

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	52-0028	I	FROM 1/1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 8:12

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: THE MONROE CLINIC 52-0028 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	4,088	-650,812	508,832
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	4,088	-650,812	508,832

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 515 22ND AVENUE P.O. BOX:
 1.01 CITY: MONROE STATE: WI ZIP CODE: 53566- COUNTY: GREEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	2	2.01	3	V 4 5 6
09.00	HOSPITAL-BASED HHA	52-0028		7/1/1966	N P 0
12.00	HOSP-BASED HOSPICE	52-7157		5/21/1985	N P N
		52-1523		9/1/1988	

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 99952
- 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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. Y
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "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 §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

MI SCELLANEOUS 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 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
 V XVIII XIX
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3
 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 N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 52-0028
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET S-2

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTI CAMPUS

61.00	IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.					N
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

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

SETTLEMENT DATA

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

MI SCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 52-0028 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/27/2011
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,850					283
2 HMO					4,541		456
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850			4,541		283
6 INTENSIVE CARE UNIT	10	3,650			710		24
11 NURSERY							54
12 TOTAL	100	36,500			5,251		361
13 RPCH VISITS							
18 HOME HEALTH AGENCY					7,605		
21 HOSPICE							
25 TOTAL	100						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			8,636				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			8,636				
6 INTENSIVE CARE UNIT			1,134				
11 NURSERY			1,015				
12 TOTAL			10,785			1.18	
13 RPCH VISITS							
18 HOME HEALTH AGENCY			11,229				
21 HOSPICE							
25 TOTAL						1.18	
26 OBSERVATION BED DAYS			869				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,462	95	3,049
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	1.18	888.05			1,462	95	3,049
13 RPCH VISITS							
18 HOME HEALTH AGENCY		16.92					
21 HOSPICE							
25 TOTAL	1.18	904.97					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	67,867,425		67,867,425	1,882,400.00	36.05	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	25,840,967		25,840,967	208,062.40	124.20	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		92,717	92,717	2,454.40	37.78	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,549,534		2,549,534	84,427.20	30.20	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	373,655		373,655	5,639.00	66.26	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,316,125		12,316,125			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	795,455		795,455			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	4,011,374		4,011,374			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	737,736	860,507	1,598,243	33,178.08	48.17	
22 ADMINISTRATIVE & GENERAL	7,754,694	-860,507	6,894,187	239,283.20	28.81	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	904,532		904,532	41,038.40	22.04	
24 OPERATION OF PLANT	172,552		172,552	4,784.00	36.07	
25 LAUNDRY & LINEN SERVICE	153,881		153,881	12,438.40	12.37	
26 HOUSEKEEPING	465,305		465,305	42,036.80	11.07	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	403,510		403,510	32,947.20	12.25	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	83,575		83,575	7,987.20	10.46	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	445,842		445,842	11,980.80	37.21	
31 CENTRAL SERVICE AND SUPPLY	114,325		114,325	8,153.60	14.02	
32 PHARMACY	1,593,013		1,593,013	43,451.20	36.66	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	463,594		463,594	27,248.00	17.01	
34 SOCIAL SERVICE	119,370		119,370	5,553.60	21.49	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	42,026,458	-92,717	41,933,741	1,671,883.20	25.08	
2 EXCLUDED AREA SALARIES	2,549,534		2,549,534	84,427.20	30.20	
3 SUBTOTAL SALARIES	39,476,924	-92,717	39,384,207	1,587,456.00	24.81	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	373,655		373,655	5,639.00	66.26	
5 SUBTOTAL WAGE-RELATED COSTS	12,316,125		12,316,125		31.27	
6 TOTAL	52,166,704	-92,717	52,073,987	1,593,095.00	32.69	
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	13,411,929		13,411,929	510,080.48	26.29	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 52-0028
HHA NO: 52-7157
COUNTY: GREEN
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,423	5	114
2 UNDUPLICATED CENSUS COUNT		655.00	30.00	154.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,542
2 UNDUPLICATED CENSUS COUNT	839.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.52		.52
5 OTHER ADMINISTRATIVE PERSONEL	2.13		2.13
6 DIRECTING NURSING SERVICE	8.61		8.61
7 NURSING SUPERVISOR	1.00		1.00
8 PHYSICAL THERAPY SERVICE	2.53	.20	2.73
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.90		.90
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR		.01	.01
14 MEDICAL SOCIAL SERVICE	.01		.01
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.04		1.04
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9952	40420	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	4,406	26	156	81
22 SKILLED NURSING VISIT CHARGES	734,242	4,342	26,037	13,502
23 PHYSICAL THERAPY VISITS	1,488	0	29	25
24 PHYSICAL THERAPY VISIT CHARGES	259,900	0	5,075	4,340
25 OCCUPATIONAL THERAPY VISITS	491	3	9	10
26 OCCUPATIONAL THERAPY VISIT CHARGES	102,439	627	1,881	2,084
27 SPEECH PATHOLOGY VISITS	19	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,351	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	21	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	3,844	0	0	184
31 HOME HEALTH AIDE VISITS	822	4	5	9
32 HOME HEALTH AIDE VISIT CHARGES	75,624	368	460	828
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,247	33	199	126
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,180,400	5,337	33,453	20,938
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	489	0	67	11
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	56,616	43	1,507	1,002

