		329	3	190		2	
041 RADIOLOGY-DIAGNOSTIC	5,204		965		925			
041 01 CAT SCAN	281		154		975			
041 02 CARDIAC CATHERIZATION LAB	1,019		63	1	1,721		1	
042 RADIOLOGY-THERAPEUTIC	3,773		12		416		2	
043 RADIOISOTOPE								
044 LABORATORY								
046 WHOLE BLOOD & PACKED RED								
049 RESPIRATORY THERAPY	289		429	4	217			
050 PHYSICAL THERAPY	1,200		174	2	130			
050 01 PSYCHIATRIC/PSYCHOLOGICAL	189		48	1				
050 02 O/P PHYSICAL THERAPY			197	2	82			
051 OCCUPATIONAL THERAPY	799		164	2	101			
052 SPEECH PATHOLOGY	519		71	1	47			
053 ELECTROCARDIOLOGY	205		171		253			
053 01 CARDIAC REHAB	2,259		58	1	20			
054 ELECTROENCEPHALOGRAPHY	236		71		45			
055 MEDICAL SUPPLIES CHARGED	818							
056 DRUGS CHARGED TO PATIENTS	790		527	5	1,713			
059 RENAL ACUTE					42			
059 01 RENAL CAPD					2			
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC								
060 02 MHC	517		103		21			
060 03 FAMILY PRACTICES	4,057		622		49			
060 04 PHYSICIANS PRACTICE	1,242		157					
060 05 RURAL HEALTH	989							
060 06 PATIENT NUTRITION	140		35		4			
060 07 PAIN CLINIC								
060 08 WOUND CLINIC	507		60	1	72			
061 EMERGENCY	3,261		901	9	1,134		116	
062 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	68,273	38,343	14,525	114	14,711		808	
096 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP	182							
100 01 RENTAL PROPERTY								
100 03 WELLNESS								
100 06 SYCAMORE SPORTS MED			66	1				
101 CROSS FOOT ADJUSTMENTS								104
102 NEGATIVE COST CENTER								
103 TOTAL	68,455	38,343	14,591	115	14,711		808	104

ALLOCATION OF OLD CAPITAL RELATED COSTS

				SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
				25	26	27
	GENERAL SERVICE COST CNTR					
001	OLD CAP REL COSTS-BLDG &					
001 01	OLD CAP PHASE II					
001 02	OLD CAP PHASE III					
001 03	OLD CAP PHASE IV					
001 04	OLD CAP OTHER					
001 05	OLD CAP IMPROVEMENTS					
002	OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
003 01	NEW CAP IMPROVEMENTS					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006 01	NONPATIENT TELEPHONES					
006 02	DATA PROCESSING					
006 03	PURCHASING RECEIVING AND					
006 04	ADMITTING					
006 05	CASHIERING/ACCOUNTS RECEI					
006 06	ADMINISTRATIVE AND GENERA					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE					
022	I&R SERVICES-SALARY & FRI					
023	I&R SERVICES-OTHER PRGM C	161	12			
024	PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS			474,219		474,219
026	INTENSIVE CARE UNIT			77,623		77,623
027	CORONARY CARE UNIT					
028	BURN INTENSIVE CARE UNIT					
029	SURGICAL INTENSIVE CARE U					
030	INTENSIVE NURSERY			9,874		9,874
031	SUBPROVIDER			169,574		169,574
033	NURSERY			29,811		29,811
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			95,848		95,848
037 01	CARDIAC SURGERY			1,597		1,597
037 02	WVSC			4,189		4,189
038	RECOVERY ROOM			8,445		8,445
038 02	O/P TREATMENT ROOM			63,790		63,790
039	DELIVERY ROOM & LABOR ROO			64,237		64,237
041	RADIOLOGY-DIAGNOSTIC			87,852		87,852
041 01	CAT SCAN			8,685		8,685
041 02	CARDIAC CATHERIZATION LAB			21,720		21,720
042	RADIOLOGY-THERAPEUTIC			42,042		42,042
043	RADIOISOTOPE			254,383		254,383
044	LABORATORY			284,736		284,736
046	WHOLE BLOOD & PACKED RED			299		299
049	RESPIRATORY THERAPY			11,856		11,856
050	PHYSICAL THERAPY			43,181		43,181
050 01	PSYCHIATRIC/PSYCHOLOGICAL			2,120		2,120
050 02	O/P PHYSICAL THERAPY			3,276		3,276
051	OCCUPATIONAL THERAPY			38,773		38,773
052	SPEECH PATHOLOGY			35,453		35,453
053	ELECTROCARDIOLOGY			34,071		34,071
053 01	CARDIAC REHAB			24,297		24,297
054	ELECTROENCEPHALOGRAPHY			38,438		38,438
055	MEDICAL SUPPLIES CHARGED			29,785		29,785
056	DRUGS CHARGED TO PATIENTS			86,370		86,370
059	RENAL ACUTE			162		162
059 01	RENAL CAPD			10		10
	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060 01	MHC			5,751		5,751
060 02	FAMILY PRACTICES			45,153		45,153
060 03	PHYSICIANS PRACTICE			13,668		13,668
060 04	RURAL HEALTH			10,869		10,869
060 05	PATIENT NUTRITION			1,561		1,561
060 06	PAIN CLINIC					
060 07	WOUND CLINIC			5,811		5,811
061	EMERGENCY			102,079		102,079
062	OBSERVATION BEDS (NON-DIS					
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS			2,231,608		2,231,608
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			29,338		29,338
100 01	RENTAL PROPERTY			8		8
100 03	WELLNESS			28		28
100 06	SYCAMORE SPORTS MED			95		95
101	CROSS FOOT ADJUSTMENTS	161	12	277		277
102	NEGATIVE COST CENTER			1,206		1,206
103	TOTAL	161	12	2,262,560		2,262,560

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP PHASE II	OLD CAP PHASE III	OLD CAP PHASE IV	OLD CAP OTHER	OLD CAP IMPROVEMENTS
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	435,189						
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING	3,955						
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA	26,447						
008 OPERATION OF PLANT	96,406						
009 LAUNDRY & LINEN SERVICE	12,248						
010 HOUSEKEEPING							
011 DIETARY	23,689						
012 CAFETERIA							
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY	18,485						
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,766						
026 INTENSIVE CARE UNIT	42,832						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	10,150						
031 SUBPROVIDER	2,099						
033 NURSERY	2,376						
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,041,714						
037 01 CARDIAC SURGERY	23,221						
037 02 WVSC	276,338						
038 RECOVERY ROOM	1,478						
038 02 O/P TREATMENT ROOM							
039 DELIVERY ROOM & LABOR ROO	35,318						
041 RADIOLOGY-DIAGNOSTIC	1,877,807						
041 01 CAT SCAN	611,440						
041 02 CARDIAC CATHERIZATION LAB	2,831,582						
042 RADIOLOGY-THERAPEUTIC	1,017,289						
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	264,922						
050 PHYSICAL THERAPY	96,444						
050 01 PSYCHIATRIC/PSYCHOLOGICAL	13,227						
050 02 O/P PHYSICAL THERAPY	223,872						
051 OCCUPATIONAL THERAPY	116,578						
052 SPEECH PATHOLOGY	57,327						
053 ELECTROCARDIOLOGY	161,357						
053 01 CARDIAC REHAB	1,992						
054 ELECTROENCEPHALOGRAPHY	9,616						
055 MEDICAL SUPPLIES CHARGED	680,902						
056 DRUGS CHARGED TO PATIENTS	678,089						
059 RENAL ACUTE							
059 01 RENAL CAPD							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	5,467						
060 02 FAMILY PRACTICES	12,070						
060 03 PHYSICIANS PRACTICE	47,411						
060 04 RURAL HEALTH	6,065						
060 05 PATIENT NUTRITION	1,194						
060 06 PAIN CLINIC							
060 07 WOUND CLINIC	1,736						
061 EMERGENCY	10,210						
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,797,308						
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
100 01 RENTAL PROPERTY							
100 03 WELLNESS							
100 06 SYCAMORE SPORTS MED							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,797,308						

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	NEW CAP IMPRO	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	NONPATIENT TE
	OSTS-MVBLE E	OSTS-BLDG &	VEMENTS	OSTS-MVBLE E		FITS	LEPHONES
	2	3	3.01	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES		10,703	3,155	246,657	260,515		260,515
006 02 DATA PROCESSING					435,189		
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING		24,191	7,132	3,438	38,716		5,587
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA		462,351	136,301	45,640	670,739		14,201
008 OPERATION OF PLANT	3,633,520		1,071,168	157,033	4,958,127		12,339
009 LAUNDRY & LINEN SERVICE				75,876	88,124		1,862
010 HOUSEKEEPING		8,047	2,372	150,516	160,935		2,561
011 DIETARY		113,657	33,506	121,533	292,385		7,916
012 CAFETERIA		91,144	26,869	12,129	130,142		
014 NURSING ADMINISTRATION							
017 MEDICAL RECORDS & LIBRARY		128,987	38,025	181,057	366,554		8,847
018 SOCIAL SERVICE							466
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 ADULTS & PEDIATRICS		1,534,807	452,462	448,335	2,454,370		46,328
026 INTENSIVE CARE UNIT		238,050	70,177	452,057	803,116		7,217
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY				124,288	134,438		3,027
031 SUBPROVIDER				32,389	34,488		8,148
033 NURSERY				6,396	8,772		2,095
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		463,247	136,566	857,485	2,499,012		19,323
037 02 CARDIAC SURGERY		7,135	2,103	101,464	133,923		2,095
037 03 WVSC		489,165	144,206	727,634	1,637,343		
038 RECOVERY ROOM		38,966	11,487	71,576	123,507		4,423
038 02 O/P TREATMENT ROOM				52,249	52,249		3,027
039 DELIVERY ROOM & LABOR ROO		60,356	17,793	149,331	262,798		4,191
041 RADIOLOGY-DIAGNOSTIC		480,971	141,791	918,043	3,418,612		19,323
041 01 CAT SCAN		22,497	6,632	10,336	650,905		1,630
041 02 CARDIAC CATHERIZATION LAB		70,374	20,746	114,409	3,037,111		3,259
042 RADIOLOGY-THERAPEUTIC		391,717	115,478	224,599	1,749,083		11,641
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		8,373	2,468	59,035	334,798		3,259
050 PHYSICAL THERAPY		104,176	30,711	22,864	254,195		5,355
050 01 PSYCHIATRIC/PSYCHOLOGICAL		19,630	5,787	3,236	41,880		2,561
050 02 O/P PHYSICAL THERAPY				48,766	272,638		1,164
051 OCCUPATIONAL THERAPY		62,506	18,427	5,285	202,796		1,630
052 SPEECH PATHOLOGY		33,477	9,869	734	101,407		466
053 ELECTROCARDIOLOGY				46,999	208,356		1,397
053 01 CARDIAC REHAB		234,580	69,154	25,054	330,780		1,630
054 ELECTROENCEPHALOGRAPHY				19,285	28,901		4,656
055 MEDICAL SUPPLIES CHARGED		59,150	17,437	54,902	812,391		3,725
056 DRUGS CHARGED TO PATIENTS		35,578	10,488	85,543	809,698		8,847
059 RENAL ACUTE							466
059 01 RENAL CAPD							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 MHC		53,644	15,814	9,221	84,146		233
060 03 FAMILY PRACTICES		415,093	122,370	106,884	656,417		10,942
060 04 PHYSICIANS PRACTICE		128,938	38,011	31,496	245,856		7,217
060 05 RURAL HEALTH		102,661	30,265	15,005	153,996		233
060 06 PATIENT NUTRITION		14,564	4,293	1,180	21,231		
060 07 PAIN CLINIC							
060 08 WOUND CLINIC		52,585	15,502	15,803	85,626		2,095
061 EMERGENCY		293,698	86,582	244,626	635,116		15,133
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		9,888,538	2,915,147	6,080,388	29,681,381		260,515
096 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP							
100 02 RENTAL PROPERTY				1,688	1,688		
100 03 WELLNESS							
100 04 SYCAMORE SPORTS MED				25	25		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		9,888,538	2,915,147	6,082,101	29,683,094		260,515

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART III

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	435,189						
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING	7,904		52,207				
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERAL	18,771				703,711		
008 OPERATION OF PLANT					27,030	4,997,496	
009 LAUNDRY & LINEN SERVICE	2,470				739	66,824	151,429
010 HOUSEKEEPING	4,940				17,930	62,047	251
011 DIETARY	8,891				7,509	118,258	
012 CAFETERIA	1,482				2,153	77,146	
014 NURSING ADMINISTRATION					3,454		
017 MEDICAL RECORDS & LIBRARY	38,530				20,839	88,362	
018 SOCIAL SERVICE	988				499	2,187	
022 I&R SERVICES-SALARY & FRI					3,134		
023 I&R SERVICES-OTHER PRGM C					4,856		
024 PARAMED ED PRGM--(SPECIFY)					348		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	66,191		3,598		78,331	1,496,705	58,779
026 INTENSIVE CARE UNIT	9,385		1,199		26,967	217,088	10,566
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	2,964		480		5,445	10,713	1,088
031 SUBPROVIDER	19,265		275		9,013	182,192	4,866
033 NURSERY			179		2,648	35,365	1,251
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	28,650		6,776		60,426	403,565	11,957
037 01 CARDIAC SURGERY			571		8,089	4,888	13
037 02 WVSC			4,153		35,393		
038 RECOVERY ROOM	9,385		571		7,720	33,713	6,795
038 02 O/P TREATMENT ROOM	3,952		270		10,773	63,911	10,582
039 DELIVERY ROOM & LABOR ROO	1,976		551		7,395	109,420	5,499
041 RADIOLOGY-DIAGNOSTIC	31,120		2,706		35,188	370,086	8,260
041 01 CAT SCAN			2,828		7,658	19,976	5
041 02 CARDIAC CATHERIZATION LAB	988		4,992		61,840	72,504	1,799
042 RADIOLOGY-THERAPEUTIC	11,855		1,207		14,056	268,344	2,876
043 RADIOISOTOPE			459		4,981		
044 LABORATORY			3,346		16,753		
046 WHOLE BLOOD & PACKED RED			252		6,111		
049 RESPIRATORY THERAPY	3,952		630		9,447	20,523	
050 PHYSICAL THERAPY	2,964		377		5,811	85,360	221
050 01 PSYCHIATRIC/PSYCHOLOGICAL	1,976				1,573	13,447	
050 02 O/P PHYSICAL THERAPY	11,361		238		5,629		3,605
051 OCCUPATIONAL THERAPY			292		4,528	56,802	337
052 SPEECH PATHOLOGY	494		136		2,097	36,916	
053 ELECTROCARDIOLOGY	5,928		734		4,469	14,563	939
053 01 CARDIAC REHAB	1,976		59		1,897	160,698	64
054 ELECTROENCEPHALOGRAPHY			130		2,024	16,795	340
055 MEDICAL SUPPLIES CHARGED			407		4,249	58,164	
056 DRUGS CHARGED TO PATIENTS	5,434		11,154		117,789	56,177	
059 RENAL ACUTE			121		2,140		23
059 01 RENAL CAPD			7		195		
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MHC	8,891				2,831	36,749	115
060 02 FAMILY PRACTICES	41,000				9,430	288,543	115
060 03 PHYSICIANS PRACTICE	24,205				6,646	88,328	213
060 04 RURAL HEALTH	34,084				9,287	70,328	24
060 05 PATIENT NUTRITION	1,482		11		645	9,977	
060 06 PAIN CLINIC							
060 07 WOUND CLINIC			209		3,710	36,023	486
061 EMERGENCY	21,735		3,289		20,051	231,897	20,360
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	435,189		52,207		701,726	4,984,584	151,429
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					65	12,912	
100 01 RENTAL PROPERTY					240		
100 03 WELLNESS					841		
100 06 SYCAMORE SPORTS MED					839		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							8,590
103 TOTAL	435,189		52,207		703,711	4,997,496	160,019

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	10	11	12	14	17	18	SALARY & FRI
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP PHASE II							
001 03 OLD CAP PHASE III							
001 04 OLD CAP PHASE IV							
001 05 OLD CAP OTHER							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	248,664						
011 DIETARY	6,040	440,999					
012 CAFETERIA	3,940		214,863				
014 NURSING ADMINISTRATION				3,454			
017 MEDICAL RECORDS & LIBRARY	4,513		11,112		538,757		
018 SOCIAL SERVICE	112		365			4,617	
022 I&R SERVICES-SALARY & FRI							3,134
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	76,444	327,849	63,506	1,289	50,754	2,376	
026 INTENSIVE CARE UNIT	11,088	52,058	17,511	355	15,283	283	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 INTENSIVE NURSERY	547		3,513	71	6,129	528	
031 SUBPROVIDER	9,305	30,144	6,312	128	3,507	2	
033 NURSERY	1,806		2,035	41	2,281	231	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	20,612	3,990	13,772	276	86,552		
037 02 CARDIAC SURGERY	250		2,608	53	7,280		
037 03 WVSC			122	2	52,917		
038 RECOVERY ROOM	1,722		5,217	106	7,280		
038 02 O/P TREATMENT ROOM	3,264	26,958	9,616	195	5,256	504	
039 DELIVERY ROOM & LABOR ROO	5,589		4,852	98	7,023	10	
041 RADIOLOGY-DIAGNOSTIC	18,902		14,207		34,197		
041 01 CAT SCAN	1,020		2,261		36,037		
041 02 CARDIAC CATHERIZATION LAB	3,703		922	19	63,601	4	
042 RADIOLOGY-THERAPEUTIC	13,706		174		15,377	14	
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	1,048		6,312	128	8,032		
050 PHYSICAL THERAPY	4,360		2,556	68	4,801		
050 01 PSYCHIATRIC/PSYCHOLOGICAL	687		713	24			
050 02 O/P PHYSICAL THERAPY			2,904	59	3,029		
051 OCCUPATIONAL THERAPY	2,901		2,417	55	3,719		
052 SPEECH PATHOLOGY	1,885		1,043	23	1,738		
053 ELECTROCARDIOLOGY	744		2,521		9,351		
053 01 CARDIAC REHAB	8,208		852	17	746		
054 ELECTROENCEPHALOGRAPHY	858		1,043		1,660		
055 MEDICAL SUPPLIES CHARGED	2,971						
056 DRUGS CHARGED TO PATIENTS	2,869		7,756	140	63,285		
059 RENAL ACUTE					1,539		
059 01 RENAL CAPD					87		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 MHC	1,877		1,513		787		
060 03 FAMILY PRACTICES	14,737		9,164		1,797		
060 04 PHYSICIANS PRACTICE	4,511		2,313				
060 05 RURAL HEALTH	3,592						
060 06 PATIENT NUTRITION	510		522		146		
060 07 PAIN CLINIC							
060 08 WOUND CLINIC	1,840		887	18	2,662		
061 EMERGENCY	11,844		13,268	269	41,904	665	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	248,005	440,999	213,889	3,434	538,757	4,617	
096 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP	659						
100 02 RENTAL PROPERTY							
100 03 WELLNESS							
100 06 SYCAMORE SPORTS MED			974	20			
101 CROSS FOOT ADJUSTMENTS							3,134
102 NEGATIVE COST CENTER							
103 TOTAL	248,664	440,999	214,863	3,454	538,757	4,617	3,134

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B
 I I TO 8/31/2010 I PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001					
001	01				
001	02				
001	03				
001	04				
001	05				
002					
003					
003	01				
004					
005					
006	01				
006	02				
006	03				
006	04				
006	05				
006	06				
008					
009					
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017					
018					
022					
023					
024					
025					
026					
027					
028					
029					
030					
031					
033					
037					
037	01				
037	02				
038					
038	02				
039					
041					
041	01				
041	02				
042					
043					
044					
046					
049					
050					
050	01				
051					
052					
053					
053	01				
054					
055					
056					
059					
059	01				
060					
060	01				
060	02				
060	03				
060	04				
060	05				
060	06				
060	07				
061					
062					
095					
096					
100	01				
100	03				
100	06				
101					
102					
103					
2552-96					

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP PHASE	OLD CAP PHASE	OLD CAP PHASE	OLD CAP OTHER	OLD CAP IMPRO
	OSTS-BLDG & II	III	IV	OTHER	VEMENTS	
	(SQ FT I)	(OLD SQ FT)II	(OLD SQ FT)III	(OLD SQ FT)IV	(OLD SQ FT)OTHER	(OLD TOTAL)SQ FT)
	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	101,820					
001 01 OLD CAP PHASE II		50,795				
001 02 OLD CAP PHASE III			37,644			
001 03 OLD CAP PHASE IV				28,394		
001 04 OLD CAP OTHER					218,653	
001 05 OLD CAP IMPROVEMENTS						218,653
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP IMPROVEMENTS						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING RECEIVING						
006 04 ADMITTING	725				725	725
006 05 CASHIERING/ACCOUNTS R						
006 06 ADMINISTRATIVE AND GE	353			955	1,308	1,308
008 OPERATION OF PLANT	52,726	19,277	10,085	10,132	92,220	92,220
009 LAUNDRY & LINEN SERVI	5,988				5,988	5,988
010 HOUSEKEEPING	2,824			2,242	5,066	5,066
011 DIETARY	3,175			445	3,620	3,620
012 CAFETERIA	1,318				1,318	1,318
014 NURSING ADMINISTRATIO						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	196				196	196
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	19,438	15,682	4,782		39,902	39,902
026 INTENSIVE CARE UNIT	101	4,739			4,840	4,840
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 INTENSIVE NURSERY		960			960	960
031 SUBPROVIDER	276		16,050		16,326	16,326
033 NURSERY		3,169			3,169	3,169
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,647		1,000	79	7,726	7,726
037 01 CARDIAC SURGERY						
037 02 WVSC						
038 RECOVERY ROOM	629				629	629
038 02 O/P TREATMENT ROOM			5,727		5,727	5,727
039 DELIVERY ROOM & LABOR		6,100			6,100	6,100
041 RADIOLOGY-DIAGNOSTIC	2,755			883	3,638	3,638
041 01 CAT SCAN	301			108	409	409
041 02 CARDIAC CATHERIZATION	2,177				2,177	2,177
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY						
046 WHOLE BLOOD & PACKED						
049 RESPIRATORY THERAPY	457	868			1,325	1,325
050 PHYSICAL THERAPY				1,254	1,254	1,254
050 01 PSYCHIATRIC/PSYCHOLOG						
050 02 O/P PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY				1,253	1,253	1,253
052 SPEECH PATHOLOGY				1,253	1,253	1,253
053 ELECTROCARDIOLOGY				1,305	1,305	1,305
053 01 CARDIAC REHAB						
054 ELECTROENCEPHALOGRAPH				1,505	1,505	1,505
055 MEDICAL SUPPLIES CHAR	1,135			446	1,581	1,581
056 DRUGS CHARGED TO PATI				2,850	2,850	2,850
059 RENAL ACUTE						
059 01 RENAL CAPD						
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 MHC						
060 02 FAMILY PRACTICES	375				375	375
060 03 PHYSICIANS PRACTICE						
060 04 RURAL HEALTH						
060 05 PATIENT NUTRITION						
060 06 PAIN CLINIC						
060 07 WOUND CLINIC						
061 EMERGENCY	224			2,527	2,751	2,751
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	101,820	50,795	37,644	27,237	217,496	217,496
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE				1,157	1,157	1,157
100 01 RENTAL PROPERTY						
100 03 WELLNESS						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP PHASE	OLD CAP PHASE	OLD CAP PHASE	OLD CAP	OTHER	OLD CAP IMPRO
	OSTS-BLDG &	II	III	IV	PHASE	OLD CAP	VEMENTS
	(SQ FT I	(OLD SQ FT	(OLD SQ FT	(OLD SQ FT	(OLD SQ FT	(OLD SQ FT	(OLD TOTAL
)II)III)IV)OTHER)SQ FT)SQ FT)SQ FT)
	1	1.01	1.02	1.03	1.04	1.05	
NONREIMBURS COST CENT							
100 06 SYCAMORE SPORTS MED							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	129,527	334,951	286,175	645,176	111,520	97,698	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.272117		7.602141		.510032		.446818
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		6.594173		22.722265			
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	NEW CAP IMPRO	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT	TE DATA	PROCESSI
	OSTS-MVBLE E	OSTS-BLDG & VEMENTS	OSTS-MVBLE E	FITS	LEPHONES	TE	NG	
	(OLD EQUIP DEPRN	(NEW TOTAL)SQ FT	(NEW TOTAL)SQ FT	(NEW EQUIP)DEPRN	(GROSS SALARIES)	(PHONES	(DEVICES)
	2	3	3.01	4	5	6.01	6.02	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP PHASE II								
001 02 OLD CAP PHASE III								
001 03 OLD CAP PHASE IV								
001 04 OLD CAP OTHER								
001 05 OLD CAP IMPROVEMENTS								
002 OLD CAP REL COSTS-MVB	1,164							
003 NEW CAP REL COSTS-BLD		607,020						
003 01 NEW CAP IMPROVEMENTS			607,020					
004 NEW CAP REL COSTS-MVB				5,429,397				
005 EMPLOYEE BENEFITS					94,003,956			
006 01 NONPATIENT TELEPHONES		657	657	220,187	665,825	1,119		
006 02 DATA PROCESSING								881
006 03 PURCHASING RECEIVING								
006 04 ADMITTING		1,485	1,485	3,069	1,178,477	24		16
006 05 CASHIERING/ACCOUNTS R								
006 06 ADMINISTRATIVE AND GE		28,382	28,382	40,742	2,298,157	61		38
008 OPERATION OF PLANT	993	223,048	223,048	140,181	51,929	53		
009 LAUNDRY & LINEN SERVI				67,733	765,498	8		5
010 HOUSEKEEPING		494	494	134,363	4,510,164	11		10
011 DIETARY	37	6,977	6,977	108,491	1,662,722	34		18
012 CAFETERIA		5,595	5,595	10,827	502,500			3
014 NURSING ADMINISTRATIO								
017 MEDICAL RECORDS & LIB		7,918	7,918	161,627	2,540,862	38		78
018 SOCIAL SERVICE					136,080	2		2
022 I&R SERVICES-SALARY &					1,016,313			
023 I&R SERVICES-OTHER PR					1,104,550			
024 PARAMED ED PRGM-(SPEC					98,604			
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS		94,216	94,216	400,222	19,141,970	199		134
026 INTENSIVE CARE UNIT		14,613	14,613	403,544	6,058,234	31		19
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE U								
029 SURGICAL INTENSIVE CA								
030 INTENSIVE NURSERY				110,950	1,400,340	13		6
031 SUBPROVIDER				28,913	2,060,277	35		39
033 NURSERY				5,710	697,245	9		
ANCILLARY SRVC COST C								
037 OPERATING ROOM		28,437	28,437	765,463	4,286,217	83		58
037 01 CARDIAC SURGERY		438	438	90,575	2,167,742	9		
037 02 WVSC		30,028	30,028	649,547	25,146			
038 RECOVERY ROOM		2,392	2,392	63,895	1,846,094	19		19
038 02 O/P TREATMENT ROOM				46,642	2,984,432	13		8
039 DELIVERY ROOM & LABOR		3,705	3,705	133,305	1,685,983	18		4
041 RADIOLOGY-DIAGNOSTIC		29,525	29,525	819,525	10,494,591	83		63
041 01 CAT SCAN		1,381	1,381	9,227	901,531	7		
041 02 CARDIAC CATHERIZATION		4,320	4,320	102,131	624,555	14		2
042 RADIOLOGY-THERAPEUTIC		24,046	24,046	200,496	100,365	50		24
043 RADIOISOTOPE								
044 LABORATORY								
046 WHOLE BLOOD & PACKED								
049 RESPIRATORY THERAPY		514	514	52,700	2,217,060	14		8
050 PHYSICAL THERAPY		6,395	6,395	20,410	1,223,700	23		6
050 01 PSYCHIATRIC/PSYCHOLOG		1,205	1,205	2,889	406,843	11		4
050 02 O/P PHYSICAL THERAPY	30			43,533	1,104,427	5		23
051 OCCUPATIONAL THERAPY		3,837	3,837	4,718	985,773	7		
052 SPEECH PATHOLOGY		2,055	2,055	655	472,460	2		1
053 ELECTROCARDIOLOGY				41,955	847,246	6		12
053 01 CARDIAC REHAB		14,400	14,400	22,365	284,241	7		4
054 ELECTROENCEPHALOGRAPH				17,215	1,086,379	20		
055 MEDICAL SUPPLIES CHAR	104	3,631	3,631	49,010		16		
056 DRUGS CHARGED TO PATI		2,184	2,184	76,363	2,994,764	38		11
059 RENAL ACUTE						2		
059 01 RENAL CAPD								
OUTPAT SERVICE COST C								
060 CLINIC								
060 01 MHC		3,293	3,293	8,231	531,870	1		18
060 02 FAMILY PRACTICES		25,481	25,481	95,414	1,591,988	47		83
060 03 PHYSICIANS PRACTICE		7,915	7,915	28,116	2,457,537	31		49
060 04 RURAL HEALTH		6,302	6,302	13,395	1,797,637	1		69
060 05 PATIENT NUTRITION		894	894	1,053	152,569			3
060 06 PAIN CLINIC								
060 07 WOUND CLINIC		3,228	3,228	14,107	297,781	9		
061 EMERGENCY		18,029	18,029	218,374	4,035,633	65		44
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	1,164	607,020	607,020	5,427,868	93,494,311	1,119		881
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
100 01 RENTAL PROPERTY				1,507				
100 03 WELLNESS					232,392			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & VEMENTS	NEW CAP IMPRO VEMENTS	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	BENE LEPHONES	NONPATIENT TE	DATA PROCESSI NG
	(OLD EQUIP DEPRN	(NEW TOTAL)SQ FT	(NEW TOTAL)SQ FT	(NEW EQUIP)DEPRN	(GROSS SALARIES)	(PHONES)	(DEVICES)	
	2	3	3.01	4	5	6.01	6.02	
NONREIMBURS COST CENT								
100 06 SYCAMORE SPORTS MED				22	277,253			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	85,828	9,888,538	2,915,147	6,082,101	21,002,387	1,163,750	11,903,817	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	73.735395	16.290300	4.802390	1.120217	.223420	1,039.991063	13,511.710556	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						260,515	435,189	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						232.810545	493.971623	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	PURCHASING RECEIVING AND ADMITTING		CASHIERING/ACCOUNTS RECEIVABLE		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(REQUISITION)	(TOTAL REVENUE)	(TOTAL REVENUE)	RECONCILIATION	(ACCUM. COST)	(GRAND TOTAL) SQ FT	(LINEN)
	6.03	6.04	6.05	6a.06	6.06	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING	11,182,163						
006 04 ADMITTING	3,312	900,749,405					
006 05 CASHIERING/ACCOUNTS R			900,749,405				
006 06 ADMINISTRATIVE AND GE	749			-18,290,961	295,509,462		
008 OPERATION OF PLANT	472				11,352,457	447,820	
009 LAUNDRY & LINEN SERVI	17,017				310,428	5,988	576,114
010 HOUSEKEEPING	142,960				7,530,581	5,560	956
011 DIETARY	17,518				3,153,711	10,597	
012 CAFETERIA					904,178	6,913	
014 NURSING ADMINISTRATIO					1,450,676		
017 MEDICAL RECORDS & LIB	1,071				8,752,000	7,918	
018 SOCIAL SERVICE	150				209,592	196	
022 I&R SERVICES-SALARY &					1,316,273		
023 I&R SERVICES-OTHER PR					2,039,650		
024 PARAMED ED PRGM-(SPEC					146,143		
024 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,182,019	62,035,723	62,035,723		32,898,468	134,118	223,624
026 INTENSIVE CARE UNIT	535,574	20,680,821	20,680,821		11,325,857	19,453	40,198
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 INTENSIVE NURSERY	47,845	8,279,338	8,279,338		2,286,711	960	4,140
031 SUBPROVIDER	69,753	4,733,089	4,733,089		3,785,536	16,326	18,512
033 NURSERY	24,610	3,086,210	3,086,210		1,112,107	3,169	4,759
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	6,607,778	116,832,651	116,832,651		25,378,218	36,163	45,489
037 02 CARDIAC SURGERY	1,071,646	9,851,260	9,851,260		3,397,140	438	51
037 03 WSC	21,810	71,605,825	71,605,825		14,864,765		
038 RECOVERY ROOM	160,614	9,851,041	9,851,041		3,242,364	3,021	25,853
038 02 O/P TREATMENT ROOM	163,770	4,660,914	4,660,914		4,524,486	5,727	40,260
039 DELIVERY ROOM & LABOR	188,525	9,502,903	9,502,903		3,105,793	9,805	20,920
041 RADIOLOGY-DIAGNOSTIC	63,273	46,651,998	46,651,998		14,778,729	33,163	31,426
041 01 CAT SCAN	111,849	48,765,119	48,765,119		3,216,211	1,790	18
041 02 CARDIAC CATHERIZATION	33,684	86,063,379	86,063,379		25,972,276	6,497	6,844
042 RADIOLOGY-THERAPEUTIC	2,330	20,808,000	20,808,000		5,903,260	24,046	10,941
043 RADIOISOTOPE		7,910,589	7,910,589		2,091,953		
044 LABORATORY		57,689,610	57,689,610		7,036,034		
046 WHOLE BLOOD & PACKED		4,341,422	4,341,422		2,566,413		
049 RESPIRATORY THERAPY	89,693	10,868,979	10,868,979		3,967,763	1,839	
050 PHYSICAL THERAPY	3,074	6,497,131	6,497,131		2,440,505	7,649	841
050 01 PSYCHIATRIC/PSYCHOLOG	236				660,662	1,205	
050 02 O/P PHYSICAL THERAPY	5,135	4,098,773	4,098,773		2,364,239		13,715
051 OCCUPATIONAL THERAPY	541	5,032,105	5,032,105		1,901,654	5,090	1,283
052 SPEECH PATHOLOGY		2,351,802	2,351,802		880,710	3,308	
053 ELECTROCARDIOLOGY	14,678	12,652,951	12,652,951		1,876,840	1,305	3,572
053 01 CARDIAC REHAB	3,019	1,009,526	1,009,526		796,748	14,400	245
054 ELECTROENCEPHALOGRAPH	1,139	2,246,181	2,246,181		850,003	1,505	1,293
055 MEDICAL SUPPLIES CHAR	16,804	7,024,482	7,024,482		1,784,348	5,212	
056 DRUGS CHARGED TO PATI	37,685	192,914,165	192,914,165		49,427,954	5,034	
059 RENAL ACUTE	13,457	2,082,280	2,082,280		898,848		89
059 01 RENAL CAPD		117,399	117,399		82,052		
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 02 MHC	3,609				1,188,804	3,293	438
060 03 FAMILY PRACTICES	8,333				3,960,538	25,856	436
060 04 PHYSICIANS PRACTICE	19,267				2,791,276	7,915	809
060 05 RURAL HEALTH	12,196				3,900,335	6,302	93
060 06 PATIENT NUTRITION	92	197,842	197,842		270,993	894	
060 07 PAIN CLINIC							
060 08 WOUND CLINIC	33,899	3,601,947	3,601,947		1,558,320	3,228	1,848
061 EMERGENCY	450,939	56,703,950	56,703,950		8,421,217	20,780	77,461
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	11,182,125	900,749,405	900,749,405	-18,290,961	294,675,819	446,663	576,114
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE					27,397	1,157	
100 02 RENTAL PROPERTY	38				100,640		
100 03 WELLNESS					353,171		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	PURCHASING RE CEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(REQUISITION)	(TOTAL REVENUE)	(TOTAL REVENUE)	(RECONCILIATION)	(ACCUM. COST)	(GRAND TOTAL SQ FT)	(LINEN)
	6.03	6.04	6.05	6a.06	6.06	8	9
NONREIMBURS COST CENT							
100 06 SYCAMORE SPORTS MED					352,435		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,406,362	2,034,245	7,229,190		18,290,961	12,055,129	490,836
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.125768	.002258			.061896	26.919586	.851977
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1,616	18,201		23,400	679,966	21,258
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000002				1.518391	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		52,207		.000020	.000079	4,997,496	.036899
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000058			703,711	11.159609	151,429
					.002381		.262846