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HHA NO:	TO 12/31/2010	WORKSHEET S-4
52-7157		
COUNTY:	GREEN	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,669
22 SKILLED NURSING VISIT CHARGES	0	0	778,123
23 PHYSICAL THERAPY VISITS	0	0	1,542
24 PHYSICAL THERAPY VISIT CHARGES	0	0	269,315
25 OCCUPATIONAL THERAPY VISITS	0	0	513
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	107,031
27 SPEECH PATHOLOGY VISITS	0	0	19
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,351
29 MEDICAL SOCIAL SERVICE VISITS	0	0	22
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	4,028
31 HOME HEALTH AIDE VISITS	0	0	840
32 HOME HEALTH AIDE VISIT CHARGES	0	0	77,280
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	7,605
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,240,128
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	567
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	59,168

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
52-1523		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	10,034	123	1,114	
3 INPATIENT RESPIRE CARE	7			
4 GENERAL INPATIENT CARE	13	9		
5 TOTAL HOSPICE DAYS	10,054	132	1,114	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	636	10,793
3 INPATIENT RESPIRE CARE		7
4 GENERAL INPATIENT CARE	11	33
5 TOTAL HOSPICE DAYS	647	10,833

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	141	9	20	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	71.30	14.67	55.70	
9 UNDUPLICATED CENSUS COUNT	141	9	20	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	23	173
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	28.13	62.62
9 UNDUPLICATED CENSUS COUNT	23	173

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	13,417,163
17.01	GROSS MEDICAID REVENUES	4,789,005
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	18,206,168
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.398548
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	4,789,005

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
52-0028	FROM 1/ 1/2010	WORKSHEET S-10
	TO 12/31/2010	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,908,648
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,908,648