COST ALLOCATION - STATISTICAL BASIS

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 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI
	(GRAND TOT SQ FT)	(DIETARY)	(FTE)	(TIME SPENT)	(USER)REVENUE	(#)REFERRALS	(INTERNS)
	10	11	12	14	17	18	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP PHASE II							
001 02 OLD CAP PHASE III							
001 03 OLD CAP PHASE IV							
001 04 OLD CAP OTHER							
001 05 OLD CAP IMPROVEMENTS							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP IMPROVEMENTS							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	436,272						
011 DIETARY	10,597	219,974					
012 CAFETERIA	6,913		12,356				
014 NURSING ADMINISTRATIO				9,795			
017 MEDICAL RECORDS & LIB	7,918		639		728,745,148		
018 SOCIAL SERVICE	196		21			2,298	
022 I&R SERVICES-SALARY &							1,000
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	134,118	163,534	3,652	3,652	68,679,538	1,182	383
026 INTENSIVE CARE UNIT	19,453	25,967	1,007	1,007	20,680,821	141	25
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 INTENSIVE NURSERY	960		202	202	8,293,738	263	23
031 SUBPROVIDER	16,326	15,036	363	363	4,745,578	1	
033 NURSERY	3,169		117	117	3,086,210	115	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	36,163	1,990	792	782	116,832,651		40
037 01 CARDIAC SURGERY	438		150	150	9,851,260		
037 02 WVSC			7	7	71,605,825		
038 RECOVERY ROOM	3,021		300	300	9,851,041		
038 02 O/P TREATMENT ROOM	5,727	13,447	553	553	7,111,956	251	
039 DELIVERY ROOM & LABOR	9,805		279	279	9,502,903	5	112
041 RADIOLOGY-DIAGNOSTIC	33,163		817		46,274,348		17
041 01 CAT SCAN	1,790		130		48,765,119		
041 02 CARDIAC CATHERIZATION	6,497		53	53	86,063,379	2	
042 RADIOLOGY-THERAPEUTIC	24,046		10		20,808,000	7	
043 RADIOISOTOPE							
044 LABORATORY							
046 WHOLE BLOOD & PACKED							
049 RESPIRATORY THERAPY	1,839		363	363	10,868,979		
050 PHYSICAL THERAPY	7,649		147	194	6,497,131		
050 01 PSYCHIATRIC/PSYCHOLOG	1,205		41	68			
050 02 O/P PHYSICAL THERAPY			167	167	4,098,773		3
051 OCCUPATIONAL THERAPY	5,090		139	156	5,032,105		
052 SPEECH PATHOLOGY	3,308		60	65	2,351,802		
053 ELECTROCARDIOLOGY	1,305		145		12,652,951		
053 01 CARDIAC REHAB	14,400		49	49	1,009,526		
054 ELECTROENCEPHALOGRAPH	1,505		60		2,246,181		
055 MEDICAL SUPPLIES CHAR	5,212						
056 DRUGS CHARGED TO PATI	5,034		446	398	85,635,747		
059 RENAL ACUTE					2,082,280		
059 01 RENAL CAPD					117,399		
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MHC	3,293		87		1,064,422		32
060 02 FAMILY PRACTICES	25,856		527		2,431,746		344
060 03 PHYSICIANS PRACTICE	7,915		133				11
060 04 RURAL HEALTH	6,302						6
060 05 PATIENT NUTRITION	894		30		197,842		
060 06 PAIN CLINIC							
060 07 WOUND CLINIC	3,228		51	51	3,601,947		4
061 EMERGENCY	20,780		763	763	56,703,950	331	
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	435,115	219,974	12,300	9,739	728,745,148	2,298	1,000
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,157						
100 01 RENTAL PROPERTY							
100 03 WELLNESS							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	MEDICAL RECOR	SOCIAL SERVIC	I&R SERVICES-
	(GRAND TOT SQ FT)	(DIETARY)	(FTE)	(TIME SPENT)	(USER REVENUE)	(# REFERRALS)	(INTERNS SALARY & FRI)
	10	11	12	14	17	18	22
NONREIMBURS COST CENT							
100 06 SYCAMORE SPORTS MED			56	56			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,147,181	3,832,074	1,275,335	1,540,467	9,720,683	233,669	1,397,745
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	18.674545	17.420577	103.215847	157.270750	.013339	101.683638	1,397.745000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	68,455	38,343	14,591	115	14,711	808	104
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.156909	.174307	1.180884	.011741	.000020	.351610	.104000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	248,664	440,999	214,863	3,454	538,757	4,617	3,134
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.569975	2.004778	17.389365	.352629	.000739	2.009138	3.134000

COST ALLOCATION - STATISTICAL BASIS

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 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM--(SPECIFY)	
	(INTERNS 23	(PARAMED RADIOLOGY 24
GENERAL SERVICE COST		
001 OLD CAP REL COSTS-BLD		
001 01 OLD CAP PHASE II		
001 02 OLD CAP PHASE III		
001 03 OLD CAP PHASE IV		
001 04 OLD CAP OTHER		
001 05 OLD CAP IMPROVEMENTS		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP IMPROVEMENTS		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING RECEIVING		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS R		
006 06 ADMINISTRATIVE AND GE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
022 I&R SERVICES-SALARY &		
023 I&R SERVICES-OTHER PR	1,000	
024 PARAMED ED PRGM-(SPEC		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	383	
026 INTENSIVE CARE UNIT	25	
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE U		
029 SURGICAL INTENSIVE CA		
030 INTENSIVE NURSERY	23	
031 SUBPROVIDER		
033 NURSERY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM	40	
037 01 CARDIAC SURGERY		
037 02 WVSC		
038 RECOVERY ROOM		
038 02 O/P TREATMENT ROOM		
039 DELIVERY ROOM & LABOR	112	
041 RADIOLOGY-DIAGNOSTIC	17	100
041 01 CAT SCAN		
041 02 CARDIAC CATHERIZATION		
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE		
044 LABORATORY		
046 WHOLE BLOOD & PACKED		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
050 01 PSYCHIATRIC/PSYCHOLOG		
050 02 O/P PHYSICAL THERAPY	3	
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
053 01 CARDIAC REHAB		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
059 RENAL ACUTE		
059 01 RENAL CAPD		
OUTPAT SERVICE COST C		
060 CLINIC		
060 01 MHC	32	
060 02 FAMILY PRACTICES	344	
060 03 PHYSICIANS PRACTICE	11	
060 04 RURAL HEALTH	6	
060 05 PATIENT NUTRITION		
060 06 PAIN CLINIC		
060 07 WOUND CLINIC	4	
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	1,000	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
100 01 RENTAL PROPERTY		
100 03 WELLNESS		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET B-1
 I I TO 8/31/2010 I