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0028
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,890,285	1,890,285	-849,849	1,040,436
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	737,736	1,534,210	2,271,946	2,578,561	4,850,507
6.01	0620 DATA PROCESSING	1,738,873	5,134,128	6,873,001	-255,317	6,617,684
6.02	1160 COMMUNICATIONS	144,779	117,389	262,168	150,126	412,294
6.03	0630 MATERIALS MGMT	282,538	431,314	713,852		713,852
6.04	0640 ADMINISTRATIONS	406,376	195,648	602,024		602,024
6.05	0650 PATIENT ACCOUNTS	402,019	1,309,161	1,711,180		1,711,180
6.06	0660 ADMIN & GENERAL	4,780,109	12,896,557	17,676,666	-3,236,834	14,439,832
7	0700 MAINTENANCE & REPAIRS	904,532	2,718,118	3,622,650	-1,407,638	2,215,012
8	0800 OPERATION OF PLANT	172,552	107,130	279,682	1,072,620	1,352,302
9	0900 LAUNDRY & LINEN SERVICE	153,881	146,818	300,699		300,699
10	1000 HOUSEKEEPING	465,305	732,975	1,198,280	-359,472	838,808
11	1100 DIETARY	403,510	588,751	992,261		992,261
12	1200 CAFETERIA	83,575	29,552	113,127		113,127
14	1400 NURSING ADMINISTRATION	445,842	149,347	595,189		595,189
15	1500 CENTRAL SERVICES & SUPPLY	114,325	366,605	480,930	-372,906	108,024
16	1600 PHARMACY	1,593,013	1,966,498	3,559,511		3,559,511
17	1700 MEDICAL RECORDS & LIBRARY	463,594	200,588	664,182		664,182
18	1800 SOCIAL SERVICE	119,370	39,058	158,428		158,428
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				92,717	92,717
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1	1		1
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,741,891	1,343,923	6,085,814	-12,068	6,073,746
26	2600 INTENSIVE CARE UNIT	1,048,261	401,155	1,449,416	-684	1,448,732
33	3300 NURSERY	323,457	122,077	445,534	-911	444,623
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,470,764	4,925,437	6,396,201	-5,499,921	896,280
38	3800 RECOVERY ROOM	310,386	80,741	391,127	-1,499	389,628
39	3900 DELIVERY ROOM & LABOR ROOM	390,379	147,335	537,714		537,714
40	4000 ANESTHESIOLOGY	2,013,750	452,460	2,466,210		2,466,210
41	4100 RADIOLOGY-DIAGNOSTIC	1,291,153	2,138,576	3,429,729	-243,181	3,186,548
41.01	3230 CAT SCAN	254,090	658,802	912,892		912,892
41.02	3430 MRI	19,785	917,340	937,125		937,125
41.03	3120 CARDIAC CATH	288,108	1,155,281	1,443,389	-938,551	504,838
44	4400 LABORATORY	3,011,515	3,097,899	6,109,414		6,109,414
49	4900 RESPIRATORY THERAPY	513,123	266,582	779,705	-726,894	52,811
50	5000 PHYSICAL THERAPY	868,115	335,981	1,204,096	-6,606	1,197,490
51	5100 OCCUPATIONAL THERAPY	173,601	195,054	368,655	-2,282	366,373
52	5200 SPEECH PATHOLOGY	119	133,606	133,725		133,725
53	5300 ELECTROCARDIOLOGY	34,562	46,581	81,143		81,143
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,277,293	5,277,293
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				2,783,591	2,783,591
56	5600 DRUGS CHARGED TO PATIENTS					
58	5800 ASC (NON-DISTINCT PART)	897,203	258,674	1,155,877		1,155,877
58.01	3340 PROCTO/ENTERO/GASTRO	393,076	353,185	746,261	-164,428	581,833
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	30,781,483	14,736,981	45,518,464	2,307,803	47,826,267
61	6100 EMERGENCY	2,896,733	1,120,435	4,017,168	-183,670	3,833,498
61.01	4950 CARDIAC REHAB	184,408	77,435	261,843		261,843
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,131,429	480,842	1,612,271		1,612,271
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	635,209	542,980	1,178,189		1,178,189
95	SUBTOTALS	67,084,529	64,543,495	131,628,024	-0-	131,628,024
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 MONROE CLINIC INN		1,008	1,008		1,008
100.01	7951 5 WEST					
100.02	7952 LIFELINE	1,041	9,349	10,390		10,390
100.03	7953 PHARMACY NURSING HOME					
100.04	7954 FREESTANDING CLINIC	781,855	4,205,155	4,987,010		4,987,010
101	TOTAL	67,867,425	68,759,007	136,626,432	-0-	136,626,432

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 52-0028 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,040,436
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS		4,850,507
6.01	0620 DATA PROCESSING		6,617,684
6.02	1160 COMMUNICATIONS	-6,702	405,592
6.03	0630 MATERIALS MGMT		713,852
6.04	0640 ADMINISTRATIONS		602,024
6.05	0650 PATIENT ACCOUNTS		1,711,180
6.06	0660 ADMIN & GENERAL	-2,175,645	12,264,187
7	0700 MAINTENANCE & REPAIRS		2,215,012
8	0800 OPERATION OF PLANT	-10,154	1,342,148
9	0900 LAUNDRY & LINEN SERVICE	-8,108	292,591
10	1000 HOUSEKEEPING		838,808
11	1100 DIETARY	-461,302	530,959
12	1200 CAFETERIA		113,127
14	1400 NURSING ADMINISTRATION	-3,988	591,201
15	1500 CENTRAL SERVICES & SUPPLY	-35,811	72,213
16	1600 PHARMACY	-124,795	3,434,716
17	1700 MEDICAL RECORDS & LIBRARY	-5,857	658,325
18	1800 SOCIAL SERVICE		158,428
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		92,717
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,824,653	4,249,093
26	2600 INTENSIVE CARE UNIT		1,448,732
33	3300 NURSERY		444,623
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		896,280
38	3800 RECOVERY ROOM		389,628
39	3900 DELIVERY ROOM & LABOR ROOM		537,714
40	4000 ANESTHESIOLOGY	-2,173,817	292,393
41	4100 RADIOLOGY-DIAGNOSTIC		3,186,548
41.01	3230 CAT SCAN		912,892
41.02	3430 MRI		937,125
41.03	3120 CARDIAC CATH		504,838
44	4400 LABORATORY	-956,731	5,152,683
49	4900 RESPIRATORY THERAPY		52,811
50	5000 PHYSICAL THERAPY	-5,178	1,192,312
51	5100 OCCUPATIONAL THERAPY	-15,970	350,403
52	5200 SPEECH PATHOLOGY		133,725
53	5300 ELECTROCARDIOLOGY		81,143
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,277,293
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		2,783,591
56	5600 DRUGS CHARGED TO PATIENTS		
58	5800 ASC (NON-DISTINCT PART)		1,155,877
58.01	3340 PROCTO/ENTERO/GASTRO		581,833
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-22,789,464	25,036,803
61	6100 EMERGENCY	-1,858,315	1,975,183
61.01	4950 CARDIAC REHAB		261,843
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,612,271
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		1,178,189
95	SUBTOTALS	-32,456,490	99,171,534
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 MONROE CLINIC INN		1,008
100.01	7951 5 WEST		
100.02	7952 LIFELINE		10,390
100.03	7953 PHARMACY NURSING HOME		
100.04	7954 FREESTANDING CLINIC		4,987,010
101	TOTAL	-32,456,490	104,169,942

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	COMMUNICATIONS	1160	COMMUNICATIONS
6.03	MATERIALS MGMT	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMISSIONS	0640	ADMITTING
6.05	PATIENT ACCOUNTS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	PROCTO/ENTERO/GASTRO	3340	GASTRO INTESTINAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	CARDIAC REHAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MONROE CLINIC INN	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	5 WEST	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LIFELINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PHARMACY NURSING HOME	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	FREESTANDING CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 520028	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET A-6
------------------------	--------------------------------------------	-------------------------------------

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASSIFY PHONE COSTS	A	COMMUNICATIONS	6.02		255,317
2 TO RECLASSIFY IMPLANTABLE DEVICES	B	IMPL. DEV. CHARGED TO PATIENT	55.30		2,783,591
3					
4					
5 TO RECLASSIFY M/S SUPPLIES COSTS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,287,515
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 UNEMPLOYMENT	D	EMPLOYEE BENEFITS	5		113,574
20 WORKERS COMP	E	EMPLOYEE BENEFITS	5		157,067
21 RETIREMENT	F	EMPLOYEE BENEFITS	5		1,447,413
22 RENTAL SPD	I	CENTRAL SERVICES & SUPPLY	15		10,222
23 F/C BUILDING DEPR	J	CLINIC	60		849,849
24 F/C HOUSEKEEPING SERVICES	L	CLINIC	60		359,472
25 PROPERTY TAXES	M	CLINIC	60		578,377
26 UTILITIES TO FACILITIES	O	OPERATION OF PLANT	8		1,407,638
27 TO RECLASS GAIN SHARE	P	EMPLOYEE BENEFITS	5	860,507	
28 RECLASS PROP INS TO CAPITAL	Q	CLINIC	60		79,896
29 RESIDENT SALARY	S	I&R SERVICES-SALARY & FRINGES APPRVD	22	92,717	
30 PHONE EXPENSE	T	CLINIC	60		105,191
31 UTILITIES	U	CLINIC	60		335,018
36 TOTAL RECLASSIFICATIONS				953,224	13,770,140