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)	
	(INTERNS 23	(PARAMED RADIOLOGY 24
NONREIMBURS COST CENT		
100 06 SYCAMORE SPORTS MED		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	2,165,896	155,189
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2,165.896000	1,551.890000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	161	12
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.161000	.120000
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	4,856	348
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.856000	3.480000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET C
 I I TO 8/31/2010 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	46,076,731		46,076,731		46,110,301
26	INTENSIVE CARE UNIT	13,952,941		13,952,941	33,570	13,952,941
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	INTENSIVE NURSERY	2,665,539		2,665,539		2,665,539
31	SUBPROVIDER	5,199,883		5,199,883		5,199,883
33	NURSERY	1,412,823		1,412,823		1,412,823
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,434,389		30,434,389	12,450	30,446,839
37 01	CARDIAC SURGERY	3,797,901		3,797,901		3,797,901
37 02	WVSC	16,741,808		16,741,808		16,741,808
38	RECOVERY ROOM	3,812,368		3,812,368		3,812,368
38 02	O/P TREATMENT ROOM	5,598,644		5,598,644		5,598,644
39	DELIVERY ROOM & LABOR ROO	3,962,846		3,962,846		3,962,846
41	RADIOLOGY-DIAGNOSTIC	18,089,055		18,089,055	46,891	18,135,946
41 01	CAT SCAN	4,160,806		4,160,806		4,160,806
41 02	CARDIAC CATHERIZATION LAB	29,043,920		29,043,920		29,043,920
42	RADIOLOGY-THERAPEUTIC	7,653,627		7,653,627		7,653,627
43	RADIOISOTOPE	2,221,437		2,221,437		2,221,437
44	LABORATORY	7,471,536		7,471,536	163,462	7,634,998
46	WHOLE BLOOD & PACKED RED	2,725,264		2,725,264		2,725,264
49	RESPIRATORY THERAPY	4,536,736		4,536,736	2,704	4,539,440
50	PHYSICAL THERAPY	3,073,378		3,073,378		3,073,378
50 01	PSYCHIATRIC/PSYCHOLOGICAL	771,421		771,421		771,421
50 02	O/P PHYSICAL THERAPY	2,620,436		2,620,436		2,620,436
51	OCCUPATIONAL THERAPY	2,358,530		2,358,530		2,358,530
52	SPEECH PATHOLOGY	1,133,834		1,133,834		1,133,834
53	ELECTROCARDIOLOGY	2,239,296		2,239,296	563	2,239,859
53 01	CARDIAC REHAB	1,529,058		1,529,058		1,529,058
54	ELECTROENCEPHALOGRAPHY	1,008,491		1,008,491		1,008,491
55	MEDICAL SUPPLIES CHARGED	2,132,429		2,132,429		2,132,429
56	DRUGS CHARGED TO PATIENTS	53,967,898		53,967,898		53,967,898
59	RENAL ACUTE	982,335		982,335		982,335
59 01	RENAL CAPD	88,697		88,697		88,697
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	MHC	1,436,078		1,436,078	3,068	1,439,146
60 02	FAMILY PRACTICES	5,471,764		5,471,764	287,207	5,758,971
60 03	PHYSICIANS PRACTICE	3,339,340		3,339,340		3,339,340
60 04	RURAL HEALTH	4,429,163		4,429,163	4,658	4,433,821
60 05	PATIENT NUTRITION	334,262		334,262	503	334,765
60 06	PAIN CLINIC					
60 07	WOUND CLINIC	1,864,856		1,864,856		1,864,856
61	EMERGENCY	10,944,681		10,944,681		10,944,681
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,358,370		3,358,370		3,358,370
101	SUBTOTAL	312,642,571		312,642,571	555,076	313,197,647
102	LESS OBSERVATION BEDS	3,358,370		3,358,370		3,358,370
103	TOTAL	309,284,201		309,284,201	555,076	309,839,277

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COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	66,596,596		66,596,596			
26	INTENSIVE CARE UNIT	20,680,821		20,680,821			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	8,279,338		8,279,338			
31	SUBPROVIDER	4,733,089		4,733,089			
33	NURSERY	3,086,210		3,086,210			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	75,069,967	41,762,684	116,832,651	.260496	.260496	.260602
37 01	CARDIAC SURGERY	9,839,232	12,028	9,851,260	.385524	.385524	.385524
37 02	WVSC		71,605,825	71,605,825	.233805	.233805	.233805
38	RECOVERY ROOM	5,387,496	4,463,545	9,851,041	.387002	.387002	.387002
38 02	O/P TREATMENT ROOM	1,155,849	3,505,066	4,660,915	1.201190	1.201190	1.201190
39	DELIVERY ROOM & LABOR ROO	7,567,239	1,935,664	9,502,903	.417014	.417014	.417014
41	RADIOLOGY-DIAGNOSTIC	12,849,696	33,802,302	46,651,998	.387744	.387744	.388750
41 01	CAT SCAN	21,363,428	27,401,691	48,765,119	.085323	.085323	.085323
41 02	CARDIAC CATHERIZATION LAB	30,428,914	55,634,465	86,063,379	.337471	.337471	.337471
42	RADIOLOGY-THERAPEUTIC	1,251,294	19,556,706	20,808,000	.367821	.367821	.367821
43	RADIOISOTOPE	1,050,880	6,859,709	7,910,589	.280818	.280818	.280818
44	LABORATORY	34,484,604	23,205,006	57,689,610	.129513	.129513	.132346
46	WHOLE BLOOD & PACKED RED	3,577,956	763,466	4,341,422	.627735	.627735	.627735
49	RESPIRATORY THERAPY	10,466,166	402,813	10,868,979	.417402	.417402	.417651
50	PHYSICAL THERAPY	4,414,590	2,082,541	6,497,131	.473036	.473036	.473036
50 01	PSYCHIATRIC/PSYCHOLOGICAL	190,859	1,147,943	1,338,802	.576202	.576202	.576202
50 02	O/P PHYSICAL THERAPY	2,595	4,096,178	4,098,773	.639322	.639322	.639322
51	OCCUPATIONAL THERAPY	3,484,901	1,547,204	5,032,105	.468696	.468696	.468696
52	SPEECH PATHOLOGY	1,198,659	1,153,143	2,351,802	.482113	.482113	.482113
53	ELECTROCARDIOLOGY	8,374,277	4,278,674	12,652,951	.176978	.176978	.177023
53 01	CARDIAC REHAB	81,470	928,056	1,009,526	1.514630	1.514630	1.514630
54	ELECTROENCEPHALOGRAPHY	588,472	1,657,709	2,246,181	.448980	.448980	.448980
55	MEDICAL SUPPLIES CHARGED	5,939,393	1,085,089	7,024,482	.303571	.303571	.303571
56	DRUGS CHARGED TO PATIENTS	85,402,748	107,511,418	192,914,166	.279751	.279751	.279751
59	RENAL ACUTE	2,013,084	69,196	2,082,280	.471759	.471759	.471759
59 01	RENAL CAPD	117,399		117,399	.755518	.755518	.755518
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC		1,064,422	1,064,422	1.349162	1.349162	1.352045
60 02	FAMILY PRACTICES		2,431,746	2,431,746	2.250138	2.250138	2.368245
60 03	PHYSICIANS PRACTICE		3,680,350	3,680,350	.907343	.907343	.907343
60 04	RURAL HEALTH		3,240,692	3,240,692	1.366734	1.366734	1.368171
60 05	PATIENT NUTRITION		197,842	197,842	1.689540	1.689540	1.692083
60 06	PAIN CLINIC						
60 07	WOUND CLINIC		3,601,947	3,601,947	.517736	.517736	.517736
61	EMERGENCY	15,610,854	41,093,096	56,703,950	.193014	.193014	.193014
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,560,873	4,560,873	.736344	.736344	.736344
101	SUBTOTAL	445,288,076	476,339,089	921,627,165			
102	LESS OBSERVATION BEDS						
103	TOTAL	445,288,076	476,339,089	921,627,165			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	30,434,389	3,250,759	27,183,630			30,434,389
37 01	CARDIAC SURGERY	3,797,901	161,367	3,636,534			3,797,901
37 02	WVSC	16,741,808	1,734,119	15,007,689			16,741,808
38	RECOVERY ROOM	3,812,368	208,884	3,603,484			3,812,368
38 02	O/P TREATMENT ROOM	5,598,644	254,347	5,344,297			5,598,644
39	DELIVERY ROOM & LABOR ROO	3,962,846	473,639	3,489,207			3,962,846
41	RADIOLOGY-DIAGNOSTIC	18,089,055	4,040,453	14,048,602			18,089,055
41 01	CAT SCAN	4,160,806	731,005	3,429,801			4,160,806
41 02	CARDIAC CATHERIZATION LAB	29,043,920	3,272,462	25,771,458			29,043,920
42	RADIOLOGY-THERAPEUTIC	7,653,627	2,130,375	5,523,252			7,653,627
43	RADIOISOTOPE	2,221,437	259,823	1,961,614			2,221,437
44	LABORATORY	7,471,536	304,835	7,166,701			7,471,536
46	WHOLE BLOOD & PACKED RED	2,725,264	6,662	2,718,602			2,725,264
49	RESPIRATORY THERAPY	4,536,736	399,985	4,136,751			4,536,736
50	PHYSICAL THERAPY	3,073,378	409,249	2,664,129			3,073,378
50 01	PSYCHIATRIC/PSYCHOLOGICAL	771,421	64,981	706,440			771,421
50 02	O/P PHYSICAL THERAPY	2,620,436	303,903	2,316,533			2,620,436
51	OCCUPATIONAL THERAPY	2,358,530	314,250	2,044,280			2,358,530
52	SPEECH PATHOLOGY	1,133,834	181,658	952,176			1,133,834
53	ELECTROCARDIOLOGY	2,239,296	283,073	1,956,223			2,239,296
53 01	CARDIAC REHAB	1,529,058	531,224	997,834			1,529,058
54	ELECTROENCEPHALOGRAPHY	1,008,491	94,845	913,646			1,008,491
55	MEDICAL SUPPLIES CHARGED	2,132,429	911,692	1,220,737			2,132,429
56	DRUGS CHARGED TO PATIENTS	53,967,898	1,169,519	52,798,379			53,967,898
59	RENAL ACUTE	982,335	4,451	977,884			982,335
59 01	RENAL CAPD	88,697	299	88,398			88,697
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC	1,436,078	142,893	1,293,185			1,436,078
60 02	FAMILY PRACTICES	5,471,764	1,077,298	4,394,466			5,471,764
60 03	PHYSICIANS PRACTICE	3,339,340	392,957	2,946,383			3,339,340
60 04	RURAL HEALTH	4,429,163	282,413	4,146,750			4,429,163
60 05	PATIENT NUTRITION	334,262	36,085	298,177			334,262
60 06	PAIN CLINIC						
60 07	WOUND CLINIC	1,864,856	139,367	1,725,489			1,864,856
61	EMERGENCY	10,944,681	1,117,610	9,827,071			10,944,681
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,358,370	378,787	2,979,583			3,358,370
101	SUBTOTAL	243,334,654	25,065,269	218,269,385			243,334,654
102	LESS OBSERVATION BEDS	3,358,370	378,787	2,979,583			3,358,370
103	TOTAL	239,976,284	24,686,482	215,289,802			239,976,284

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	116,832,651	.260496	.260496
37 01	CARDIAC SURGERY	9,851,260	.385524	.385524
37 02	WVSC	71,605,825	.233805	.233805
38	RECOVERY ROOM	9,851,041	.387002	.387002
38 02	O/P TREATMENT ROOM	4,660,915	1.201190	1.201190
39	DELIVERY ROOM & LABOR ROO	9,502,903	.417014	.417014
41	RADIOLOGY-DIAGNOSTIC	46,651,998	.387744	.387744
41 01	CAT SCAN	48,765,119	.085323	.085323
41 02	CARDIAC CATHERIZATION LAB	86,063,379	.337471	.337471
42	RADIOLOGY-THERAPEUTIC	20,808,000	.367821	.367821
43	RADIOISOTOPE	7,910,589	.280818	.280818
44	LABORATORY	57,689,610	.129513	.129513
46	WHOLE BLOOD & PACKED RED	4,341,422	.627735	.627735
49	RESPIRATORY THERAPY	10,868,979	.417402	.417402
50	PHYSICAL THERAPY	6,497,131	.473036	.473036
50 01	PSYCHIATRIC/PSYCHOLOGICAL	1,338,802	.576202	.576202
50 02	O/P PHYSICAL THERAPY	4,098,773	.639322	.639322
51	OCCUPATIONAL THERAPY	5,032,105	.468696	.468696
52	SPEECH PATHOLOGY	2,351,802	.482113	.482113
53	ELECTROCARDIOLOGY	12,652,951	.176978	.176978
53 01	CARDIAC REHAB	1,009,526	1.514630	1.514630
54	ELECTROENCEPHALOGRAPHY	2,246,181	.448980	.448980
55	MEDICAL SUPPLIES CHARGED	7,024,482	.303571	.303571
56	DRUGS CHARGED TO PATIENTS	192,914,166	.279751	.279751
59	RENAL ACUTE	2,082,280	.471759	.471759
59 01	RENAL CAPD	117,399	.755518	.755518
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1,064,422	1.349162	1.349162
60 02	FAMILY PRACTICES	2,431,746	2.250138	2.250138
60 03	PHYSICIANS PRACTICE	3,680,350	.907343	.907343
60 04	RURAL HEALTH	3,240,692	1.366734	1.366734
60 05	PATIENT NUTRITION	197,842	1.689540	1.689540
60 06	PAIN CLINIC			
60 07	WOUND CLINIC	3,601,947	.517736	.517736
61	EMERGENCY	56,703,950	.193014	.193014
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,560,873	.736344	.736344
101	SUBTOTAL	818,251,111		
102	LESS OBSERVATION BEDS	4,560,873		
103	TOTAL	813,690,238		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D
 I I TO 8/31/2010 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	474,219		474,219	4,726,520		4,726,520
26	INTENSIVE CARE UNIT	77,623		77,623	1,172,116		1,172,116
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	9,874		9,874	168,943		168,943
31	SUBPROVIDER	169,574		169,574	307,645		307,645
33	NURSERY	29,811		29,811	56,704		56,704
101	TOTAL	761,101		761,101	6,431,928		6,431,928

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D
 I I TO 8/31/2010 I PART I
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TITLE XVIII, PART A

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	62,993	32,141	7.53	242,022	75.03	2,411,539
26	INTENSIVE CARE UNIT	9,274	5,716	8.37	47,843	126.39	722,445
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY	3,026		3.26		55.83	
31	SUBPROVIDER	5,370	4,203	31.58	132,731	57.29	240,790
33	NURSERY	2,480		12.02		22.86	
101	TOTAL	83,143	42,060		422,596		3,374,774

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2010 I PART II
 I 15-0023 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	95,848	3,154,911	116,832,651	41,946,793	.000820	34,396
37 01	CARDIAC SURGERY	1,597	159,770	9,851,260	4,984,547	.000162	807
37 02	WVSC	4,189	1,729,930	71,605,825		.000059	
38	RECOVERY ROOM	8,445	200,439	9,851,041	2,977,703	.000857	2,552
38 02	O/P TREATMENT ROOM	63,790	190,557	4,660,915	884,246	.013686	12,102
39	DELIVERY ROOM & LABOR ROO	64,237	409,402	9,502,903	11,180	.006760	76
41	RADIOLOGY-DIAGNOSTIC	87,852	3,952,601	46,651,998	7,602,750	.001883	14,316
41 01	CAT SCAN	8,685	722,320	48,765,119	11,339,378	.000178	2,018
41 02	CARDIAC CATHERIZATION LAB	21,720	3,250,742	86,063,379	16,949,430	.000252	4,271
42	RADIOLOGY-THERAPEUTIC	42,042	2,088,333	20,808,000	493,020	.002020	996
43	RADIOISOTOPE	254,383	5,440	7,910,589	528,786	.032157	17,004
44	LABORATORY	284,736	20,099	57,689,610	21,167,723	.004936	104,484
46	WHOLE BLOOD & PACKED RED	299	6,363	4,341,422	2,505,271	.000069	173
49	RESPIRATORY THERAPY	11,856	388,129	10,868,979	6,462,778	.001091	7,051
50	PHYSICAL THERAPY	43,181	366,068	6,497,131	1,789,872	.006646	11,895
50 01	PSYCHIATRIC/PSYCHOLOGICAL	2,120	62,861	1,338,802	2,488	.001584	4
50 02	O/P PHYSICAL THERAPY	3,276	300,627	4,098,773		.000799	
51	OCCUPATIONAL THERAPY	38,773	275,477	5,032,105	1,169,615	.007705	9,012
52	SPEECH PATHOLOGY	35,453	146,205	2,351,802	521,586	.015075	7,863
53	ELECTROCARDIOLOGY	34,071	249,002	12,652,951	6,803,681	.002693	18,322
53 01	CARDIAC REHAB	24,297	506,927	1,009,526	68,732	.024068	1,654
54	ELECTROENCEPHALOGRAPHY	38,438	56,407	2,246,181	337,705	.017113	5,779
55	MEDICAL SUPPLIES CHARGED	29,785	881,907	7,024,482	2,595,672	.004240	11,006
56	DRUGS CHARGED TO PATIENTS	86,370	1,083,149	192,914,166	48,729,892	.000448	21,831
59	RENAL ACUTE	162	4,289	2,082,280	1,476,463	.000078	115
59 01	RENAL CAPD	10	289	117,399	5,020	.000085	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC	5,751	137,142	1,064,422		.005403	
60 02	FAMILY PRACTICES	45,153	1,032,145	2,431,746		.018568	
60 03	PHYSICIANS PRACTICE	13,668	379,289	3,680,350		.003714	
60 04	RURAL HEALTH	10,869	271,544	3,240,692		.003354	
60 05	PATIENT NUTRITION	1,561	34,524	197,842		.007890	
60 06	PAIN CLINIC						
60 07	WOUND CLINIC	5,811	133,556	3,601,947		.001613	
61	EMERGENCY	102,079	1,015,531	56,703,950	7,820,331	.001800	14,077
62	OBSERVATION BEDS (NON-DIS	34,537	344,250	4,560,873		.007572	
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,505,044	23,560,225	818,251,111	189,174,662		301,804

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
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 I 15-0023 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.027004	1,132,731
37 01	CARDIAC SURGERY	.016218	80,839
37 02	WVSC	.024159	
38	RECOVERY ROOM	.020347	60,587
38 02	O/P TREATMENT ROOM	.040884	36,152
39	DELIVERY ROOM & LABOR ROO	.043082	482
41	RADIOLOGY-DIAGNOSTIC	.084725	644,143
41 01	CAT SCAN	.014812	167,959
41 02	CARDIAC CATHERIZATION LAB	.037771	640,197
42	RADIOLOGY-THERAPEUTIC	.100362	49,480
43	RADIOISOTOPE	.000688	364
44	LABORATORY	.000348	7,366
46	WHOLE BLOOD & PACKED RED	.001466	3,673
49	RESPIRATORY THERAPY	.035710	230,786
50	PHYSICAL THERAPY	.056343	100,847
50 01	PSYCHIATRIC/PSYCHOLOGICAL	.046953	117
50 02	O/P PHYSICAL THERAPY	.073346	
51	OCCUPATIONAL THERAPY	.054744	64,029
52	SPEECH PATHOLOGY	.062167	32,425
53	ELECTROCARDIOLOGY	.019679	133,890
53 01	CARDIAC REHAB	.502144	34,513
54	ELECTROENCEPHALOGRAPHY	.025112	8,480
55	MEDICAL SUPPLIES CHARGED	.125548	325,881
56	DRUGS CHARGED TO PATIENTS	.005615	273,618
59	RENAL ACUTE	.002060	3,042
59 01	RENAL CAPD	.002462	12
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MHC	.128842	
60 02	FAMILY PRACTICES	.424446	
60 03	PHYSICIANS PRACTICE	.103058	
60 04	RURAL HEALTH	.083792	
60 05	PATIENT NUTRITION	.174503	
60 06	PAIN CLINIC		
60 07	WOUND CLINIC	.037079	
61	EMERGENCY	.017909	140,054
62	OBSERVATION BEDS (NON-DIS	.075479	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		4,171,667

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

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 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D
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TITLE XVIII, PART A

SUBPROVIDER 1

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WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	95,848	3,154,911	116,832,651	105,017	.000820	86
37 01	CARDIAC SURGERY	1,597	159,770	9,851,260		.000162	
37 02	WVSC	4,189	1,729,930	71,605,825		.000059	
38	RECOVERY ROOM	8,445	200,439	9,851,041	4,296	.000857	4
38 02	O/P TREATMENT ROOM	63,790	190,557	4,660,915	7,049	.013686	96
39	DELIVERY ROOM & LABOR ROO	64,237	409,402	9,502,903		.006760	
41	RADIOLOGY-DIAGNOSTIC	87,852	3,952,601	46,651,998	107,134	.001883	202
41 01	CAT SCAN	8,685	722,320	48,765,119	129,205	.000178	23
41 02	CARDIAC CATHERIZATION LAB	21,720	3,250,742	86,063,379		.000252	
42	RADIOLOGY-THERAPEUTIC	42,042	2,088,333	20,808,000	9,942	.002020	20
43	RADIOISOTOPE	254,383	5,440	7,910,589	10,125	.032157	326
44	LABORATORY	284,736	20,099	57,689,610	414,654	.004936	2,047
46	WHOLE BLOOD & PACKED RED	299	6,363	4,341,422	24,831	.000069	2
49	RESPIRATORY THERAPY	11,856	388,129	10,868,979	204,573	.001091	223
50	PHYSICAL THERAPY	43,181	366,068	6,497,131	1,578,303	.006646	10,489
50 01	PSYCHIATRIC/PSYCHOLOGICAL	2,120	62,861	1,338,802		.001584	
50 02	O/P PHYSICAL THERAPY	3,276	300,627	4,098,773		.000799	
51	OCCUPATIONAL THERAPY	38,773	275,477	5,032,105	1,468,544	.007705	11,315
52	SPEECH PATHOLOGY	35,453	146,205	2,351,802	412,197	.015075	6,214
53	ELECTROCARDIOLOGY	34,071	249,002	12,652,951	64,046	.002693	172
53 01	CARDIAC REHAB	24,297	506,927	1,009,526		.024068	
54	ELECTROENCEPHALOGRAPHY	38,438	56,407	2,246,181	5,508	.017113	94
55	MEDICAL SUPPLIES CHARGED	29,785	881,907	7,024,482	51,221	.004240	217
56	DRUGS CHARGED TO PATIENTS	86,370	1,083,149	192,914,166	1,424,415	.000448	638
59	RENAL ACUTE	162	4,289	2,082,280	109,056	.000078	9
59 01	RENAL CAPD	10	289	117,399		.000085	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC	5,751	137,142	1,064,422		.005403	
60 02	FAMILY PRACTICES	45,153	1,032,145	2,431,746		.018568	
60 03	PHYSICIANS PRACTICE	13,668	379,289	3,680,350		.003714	
60 04	RURAL HEALTH	10,869	271,544	3,240,692		.003354	
60 05	PATIENT NUTRITION	1,561	34,524	197,842		.007890	
60 06	PAIN CLINIC						
60 07	WOUND CLINIC	5,811	133,556	3,601,947		.001613	
61	EMERGENCY	102,079	1,015,531	56,703,950	3,825	.001800	7
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	34,537	344,250	4,560,873		.007572	
101	TOTAL	1,505,044	23,560,225	818,251,111	6,133,941		32,184

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.027004	2,836
37 01	CARDIAC SURGERY	.016218	
37 02	WVSC	.024159	
38	RECOVERY ROOM	.020347	87
38 02	O/P TREATMENT ROOM	.040884	288
39	DELIVERY ROOM & LABOR ROO	.043082	
41	RADIOLOGY-DIAGNOSTIC	.084725	9,077
41 01	CAT SCAN	.014812	1,914
41 02	CARDIAC CATHERIZATION LAB	.037771	
42	RADIOLOGY-THERAPEUTIC	.100362	998
43	RADIOISOTOPE	.000688	7
44	LABORATORY	.000348	144
46	WHOLE BLOOD & PACKED RED	.001466	36
49	RESPIRATORY THERAPY	.035710	7,305
50	PHYSICAL THERAPY	.056343	88,926
50 01	PSYCHIATRIC/PSYCHOLOGICAL	.046953	
50 02	O/P PHYSICAL THERAPY	.073346	
51	OCCUPATIONAL THERAPY	.054744	80,394
52	SPEECH PATHOLOGY	.062167	25,625
53	ELECTROCARDIOLOGY	.019679	1,260
53 01	CARDIAC REHAB	.502144	
54	ELECTROENCEPHALOGRAPHY	.025112	138
55	MEDICAL SUPPLIES CHARGED	.125548	6,431
56	DRUGS CHARGED TO PATIENTS	.005615	7,998
59	RENAL ACUTE	.002060	225
59 01	RENAL CAPD	.002462	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	MHC	.128842	
60 02	FAMILY PRACTICES	.424446	
60 03	PHYSICIANS PRACTICE	.103058	
60 04	RURAL HEALTH	.083792	
60 05	PATIENT NUTRITION	.174503	
60 06	PAIN CLINIC		
60 07	WOUND CLINIC	.037079	
61	EMERGENCY	.017909	69
62	OBSERVATION BEDS (NON-DIS	.075479	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		233,758

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

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
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 I I TO 8/31/2010 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					62,993	
26	INTENSIVE CARE UNIT					9,274	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	INTENSIVE NURSERY					3,026	
31	SUBPROVIDER					5,370	
33	NURSERY					2,480	
101	TOTAL					83,143	

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

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
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 I I TO 8/31/2010 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	32,141	
26	INTENSIVE CARE UNIT	5,716	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	INTENSIVE NURSERY		
31	SUBPROVIDER	4,203	
33	NURSERY		
101	TOTAL	42,060	

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TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	CARDIAC SURGERY						
37 02	WVSC						
38	RECOVERY ROOM						
38 02	O/P TREATMENT ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC			155,189			
41 01	CAT SCAN						
41 02	CARDIAC CATHERIZATION LAB						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	PSYCHIATRIC/PSYCHOLOGICAL						
50 02	O/P PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	RENAL ACUTE						
59 01	RENAL CAPD						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC						
60 02	FAMILY PRACTICES						
60 03	PHYSICIANS PRACTICE						
60 04	RURAL HEALTH						
60 05	PATIENT NUTRITION						
60 06	PAIN CLINIC						
60 07	WOUND CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL			155,189			

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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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			116,832,651			41,946,793	
37 01	CARDIAC SURGERY			9,851,260			4,984,547	
37 02	WVSC			71,605,825				
38	RECOVERY ROOM			9,851,041			2,977,703	
38 02	O/P TREATMENT ROOM			4,660,915			884,246	
39	DELIVERY ROOM & LABOR ROO			9,502,903			11,180	
41	RADIOLOGY-DIAGNOSTIC	155,189	155,189	46,651,998	.003327	.003327	7,602,750	25,294
41 01	CAT SCAN			48,765,119			11,339,378	
41 02	CARDIAC CATHERIZATION LAB			86,063,379			16,949,430	
42	RADIOLOGY-THERAPEUTIC			20,808,000			493,020	
43	RADIOISOTOPE			7,910,589			528,786	
44	LABORATORY			57,689,610			21,167,723	
46	WHOLE BLOOD & PACKED RED			4,341,422			2,505,271	
49	RESPIRATORY THERAPY			10,868,979			6,462,778	
50	PHYSICAL THERAPY			6,497,131			1,789,872	
50 01	PSYCHIATRIC/PSYCHOLOGICAL			1,338,802			2,488	
50 02	O/P PHYSICAL THERAPY			4,098,773				
51	OCCUPATIONAL THERAPY			5,032,105			1,169,615	
52	SPEECH PATHOLOGY			2,351,802			521,586	
53	ELECTROCARDIOLOGY			12,652,951			6,803,681	
53 01	CARDIAC REHAB			1,009,526			68,732	
54	ELECTROENCEPHALOGRAPHY			2,246,181			337,705	
55	MEDICAL SUPPLIES CHARGED			7,024,482			2,595,672	
56	DRUGS CHARGED TO PATIENTS			192,914,166			48,729,892	
59	RENAL ACUTE			2,082,280			1,476,463	
59 01	RENAL CAPD			117,399			5,020	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MHC			1,064,422				
60 02	FAMILY PRACTICES			2,431,746				
60 03	PHYSICIANS PRACTICE			3,680,350				
60 04	RURAL HEALTH			3,240,692				
60 05	PATIENT NUTRITION			197,842				
60 06	PAIN CLINIC							
60 07	WOUND CLINIC			3,601,947				
61	EMERGENCY			56,703,950			7,820,331	
62	OBSERVATION BEDS (NON-DIS			4,560,873				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	155,189	155,189	818,251,111			189,174,662	25,294