(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:
520028

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASSIFY PHONE COSTS	A	DATA PROCESSING	6.01		255,317	
2 TO RECLASSIFY IMPLANTABLE DEVICES	B	CENTRAL SERVICES & SUPPLY	15		272	
3		OPERATING ROOM	37		2,074,677	
4		CARDIAC CATH	41.03		708,642	
5 TO RECLASSIFY M/S SUPPLIES COSTS	C	OPERATING ROOM	37		2,119,192	
6		CENTRAL SERVICES & SUPPLY	15		382,856	
7		ADULTS & PEDIATRICS	25		12,068	
8		INTENSIVE CARE UNIT	26		684	
9		NURSERY	33		911	
10		RECOVERY ROOM	38		1,499	
11		OPERATING ROOM	37		1,306,052	
12		RADIOLOGY-DIAGNOSTIC	41		243,181	
13		CARDIAC CATH	41.03		229,909	
14		RESPIRATORY THERAPY	49		726,894	
15		PHYSICAL THERAPY	50		6,606	
16		OCCUPATIONAL THERAPY	51		2,282	
17		PROCTO/ENTERO/GASTRO	58.01		164,428	
18		EMERGENCY	61		90,953	
19 UNEMPLOYMENT	D	ADMIN & GENERAL	6.06		113,574	
20 WORKERS COMP	E	ADMIN & GENERAL	6.06		157,067	
21 RETIREMENT	F	ADMIN & GENERAL	6.06		1,447,413	
22 RENTAL SPD	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,222	
23 F/C BUILDING DEPR	J	NEW CAP REL COSTS-BLDG & FIXT	3		849,849	9
24 F/C HOUSEKEEPING SERVICES	L	HOUSEKEEPING	10		359,472	
25 PROPERTY TAXES	M	ADMIN & GENERAL	6.06		578,377	
26 UTILITIES TO FACILITIES	O	MAINTENANCE & REPAIRS	7		1,407,638	
27 TO RECLASS GAIN SHARE	P	ADMIN & GENERAL	6.06	860,507		
28 RECLASS PROP INS TO CAPITAL	Q	ADMIN & GENERAL	6.06		79,896	12
29 RESIDENT SALARY	S	EMERGENCY	61	92,717		
30 PHONE EXPENSE	T	COMMUNICATIONS	6.02		105,191	
31 UTILITIES	U	OPERATION OF PLANT	8		335,018	
36 TOTAL RECLASSIFICATIONS				953,224	13,770,140	

(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: 520028	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--------------------------------------------	------------------------------------------------------------

RECLASS CODE: A
EXPLANATION : TO RECLASSIFY PHONE COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	COMMUNICATIONS	255,317	6.01	DATA PROCESSING	255,317
TOTAL	RECLASSIFICATIONS FOR CODE A	255,317			255,317

RECLASS CODE: B
EXPLANATION : TO RECLASSIFY IMPLANTABLE DEVICES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	2,783,591	15	CENTRAL SERVICES & SUPPLY	272
2.00		0	37	OPERATING ROOM	2,074,677
3.00		0	41.03	CARDIAC CATH	708,642
TOTAL	RECLASSIFICATIONS FOR CODE B	2,783,591			2,783,591