TITLE XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,550,361	9,063,425				
37 01	CARDIAC SURGERY						
37 02	WVSC	8,695,939	17,320,599				
38	RECOVERY ROOM	356,116	709,312				
38 02	O/P TREATMENT ROOM	271,672	541,117				
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	2,710,596	5,398,975		9,018	17,962	
41 01	CAT SCAN	2,464,255	4,908,310				
41 02	CARDIAC CATHERIZATION LAB	7,856,038	15,647,682				
42	RADIOLOGY-THERAPEUTIC	3,431,232	6,834,338				
43	RADIOISOTOPE	428,146	852,782				
44	LABORATORY	236,163	470,390				
46	WHOLE BLOOD & PACKED RED	237,078	472,212				
49	RESPIRATORY THERAPY	56,628	112,792				
50	PHYSICAL THERAPY	2,315	4,611				
50 01	PSYCHIATRIC/PSYCHOLOGICAL						
50 02	O/P PHYSICAL THERAPY	5,744	11,441				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	615	1,224				
53	ELECTROCARDIOLOGY	779,830	1,553,268				
53 01	CARDIAC REHAB	184,415	367,319				
54	ELECTROENCEPHALOGRAPHY	92,262	183,767				
55	MEDICAL SUPPLIES CHARGED	26,400	52,583				
56	DRUGS CHARGED TO PATIENTS	18,293,565	36,437,184				
59	RENAL ACUTE	18,284	36,418				
59 01	RENAL CAPD						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC						
60 02	FAMILY PRACTICES						
60 03	PHYSICIANS PRACTICE						
60 04	RURAL HEALTH						
60 05	PATIENT NUTRITION						
60 06	PAIN CLINIC						
60 07	WOUND CLINIC	452,622	901,534				
61	EMERGENCY	2,344,098	4,668,983				
62	OBSERVATION BEDS (NON-DIS	260,582	519,027				
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	53,754,956	107,069,293		9,018	17,962	

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TITLE XVIII, PART A

SUBPROVIDER 1

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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
37	01 CARDIAC SURGERY										
37	02 WVSC										
38	RECOVERY ROOM										
38	02 O/P TREATMENT ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC			155,189							
41	01 CAT SCAN										
41	02 CARDIAC CATHERIZATION LAB										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50	01 PSYCHIATRIC/PSYCHOLOGICAL										
50	02 O/P PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59	RENAL ACUTE										
59	01 RENAL CAPD										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 MHC										
60	02 FAMILY PRACTICES										
60	03 PHYSICIANS PRACTICE										
60	04 RURAL HEALTH										
60	05 PATIENT NUTRITION										
60	06 PAIN CLINIC										
60	07 WOUND CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
101	TOTAL			155,189							

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SUBPROVIDER 1

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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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			116,832,651			105,017	
37 01	CARDIAC SURGERY			9,851,260				
37 02	WVSC			71,605,825				
38	RECOVERY ROOM			9,851,041			4,296	
38 02	O/P TREATMENT ROOM			4,660,915			7,049	
39	DELIVERY ROOM & LABOR ROO			9,502,903				
41	RADIOLOGY-DIAGNOSTIC	155,189	155,189	46,651,998	.003327	.003327	107,134	356
41 01	CAT SCAN			48,765,119			129,205	
41 02	CARDIAC CATHERIZATION LAB			86,063,379				
42	RADIOLOGY-THERAPEUTIC			20,808,000			9,942	
43	RADIOISOTOPE			7,910,589			10,125	
44	LABORATORY			57,689,610			414,654	
46	WHOLE BLOOD & PACKED RED			4,341,422			24,831	
49	RESPIRATORY THERAPY			10,868,979			204,573	
50	PHYSICAL THERAPY			6,497,131			1,578,303	
50 01	PSYCHIATRIC/PSYCHOLOGICAL			1,338,802				
50 02	O/P PHYSICAL THERAPY			4,098,773				
51	OCCUPATIONAL THERAPY			5,032,105			1,468,544	
52	SPEECH PATHOLOGY			2,351,802			412,197	
53	ELECTROCARDIOLOGY			12,652,951			64,046	
53 01	CARDIAC REHAB			1,009,526				
54	ELECTROENCEPHALOGRAPHY			2,246,181			5,508	
55	MEDICAL SUPPLIES CHARGED			7,024,482			51,221	
56	DRUGS CHARGED TO PATIENTS			192,914,166			1,424,415	
59	RENAL ACUTE			2,082,280			109,056	
59 01	RENAL CAPD			117,399				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	MHC			1,064,422				
60 02	FAMILY PRACTICES			2,431,746				
60 03	PHYSICIANS PRACTICE			3,680,350				
60 04	RURAL HEALTH			3,240,692				
60 05	PATIENT NUTRITION			197,842				
60 06	PAIN CLINIC							
60 07	WOUND CLINIC			3,601,947				
61	EMERGENCY			56,703,950			3,825	
62	OBSERVATION BEDS (NON-DIS			4,560,873				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	155,189	155,189	818,251,111			6,133,941	356

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2010 I PART V
 I 15-0023 I I

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,550,361		9,063,425	
37	01 CARDIAC SURGERY					
37	02 WVSC		8,695,939		17,320,599	
38	RECOVERY ROOM		356,116	64	709,312	
38	02 O/P TREATMENT ROOM		271,672		541,117	
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		2,710,596		5,398,975	
41	01 CAT SCAN		2,464,255		4,908,310	
41	02 CARDIAC CATHERIZATION LABORATORY		7,856,038		15,647,682	
42	RADIOLOGY-THERAPEUTIC		3,431,232		6,834,338	
43	RADIOISOTOPE		428,146		852,782	
44	LABORATORY		236,163		470,390	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		237,078		472,212	
49	RESPIRATORY THERAPY		56,628	67	112,792	
50	PHYSICAL THERAPY		2,315		4,611	
50	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
50	02 O/P PHYSICAL THERAPY		5,744		11,441	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		615		1,224	
53	ELECTROCARDIOLOGY		779,830		1,553,268	
53	01 CARDIAC REHAB		184,415		367,319	
54	ELECTROENCEPHALOGRAPHY		92,262		183,767	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		26,400	16,138	52,583	
56	DRUGS CHARGED TO PATIENTS		18,293,565		36,437,184	
59	RENAL ACUTE		18,284		36,418	
59	01 RENAL CAPD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MHC					
60	02 FAMILY PRACTICES					
60	03 PHYSICIANS PRACTICE					
60	04 RURAL HEALTH					
60	05 PATIENT NUTRITION					
60	06 PAIN CLINIC					
60	07 WOUND CLINIC		452,622		901,534	
61	EMERGENCY		2,344,098		4,668,983	
62	OBSERVATION BEDS (NON-DISTINCT PART)		260,582		519,027	
101	SUBTOTAL		53,754,956	16,269	107,069,293	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		53,754,956	16,269	107,069,293	

(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					
37 OPERATING ROOM				1,185,351	
37 01 CARDIAC SURGERY					
37 02 WVSC				2,033,154	
38 RECOVERY ROOM				137,818	25
38 02 O/P TREATMENT ROOM				326,330	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				1,051,017	
41 01 CAT SCAN				210,258	
41 02 CARDIAC CATHERIZATION LABORATORY				2,651,185	
42 RADIOLOGY-THERAPEUTIC				1,262,079	
43 RADIOISOTOPE				120,231	
44 LABORATORY				30,586	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				148,822	
49 RESPIRATORY THERAPY				23,637	28
50 PHYSICAL THERAPY				1,095	
50 01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
50 02 O/P PHYSICAL THERAPY				3,672	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				296	
53 ELECTROCARDIOLOGY				138,013	
53 01 CARDIAC REHAB				279,320	
54 ELECTROENCEPHALOGRAPHY				41,424	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,014	4,899
56 DRUGS CHARGED TO PATIENTS				5,117,643	
59 RENAL ACUTE				8,626	
59 01 RENAL CAPD					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MHC					
60 02 FAMILY PRACTICES					
60 03 PHYSICIANS PRACTICE					
60 04 RURAL HEALTH					
60 05 PATIENT NUTRITION					
60 06 PAIN CLINIC					
60 07 WOUND CLINIC				234,339	
61 EMERGENCY				452,444	
62 OBSERVATION BEDS (NON-DISTINCT PART)				191,878	
101 SUBTOTAL				15,657,232	4,952
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				15,657,232	4,952

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 8/31/2010 I PART V
 I 15-0023 I I

TITLE XVIII, PART B HOSPITAL

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

Cost Center Description 9.03 10 11

(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,360,986		
37	01 CARDIAC SURGERY			
37	02 WVSC	4,049,643		
38	RECOVERY ROOM	274,505		
38	02 O/P TREATMENT ROOM	649,984		
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	2,093,420		
41	01 CAT SCAN	418,792		
41	02 CARDIAC CATHERIZATION LABORATORY	5,280,639		
42	RADIOLOGY-THERAPEUTIC	2,513,813		
43	RADIOISOTOPE	239,477		
44	LABORATORY	60,922		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	296,424		
49	RESPIRATORY THERAPY	47,080		
50	PHYSICAL THERAPY	2,181		
50	01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
50	02 O/P PHYSICAL THERAPY	7,314		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	590		
53	ELECTROCARDIOLOGY	274,894		
53	01 CARDIAC REHAB	556,352		
54	ELECTROENCEPHALOGRAPHY	82,508		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,963		
56	DRUGS CHARGED TO PATIENTS	10,193,339		
59	RENAL ACUTE	17,181		
59	01 RENAL CAPD			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MHC			
60	02 FAMILY PRACTICES			
60	03 PHYSICIANS PRACTICE			
60	04 RURAL HEALTH			
60	05 PATIENT NUTRITION			
60	06 PAIN CLINIC			
60	07 WOUND CLINIC	466,757		
61	EMERGENCY	901,179		
62	OBSERVATION BEDS (NON-DISTINCT PART)	382,182		
101	SUBTOTAL	31,186,125		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES	31,186,125		

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

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/28/2011
I	15-0023	I	FROM 9/ 1/2009	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 8/31/2010	I	PART I	
I	15-0023	I		I		

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)	62,993
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	62,993
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38,500
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,493
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)	32,141
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	46,110,301
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	46,110,301

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	82,872,551
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	53,158,003
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	29,714,548
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.556400
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,380.73
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,213.19
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	167.54
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	93.22
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,588,970
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	42,521,331

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2010 I PART II
 I 15-0023 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 731.99
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 23,526,891
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 23,526,891

	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)					
43 INTENSIVE CARE UNIT	13,952,941	9,274	1,504.52	5,716	8,599,836
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 INTENSIVE NURSERY	2,665,539	3,026	880.88		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					51,856,285
49 TOTAL PROGRAM INPATIENT COSTS					83,983,012

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,423,849
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 4,498,765
 52 TOTAL PROGRAM EXCLUDABLE COST 7,922,614
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 76,060,398

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 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2010 I PART III
 I 15-0023 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 4,588
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 731.99
- 85 OBSERVATION BED COST 3,358,370

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	474,219	46,110,301	.010284	3,358,370	34,537
87 NEW CAPITAL-RELATED COST	4,726,520	46,110,301	.102505	3,358,370	344,250
88 NON PHYSICIAN ANESTHETIST		46,110,301		3,358,370	
89 MEDICAL EDUCATION		46,110,301		3,358,370	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,370
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,370
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,966
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,404
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)	4,203
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,199,883
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,199,883

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,851,592
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,739,816
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,841,776
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.071789
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	884.95
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	834.83
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	50.12
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	53.72
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	105,614
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,094,269

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2010 I PART II
 I 15-T023 I I

TITLE XVIII PART A SUBPROVIDER I 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 968.32
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,069,849
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,069,849

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 INTENSIVE NURSERY					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,366,224
49 TOTAL PROGRAM INPATIENT COSTS					6,436,073

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 373,521
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 266,298
 52 TOTAL PROGRAM EXCLUDABLE COST 639,819
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,796,254

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 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 8/31/2010 I PART III
 I 15-T023 I I

TITLE XVIII PART A

SUBPROVIDER I

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 968.32
- 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	169,574	5,199,883	.032611		
87 NEW CAPITAL-RELATED COST	307,645	5,199,883	.059164		
88 NON PHYSICIAN ANESTHETIST		5,199,883			
89 MEDICAL EDUCATION		5,199,883			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2010 I
 I 15-0023 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			
26	ADULTS & PEDIATRICS		39,120,252	
27	INTENSIVE CARE UNIT		13,484,615	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	INTENSIVE NURSERY			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.260602	41,946,793	10,931,418
37 01	CARDIAC SURGERY	.385524	4,984,547	1,921,662
37 02	WVSC	.233805		
38	RECOVERY ROOM	.387002	2,977,703	1,152,377
38 02	O/P TREATMENT ROOM	1.201190	884,246	1,062,147
39	DELIVERY ROOM & LABOR ROOM	.417014	11,180	4,662
41	RADIOLOGY-DIAGNOSTIC	.388750	7,602,750	2,955,569
41 01	CAT SCAN	.085323	11,339,378	967,510
41 02	CARDIAC CATHERIZATION LABORATORY	.337471	16,949,430	5,719,941
42	RADIOLOGY-THERAPEUTIC	.367821	493,020	181,343
43	RADIOISOTOPE	.280818	528,786	148,493
44	LABORATORY	.132346	21,167,723	2,801,463
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.627735	2,505,271	1,572,646
49	RESPIRATORY THERAPY	.417651	6,462,778	2,699,186
50	PHYSICAL THERAPY	.473036	1,789,872	846,674
50 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.576202	2,488	1,434
50 02	O/P PHYSICAL THERAPY	.639322		
51	OCCUPATIONAL THERAPY	.468696	1,169,615	548,194
52	SPEECH PATHOLOGY	.482113	521,586	251,463
53	ELECTROCARDIOLOGY	.177023	6,803,681	1,204,408
53 01	CARDIAC REHAB	1.514630	68,732	104,104
54	ELECTROENCEPHALOGRAPHY	.448980	337,705	151,623
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.303571	2,595,672	787,971
56	DRUGS CHARGED TO PATIENTS	.279751	48,729,892	13,632,236
59	RENAL ACUTE	.471759	1,476,463	696,535
59 01	RENAL CAPD	.755518	5,020	3,793
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1.352045		
60 02	FAMILY PRACTICES	2.368245		
60 03	PHYSICIANS PRACTICE	.907343		
60 04	RURAL HEALTH	1.368171		
60 05	PATIENT NUTRITION	1.692083		
60 06	PAIN CLINIC			
60 07	WOUND CLINIC	.517736		
61	EMERGENCY	.193014	7,820,331	1,509,433
62	OBSERVATION BEDS (NON-DISTINCT PART)	.736344		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		189,174,662	51,856,285
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		189,174,662	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2010 I
 I 15-T023 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	INTENSIVE NURSERY			
	SUBPROVIDER		3,595,917	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.260602	105,017	27,368
37 01	CARDIAC SURGERY	.385524		
37 02	WVSC	.233805		
38	RECOVERY ROOM	.387002	4,296	1,663
38 02	O/P TREATMENT ROOM	1.201190	7,049	8,467
39	DELIVERY ROOM & LABOR ROOM	.417014		
41	RADIOLOGY-DIAGNOSTIC	.388750	107,134	41,648
41 01	CAT SCAN	.085323	129,205	11,024
41 02	CARDIAC CATHERIZATION LABORATORY	.337471		
42	RADIOLOGY-THERAPEUTIC	.367821	9,942	3,657
43	RADIOISOTOPE	.280818	10,125	2,843
44	LABORATORY	.132346	414,654	54,878
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.627735	24,831	15,587
49	RESPIRATORY THERAPY	.417651	204,573	85,440
50	PHYSICAL THERAPY	.473036	1,578,303	746,594
50 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.576202		
50 02	O/P PHYSICAL THERAPY	.639322		
51	OCCUPATIONAL THERAPY	.468696	1,468,544	688,301
52	SPEECH PATHOLOGY	.482113	412,197	198,726
53	ELECTROCARDIOLOGY	.177023	64,046	11,338
53 01	CARDIAC REHAB	1.514630		
54	ELECTROENCEPHALOGRAPHY	.448980	5,508	2,473
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.303571	51,221	15,549
56	DRUGS CHARGED TO PATIENTS	.279751	1,424,415	398,482
59	RENAL ACUTE	.471759	109,056	51,448
59 01	RENAL CAPD	.755518		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1.352045		
60 02	FAMILY PRACTICES	2.368245		
60 03	PHYSICIANS PRACTICE	.907343		
60 04	RURAL HEALTH	1.368171		
60 05	PATIENT NUTRITION	1.692083		
60 06	PAIN CLINIC			
60 07	WOUND CLINIC	.517736		
61	EMERGENCY	.193014	3,825	738
62	OBSERVATION BEDS (NON-DISTINCT PART)	.736344		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		6,133,941	2,366,224
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,133,941	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 8/31/2010 I
 I 15-0023 I I

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		13,627,697	
26	INTENSIVE CARE UNIT		4,513,455	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	INTENSIVE NURSERY			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.261716	12,046,267	3,152,701
37 01	CARDIAC SURGERY	.385524	963,164	371,323
37 02	WVSC	.233805		
38	RECOVERY ROOM	.387002	858,409	332,206
38 02	O/P TREATMENT ROOM	1.201190	264,554	317,780
39	DELIVERY ROOM & LABOR ROOM	.459015	492,297	225,972
41	RADIOLOGY-DIAGNOSTIC	.389043	3,787,756	1,473,600
41 01	CAT SCAN	.085323	3,940,659	336,229
41 02	CARDIAC CATHERIZATION LABORATORY	.337471	2,993,200	1,010,118
42	RADIOLOGY-THERAPEUTIC	.367821	226,852	83,441
43	RADIOISOTOPE	.280818	212,888	59,783
44	LABORATORY	.129513	7,701,931	997,500
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.627735	751,580	471,793
49	RESPIRATORY THERAPY	.417402	1,682,881	702,438
50	PHYSICAL THERAPY	.473036	612,033	289,514
50 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.576202		
50 02	O/P PHYSICAL THERAPY	.641930		
51	OCCUPATIONAL THERAPY	.468696	519,688	243,576
52	SPEECH PATHOLOGY	.482113	230,575	111,163
53	ELECTROCARDIOLOGY	.176978	1,506,550	266,626
53 01	CARDIAC REHAB	1.514630	10,183	15,423
54	ELECTROENCEPHALOGRAPHY	.448980	139,959	62,839
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.303571	2,036,242	618,144
56	DRUGS CHARGED TO PATIENTS	.279751	19,234,099	5,380,758
59	RENAL ACUTE	.471759	427,565	201,708
59 01	RENAL CAPD	.755518	112,379	84,904
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1.456297		
60 02	FAMILY PRACTICES	2.754258		
60 03	PHYSICIANS PRACTICE	.917994		
60 04	RURAL HEALTH	1.373331		
60 05	PATIENT NUTRITION	1.689540		
60 06	PAIN CLINIC			
60 07	WOUND CLINIC	.521693		
61	EMERGENCY	.193014	3,121,177	602,431
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.736344		
101	TOTAL		63,872,888	17,411,970
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		63,872,888	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 8/31/2010 I PART A
 I 15-0023 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,875,936	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14,627,808	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	39,007,489	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4,226,394	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,115,657	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	274.22	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	12.22	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	12.22	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	20.73	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	12.22	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	12.22	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	12.22	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	12.22	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.044563	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.049063	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.044563	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	117,261	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	453,425	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	938,091	
	SUM OF LINES 3.21 - 3.23	
	1,508,777	
	PLUS E-3, PT VI, LINE 23	
	512,127	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	2,020,904	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.59	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.72	
4.02 SUM OF LINES 4 AND 4.01	23.31	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.45	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,944,199	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 8/31/2010 I PART A
 I 15-0023 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	66,591,993	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	66,591,993	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,250,656	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	807,299	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		25,294
16 TOTAL	72,675,242	
17 PRIMARY PAYER PAYMENTS		41,385
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	72,633,857	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,747,296	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	285,774	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,252,003	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	876,402	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	746,631	
22 SUBTOTAL	67,477,189	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	67,477,189	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	66,988,478	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	488,711	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	1/28/2011
I	15-0023	I	FROM	9/ 1/2009	I	WORKSHEET E
I	COMPONENT NO:	I	TO	8/31/2010	I	PART B
I	15-0023	I			I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,952	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,648,214	31,168,163
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	46,077,033	
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.	26,980	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	4,952	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	16,269	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	16,269	
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)	16,269	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,317	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,952	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	46,104,013	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	9,583,368	
19	SUBTOTAL (SEE INSTRUCTIONS)	36,525,597	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	418,269	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	36,943,866	
24	PRIMARY PAYER PAYMENTS	22,854	
25	SUBTOTAL	36,921,012	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	1,105,674	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	773,972	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	662,613	
28	SUBTOTAL	37,694,984	
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	37,694,984	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	37,624,466	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	70,518	
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
I 15-0023	I FROM 9/ 1/2009	I 1/28/2011
I COMPONENT NO:	I TO 8/31/2010	I WORKSHEET E-1
I 15-0023	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		66,393,648		37,581,843
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	8/31/2010	331,170	2/25/2010	42,623
ADJUSTMENTS TO PROVIDER .02	2/25/2010	263,660		
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		594,830		42,623
4 TOTAL INTERIM PAYMENTS		66,988,478		37,624,466
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		488,711		70,518
7 TOTAL MEDICARE PROGRAM LIABILITY		67,477,189		37,694,984

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 8/31/2010 I
 I 15-T023 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,747,593		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/25/2010	34,674		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-34,674		NONE
4 TOTAL INTERIM PAYMENTS		5,712,919		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		85,051		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,797,970		

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	1/28/2011
I	15-0023	I	FROM	9/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO	8/31/2010	I	PART I
I	15-T023	I			I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	5,448,968
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0242
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	296,609
1.05	OUTLIER PAYMENTS	120,748
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,866,325
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF .5150 - 1}	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	21.05
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)	14.712329
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ 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)	5,866,325
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,866,325
7	DEDUCTIBLES	35,980
8	SUBTOTAL	5,830,345
9	COINSURANCE	32,731
10	SUBTOTAL	5,797,614
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,797,614
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	356
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 1/28/2011
I	15-0023	I	FROM 9/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 8/31/2010	I	PART I
I	15-T023	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,797,970
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,712,919
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	85,051
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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	14.92
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	14.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	21.05
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	14.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	21.05
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	21.05
3.10	SEE INSTRUCTIONS	14.92
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	14.92
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	14.92
3.21	SEE INSTRUCTIONS	RES INIT YEARS 14.92
3.22	SEE INSTRUCTIONS	14.92
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	108,024.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,611,718
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,611,718

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		42,060
5	TOTAL INPATIENT DAYS		76,075
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.552875
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	891,079 270,326	1,161,405
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,706
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		76,075
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		49,228
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12	14,935

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	90,419,085
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	41,385
16	TOTAL PART A REASONABLE COST	90,377,700
PART B REASONABLE COST		
17	REASONABLE COST	46,848,309
18	PRIMARY PAYER PAYMENTS	22,854
19	TOTAL PART B REASONABLE COST	46,825,455
20	TOTAL REASONABLE COST	137,203,155
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.658714
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.341286
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,225,568
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	807,299
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	418,269

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1 COLUMN 1.01
 1.000000

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4) 5.75
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) 6.13
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) 5.75
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS) 85,034.00
- 9 MULTIPLY LINE 7 TIMES LINE 8 488,946
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6. 552875
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10) 270,326
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5]) 14,935

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C). 8.45
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) 8.51
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005) 8.45
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A) .030815
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS) .008163
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005. 58,511,233
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005 4,226,394
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA 512,127

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20,257,381			
2	TEMPORARY INVESTMENTS	19,594,120			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	49,738,400			
5	OTHER RECEIVABLES	2,449,523			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,049,617			
8	PREPAID EXPENSES	3,892,023			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	100,981,064			
FIXED ASSETS					
12	LAND	34,992,891			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	302,024,085			
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	108,050,874			
18.01	LESS ACCUMULATED DEPRECIATION	-149,854,870			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	3,817,467			
21	TOTAL FIXED ASSETS	299,030,447			
OTHER ASSETS					
22	INVESTMENTS	37,666,679			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS	6,883,219			
25	OTHER ASSETS	10,483,503			
26	TOTAL OTHER ASSETS	55,033,401			
27	TOTAL ASSETS	455,044,912			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,115,897			
29 SALARIES, WAGES & FEES PAYABLE	15,739,402			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	11,496,949			
36 TOTAL CURRENT LIABILITIES	49,352,248			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	270,059,631			
42 TOTAL LONG-TERM LIABILITIES	270,059,631			
43 TOTAL LIABILITIES	319,411,879			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	135,633,033			
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	135,633,033			
52 TOTAL LIABILITIES AND FUND BALANCES	455,044,912			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		127,592,025		
	OF PERIOD				
2	NET INCOME (LOSS)		-157,120		
3	TOTAL		127,434,905		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	UHC NET INCOME	653,685			
5	PENSION	11,086,274			
6	UNREALIZED GAIN	318,439			
7	UH FOUNDATION CHANGES	422,231			
8	ADJUST	28			
9					
10	TOTAL ADDITIONS		12,480,657		
11	SUBTOTAL		139,915,562		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	TRANSFER UHS	4,260,000			
13	NET INVESTMENT INCOME	22,571			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		4,282,571		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		135,632,991		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	UHC NET INCOME				
5	PENSION				
6	UNREALIZED GAIN				
7	UH FOUNDATION CHANGES				
8	ADJUST				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	TRANSFER UHS				
13	NET INVESTMENT INCOME				
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	1/28/2011
I	15-0023	I	FROM 9/ 1/2009	I	WORKSHEET G-2	
I		I	TO 8/31/2010	I	PARTS I & II	

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	103,376,054		103,376,054
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	103,376,054		103,376,054
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 INTENSIVE NURSERY			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	103,376,054		103,376,054
17 00 ANCILLARY SERVICES	354,762,748	493,395,215	848,157,963
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	458,138,802	493,395,215	951,534,017

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		291,555,241	
ADD (SPECIFY)			
27 00 BAD DEBT	26,750,704		
28 00 HOME OFFICE	60,927,068		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		87,677,772	
DEDUCT (SPECIFY)			
34 00 UHC BENEFITS	1,751,989		
35 00 UHC PHOENIX ALLOCATION	265,814		
36 00 UHC IS ALLOCATION	319,200		
37 00 UHC PERSONNEL COST ALLOCATION	296,705		
38 00			
39 00 TOTAL DEDUCTIONS		2,633,708	
40 00 TOTAL OPERATING EXPENSES		376,599,305	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET G-3
 I TO 8/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	951,534,017
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	584,478,898
3	NET PATIENT REVENUES	367,055,119
4	LESS: TOTAL OPERATING EXPENSES	376,599,305
5	NET INCOME FROM SERVICE TO PATIENTS	-9,544,186
	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	
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	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	8,332,059
24.01	NON OPERATING REVENUE	1,221,872
25	TOTAL OTHER INCOME	9,553,931
26	TOTAL	9,745
	OTHER EXPENSES	
27	LOSS ON DISPOSALS	166,805
28	ADJUST	60
29		
30	TOTAL OTHER EXPENSES	166,865
31	NET INCOME (OR LOSS) FOR THE PERIOD	-157,120