RECLASS CODE: C
EXPLANATION : TO RECLASSIFY M/S SUPPLIES COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	5,287,515	37	OPERATING ROOM	2,119,192
2.00		0	15	CENTRAL SERVICES & SUPPLY	382,856
3.00		0	25	ADULTS & PEDIATRICS	12,068
4.00		0	26	INTENSIVE CARE UNIT	684
5.00		0	33	NURSERY	911
6.00		0	38	RECOVERY ROOM	1,499
7.00		0	37	OPERATING ROOM	1,306,052
8.00		0	41	RADIOLOGY-DIAGNOSTIC	243,181
9.00		0	41.03	CARDIAC CATH	229,909
10.00		0	49	RESPIRATORY THERAPY	726,894
11.00		0	50	PHYSICAL THERAPY	6,606
12.00		0	51	OCCUPATIONAL THERAPY	2,282
13.00		0	58.01	PROCTO/ENTERO/GASTRO	164,428
14.00		0	61	EMERGENCY	90,953
TOTAL	RECLASSIFICATIONS FOR CODE C	5,287,515			5,287,515

RECLASS CODE: D
EXPLANATION : UNEMPLOYMENT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	113,574	6.06	ADMIN & GENERAL	113,574
TOTAL	RECLASSIFICATIONS FOR CODE D	113,574			113,574

RECLASS CODE: E
EXPLANATION : WORKERS COMP

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	157,067	6.06	ADMIN & GENERAL	157,067
TOTAL	RECLASSIFICATIONS FOR CODE E	157,067			157,067

RECLASS CODE: F
EXPLANATION : RETIREMENT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	1,447,413	6.06	ADMIN & GENERAL	1,447,413
TOTAL	RECLASSIFICATIONS FOR CODE F	1,447,413			1,447,413

RECLASS CODE: I
EXPLANATION : RENTAL SPD

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	10,222	55	MEDICAL SUPPLIES CHARGED TO PA	10,222
TOTAL	RECLASSIFICATIONS FOR CODE I	10,222			10,222

RECLASS CODE: J
EXPLANATION : F/C BUILDING DEPR

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CLINIC	849,849	3	NEW CAP REL COSTS-BLDG & FIXT	849,849
TOTAL	RECLASSIFICATIONS FOR CODE J	849,849			849,849

RECLASSIFICATIONS

PROVIDER NO:
520028

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

PREPARED 5/27/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : F/C HOUSEKEEPING SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	359,472
TOTAL RECLASSIFICATIONS FOR CODE L			359,472

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	359,472	
		359,472	

RECLASS CODE: M
EXPLANATION : PROPERTY TAXES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	578,377
TOTAL RECLASSIFICATIONS FOR CODE M			578,377

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	578,377	
		578,377	

RECLASS CODE: O
EXPLANATION : UTILITIES TO FACILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	1,407,638
TOTAL RECLASSIFICATIONS FOR CODE O			1,407,638

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	1,407,638	
		1,407,638	

RECLASS CODE: P
EXPLANATION : TO RECLASS GAIN SHARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	860,507
TOTAL RECLASSIFICATIONS FOR CODE P			860,507

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	860,507	
		860,507	

RECLASS CODE: Q
EXPLANATION : RECLASS PROP INS TO CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	79,896
TOTAL RECLASSIFICATIONS FOR CODE Q			79,896

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	79,896	
		79,896	

RECLASS CODE: S
EXPLANATION : RESIDENT SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	92,717
TOTAL RECLASSIFICATIONS FOR CODE S			92,717

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	92,717	
		92,717	

RECLASS CODE: T
EXPLANATION : PHONE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	105,191
TOTAL RECLASSIFICATIONS FOR CODE T			105,191

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
COMMUNICATIONS	6.02	105,191	
		105,191	

RECLASS CODE: U
EXPLANATION : UTILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	335,018
TOTAL RECLASSIFICATIONS FOR CODE U			335,018