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
 I 15-0023 I FROM 9/ 1/2009 I WORKSHEET L
 I COMPONENT NO: I TO 8/31/2010 I PARTS I-IV
 I 15-0023 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,801,168
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	70,676
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	193.71
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	20.67
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.06
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	146,916
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.59
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.72
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.31
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.83
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	231,896
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,250,656
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
I 15-0023 I FROM 9/ 1/2009 I WORKSHEET C
I I TO 8/31/2010 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	47,441,606		47,441,606	33,570	47,475,176
26	INTENSIVE CARE UNIT	14,042,032		14,042,032		14,042,032
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	INTENSIVE NURSERY	2,747,503		2,747,503		2,747,503
31	SUBPROVIDER	5,199,883		5,199,883		5,199,883
33	NURSERY	1,412,823		1,412,823		1,412,823
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,576,935		30,576,935	12,450	30,589,385
37	01 CARDIAC SURGERY	3,797,901		3,797,901		3,797,901
37	02 WVSC	16,741,808		16,741,808		16,741,808
38	RECOVERY ROOM	3,812,368		3,812,368		3,812,368
38	02 O/P TREATMENT ROOM	5,598,644		5,598,644		5,598,644
39	DELIVERY ROOM & LABOR ROO	4,361,973		4,361,973		4,361,973
41	RADIOLOGY-DIAGNOSTIC	18,149,637		18,149,637	46,891	18,196,528
41	01 CAT SCAN	4,160,806		4,160,806		4,160,806
41	02 CARDIAC CATHERIZATION LAB	29,043,920		29,043,920		29,043,920
42	RADIOLOGY-THERAPEUTIC	7,653,627		7,653,627		7,653,627
43	RADIOISOTOPE	2,221,437		2,221,437		2,221,437
44	LABORATORY	7,471,536		7,471,536	163,462	7,634,998
46	WHOLE BLOOD & PACKED RED	2,725,264		2,725,264		2,725,264
49	RESPIRATORY THERAPY	4,536,736		4,536,736	2,704	4,539,440
50	PHYSICAL THERAPY	3,073,378		3,073,378		3,073,378
50	01 PSYCHIATRIC/PSYCHOLOGICAL	771,421		771,421		771,421
50	02 O/P PHYSICAL THERAPY	2,631,127		2,631,127		2,631,127
51	OCCUPATIONAL THERAPY	2,358,530		2,358,530		2,358,530
52	SPEECH PATHOLOGY	1,133,834		1,133,834		1,133,834
53	ELECTROCARDIOLOGY	2,239,296		2,239,296	563	2,239,859
53	01 CARDIAC REHAB	1,529,058		1,529,058		1,529,058
54	ELECTROENCEPHALOGRAPHY	1,008,491		1,008,491		1,008,491
55	MEDICAL SUPPLIES CHARGED	2,132,429		2,132,429		2,132,429
56	DRUGS CHARGED TO PATIENTS	53,967,898		53,967,898		53,967,898
59	RENAL ACUTE	982,335		982,335		982,335
59	01 RENAL CAPD	88,697		88,697		88,697
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MHC	1,550,115		1,550,115	3,068	1,553,183
60	02 FAMILY PRACTICES	6,697,656		6,697,656	287,207	6,984,863
60	03 PHYSICIANS PRACTICE	3,378,540		3,378,540		3,378,540
60	04 RURAL HEALTH	4,450,544		4,450,544	4,658	4,455,202
60	05 PATIENT NUTRITION	334,262		334,262	503	334,765
60	06 PAIN CLINIC					
60	07 WOUND CLINIC	1,879,111		1,879,111		1,879,111
61	EMERGENCY	10,944,681		10,944,681		10,944,681
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,358,370		3,358,370		3,358,370
101	SUBTOTAL	316,206,212		316,206,212	555,076	316,761,288
102	LESS OBSERVATION BEDS	3,358,370		3,358,370		3,358,370
103	TOTAL	312,847,842		312,847,842	555,076	313,402,918

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 1/28/2011
I 15-0023 I FROM 9/ 1/2009 I WORKSHEET C
I I TO 8/31/2010 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						
26	ADULTS & PEDIATRICS	66,596,596		66,596,596			
27	INTENSIVE CARE UNIT	20,680,821		20,680,821			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	INTENSIVE NURSERY	8,279,338		8,279,338			
32	SUBPROVIDER	4,733,089		4,733,089			
33	NURSERY	3,086,210		3,086,210			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	75,069,967	41,762,684	116,832,651	.261716	.261716	.261822
37 01	CARDIAC SURGERY	9,839,232	12,028	9,851,260	.385524	.385524	.385524
37 02	WVSC		71,605,825	71,605,825	.233805	.233805	.233805
38	RECOVERY ROOM	5,387,496	4,463,545	9,851,041	.387002	.387002	.387002
38 02	O/P TREATMENT ROOM	1,155,849	3,505,066	4,660,915	1.201190	1.201190	1.201190
39	DELIVERY ROOM & LABOR ROO	7,567,239	1,935,664	9,502,903	.459015	.459015	.459015
41	RADIOLOGY-DIAGNOSTIC	12,849,696	33,802,302	46,651,998	.389043	.389043	.390048
41 01	CAT SCAN	21,363,428	27,401,691	48,765,119	.085323	.085323	.085323
41 02	CARDIAC CATHERIZATION LAB	30,428,914	55,634,465	86,063,379	.337471	.337471	.337471
42	RADIOLOGY-THERAPEUTIC	1,251,294	19,556,706	20,808,000	.367821	.367821	.367821
43	RADIOISOTOPE	1,050,880	6,859,709	7,910,589	.280818	.280818	.280818
44	LABORATORY	34,484,604	23,205,006	57,689,610	.129513	.129513	.132346
46	WHOLE BLOOD & PACKED RED	3,577,956	763,466	4,341,422	.627735	.627735	.627735
49	RESPIRATORY THERAPY	10,466,166	402,813	10,868,979	.417402	.417402	.417651
50	PHYSICAL THERAPY	4,414,590	2,082,541	6,497,131	.473036	.473036	.473036
50 01	PSYCHIATRIC/PSYCHOLOGICAL	190,859	1,147,943	1,338,802	.576202	.576202	.576202
50 02	O/P PHYSICAL THERAPY	2,595	4,096,178	4,098,773	.641930	.641930	.641930
51	OCCUPATIONAL THERAPY	3,484,901	1,547,204	5,032,105	.468696	.468696	.468696
52	SPEECH PATHOLOGY	1,198,659	1,153,143	2,351,802	.482113	.482113	.482113
53	ELECTROCARDIOLOGY	8,374,277	4,278,674	12,652,951	.176978	.176978	.177023
53 01	CARDIAC REHAB	81,470	928,056	1,009,526	1.514630	1.514630	1.514630
54	ELECTROENCEPHALOGRAPHY	588,472	1,657,709	2,246,181	.448980	.448980	.448980
55	MEDICAL SUPPLIES CHARGED	5,939,393	1,085,089	7,024,482	.303571	.303571	.303571
56	DRUGS CHARGED TO PATIENTS	85,402,748	107,511,418	192,914,166	.279751	.279751	.279751
59	RENAL ACUTE	2,013,084	69,196	2,082,280	.471759	.471759	.471759
59 01	RENAL CAPD	117,399		117,399	.755518	.755518	.755518
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC		1,064,422	1,064,422	1.456297	1.456297	1.459180
60 02	FAMILY PRACTICES		2,431,746	2,431,746	2.754258	2.754258	2.872365
60 03	PHYSICIANS PRACTICE		3,680,350	3,680,350	.917994	.917994	.917994
60 04	RURAL HEALTH		3,240,692	3,240,692	1.373331	1.373331	1.374769
60 05	PATIENT NUTRITION		197,842	197,842	1.689540	1.689540	1.692083
60 06	PAIN CLINIC						
60 07	WOUND CLINIC		3,601,947	3,601,947	.521693	.521693	.521693
61	EMERGENCY	15,610,854	41,093,096	56,703,950	.193014	.193014	.193014
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		4,560,873	4,560,873	.736344	.736344	.736344
101	SUBTOTAL	445,288,076	476,339,089	921,627,165			
102	LESS OBSERVATION BEDS						
103	TOTAL	445,288,076	476,339,089	921,627,165			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	30,576,935	3,250,759	27,326,176	325,076	1,584,918	28,666,941
37 01	CARDIAC SURGERY	3,797,901	161,367	3,636,534	16,137	210,919	3,570,845
37 02	WVSC	16,741,808	1,734,119	15,007,689	173,412	870,446	15,697,950
38	RECOVERY ROOM	3,812,368	208,884	3,603,484	20,888	209,002	3,582,478
38 02	O/P TREATMENT ROOM	5,598,644	254,347	5,344,297	25,435	309,969	5,263,240
39	DELIVERY ROOM & LABOR ROO	4,361,973	473,639	3,888,334	47,364	225,523	4,089,086
41	RADIOLOGY-DIAGNOSTIC	18,149,637	4,040,453	14,109,184	404,045	818,333	16,927,259
41 01	CAT SCAN	4,160,806	731,005	3,429,801	73,101	198,928	3,888,777
41 02	CARDIAC CATHERIZATION LAB	29,043,920	3,272,462	25,771,458	327,246	1,494,745	27,221,929
42	RADIOLOGY-THERAPEUTIC	7,653,627	2,130,375	5,523,252	213,038	320,349	7,120,240
43	RADIOISOTOPE	2,221,437	259,823	1,961,614	25,982	113,774	2,081,681
44	LABORATORY	7,471,536	304,835	7,166,701	30,484	415,669	7,025,383
46	WHOLE BLOOD & PACKED RED	2,725,264	6,662	2,718,602	666	157,679	2,566,919
49	RESPIRATORY THERAPY	4,536,736	399,985	4,136,751	39,999	239,932	4,256,805
50	PHYSICAL THERAPY	3,073,378	409,249	2,664,129	40,925	154,519	2,877,934
50 01	PSYCHIATRIC/PSYCHOLOGICAL	771,421	64,981	706,440	6,498	40,974	723,949
50 02	O/P PHYSICAL THERAPY	2,631,127	303,903	2,327,224	30,390	134,979	2,465,758
51	OCCUPATIONAL THERAPY	2,358,530	314,250	2,044,280	31,425	118,568	2,208,537
52	SPEECH PATHOLOGY	1,133,834	181,658	952,176	18,166	55,226	1,060,442
53	ELECTROCARDIOLOGY	2,239,296	283,073	1,956,223	28,307	113,461	2,097,528
53 01	CARDIAC REHAB	1,529,058	531,224	997,834	53,122	57,874	1,418,062
54	ELECTROENCEPHALOGRAPHY	1,008,491	94,845	913,646	9,485	52,991	946,015
55	MEDICAL SUPPLIES CHARGED	2,132,429	911,692	1,220,737	91,169	70,803	1,970,457
56	DRUGS CHARGED TO PATIENTS	53,967,898	1,169,519	52,798,379	116,952	3,062,306	50,788,640
59	RENAL ACUTE	982,335	4,451	977,884	445	56,717	925,173
59 01	RENAL CAPD	88,697	299	88,398	30	5,127	83,540
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MHC	1,550,115	142,893	1,407,222	14,289	81,619	1,454,207
60 02	FAMILY PRACTICES	6,697,656	1,077,298	5,620,358	107,730	325,981	6,263,945
60 03	PHYSICIANS PRACTICE	3,378,540	392,957	2,985,583	39,296	173,164	3,166,080
60 04	RURAL HEALTH	4,450,544	282,413	4,168,131	28,241	241,752	4,180,551
60 05	PATIENT NUTRITION	334,262	36,085	298,177	3,609	17,294	313,359
60 06	PAIN CLINIC						
60 07	WOUND CLINIC	1,879,111	139,367	1,739,744	13,937	100,905	1,764,269
61	EMERGENCY	10,944,681	1,117,610	9,827,071	111,761	569,970	10,262,950
62	OBSERVATION BEDS (NON-DIS	3,358,370	378,787	2,979,583	37,879	172,816	3,147,675
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	245,362,365	25,065,269	220,297,096	2,506,529	12,777,232	230,078,604
102	LESS OBSERVATION BEDS	3,358,370	378,787	2,979,583	37,879	172,816	3,147,675
103	TOTAL	242,003,995	24,686,482	217,317,513	2,468,650	12,604,416	226,930,929

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPUT COST TO CHRGR RATIO	I/P PT B COST TO CHRGR RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	116,832,651	.245368	.258933
37 01	CARDIAC SURGERY	9,851,260	.362476	.383886
37 02	WVSC	71,605,825	.219227	.231383
38	RECOVERY ROOM	9,851,041	.363665	.384881
38 02	O/P TREATMENT ROOM	4,660,915	1.129229	1.195733
39	DELIVERY ROOM & LABOR ROO	9,502,903	.430299	.454031
41	RADIOLOGY-DIAGNOSTIC	46,651,998	.362841	.380382
41 01	CAT SCAN	48,765,119	.079745	.083824
41 02	CARDIAC CATHERIZATION LAB	86,063,379	.316301	.333669
42	RADIOLOGY-THERAPEUTIC	20,808,000	.342188	.357583
43	RADIOISOTOPE	7,910,589	.263151	.277534
44	LABORATORY	57,689,610	.121779	.128984
46	WHOLE BLOOD & PACKED RED	4,341,422	.591262	.627582
49	RESPIRATORY THERAPY	10,868,979	.391647	.413722
50	PHYSICAL THERAPY	6,497,131	.442955	.466737
50 01	PSYCHIATRIC/PSYCHOLOGICAL	1,338,802	.540744	.571349
50 02	O/P PHYSICAL THERAPY	4,098,773	.601584	.634516
51	OCCUPATIONAL THERAPY	5,032,105	.438889	.462452
52	SPEECH PATHOLOGY	2,351,802	.450906	.474389
53	ELECTROCARDIOLOGY	12,652,951	.165774	.174741
53 01	CARDIAC REHAB	1,009,526	1.404681	1.462009
54	ELECTROENCEPHALOGRAPHY	2,246,181	.421166	.444758
55	MEDICAL SUPPLIES CHARGED	7,024,482	.280513	.290592
56	DRUGS CHARGED TO PATIENTS	192,914,166	.263271	.279145
59	RENAL ACUTE	2,082,280	.444308	.471546
59 01	RENAL CAPD	117,399	.711590	.755262
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MHC	1,064,422	1.366194	1.442873
60 02	FAMILY PRACTICES	2,431,746	2.575904	2.709957
60 03	PHYSICIANS PRACTICE	3,680,350	.860266	.907317
60 04	RURAL HEALTH	3,240,692	1.290018	1.364617
60 05	PATIENT NUTRITION	197,842	1.583885	1.671298
60 06	PAIN CLINIC			
60 07	WOUND CLINIC	3,601,947	.489810	.517824
61	EMERGENCY	56,703,950	.180992	.191043
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,560,873	.690147	.728038
101	SUBTOTAL	818,251,111		
102	LESS OBSERVATION BEDS	4,560,873		
103	TOTAL	813,690,238		