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	335,018	
		335,018	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	1,277,164						1,277,164	
2 LAND IMPROVEMENTS	4,777,676	205,593			205,593		4,983,269	
3 BUILDINGS & FIXTURE	44,630,634	35,742,556			35,742,556		80,373,190	
4 BUILDING IMPROVEMEN	10,652,879	235,523			235,523		10,888,402	
5 FIXED EQUIPMENT	8,168,837	2,021			2,021		8,170,858	
6 MOVABLE EQUIPMENT	58,686,895	5,839,371			5,839,371	945,984	63,580,282	
7 SUBTOTAL	128,194,085	42,025,064			42,025,064	945,984	169,273,165	
8 RECONCILING ITEMS								
9 TOTAL	128,194,085	42,025,064			42,025,064	945,984	169,273,165	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	105,692,883		105,692,883	.624392				
4	NEW CAP REL COSTS-MV	63,580,282		63,580,282	.375608				
5	TOTAL	169,273,165		169,273,165	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,040,436						1,040,436
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,040,436						1,040,436

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,890,285						1,890,285
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,890,285						1,890,285

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	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			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-35,811	CENTRAL SERVICES & SUPPLY	15	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-6,702	COMMUNICATIONS	6.02	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-26,813,320			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-8,108	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-449,593	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-124,795	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,857	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-10,154	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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PT OUTREACH	A	-5,178	PHYSICAL THERAPY	50	
38 OT OUTREACH	A	-15,970	OCCUPATIONAL THERAPY	51	
39 HOSPITALIST MID LEVEL SALARIES	A	-100,074	ADULTS & PEDIATRICS	25	
39.01 HOSPITALIST MID LEVEL FRINGES	A	-31,323	ADMIN & GENERAL	6.06	
39.02					
40 INTEREST EXPENSE	A	-1,037,635	ADMIN & GENERAL	6.06	
41 CATERING REVENUE	B	-11,709	DIETARY	11	
42 OUTREACH REVENUE	B	-3,988	NURSING ADMINISTRATION	14	
43 ADVERTISING EXPENSE	A	-49,018	ADMIN & GENERAL	6.06	
44 MISCELLANEOUS REVENUE	B	-32,991	ADMIN & GENERAL	6.06	
45 MID LEVEL SALARIES	A	-2,573,072	CLINIC	60	
46 MID LEVEL FRINGE BENEFITS	A	-802,798	CLINIC	60	
47 E/R MID LEVEL	A	-257,922	EMERGENCY	61	
48 E/R MID LEVEL FRINGES	A	-80,472	EMERGENCY	61	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-32,456,490			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/27/2011
 WORKSHEET: A-8-2
 GROUP: 1

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9	
1	61	ER PHYSICIAN SALARIES	1,138,200	1,138,200					
2	61	ER PHYSICIAN FB	135,329	135,329					
3	6	6 PHYS MALPRACTICE	549,054	549,054					
4	6	6 PHYS 457 F	475,624	475,624					
5	40	ANESTHESIA MD	1,972,831	1,972,831					
6	40	ANESTHESIA FB	189,892	189,892					
7	44	PATHOLOGY MD	873,640	873,640					
8	44	PATHOLOGY FB	83,091	83,091					
9	25	HOSPITALIST MD	1,554,341	1,554,341					
10	25	HOSPITALIST FB	170,238	170,238					
11	60	CLINIC MD	16,895,263	16,895,263					
12	60	CLINIC MD FB	2,518,331	2,518,331					
13	61	LOCUMS	246,392	246,392					
14	40	LOCUMS	11,094	11,094					
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	26,813,320	26,813,320					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/27/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61	ER PHYSICIAN SALARIES						1,138,200
2	61	ER PHYSICIAN FB						135,329
3	6	6 PHYS MALPRACTICE						549,054
4	6	6 PHYS 457 F						475,624
5	40	ANESTHESIA MD						1,972,831
6	40	ANESTHESIA FB						189,892
7	44	PATHOLOGY MD						873,640
8	44	PATHOLOGY FB						83,091
9	25	HOSPITALIST MD						1,554,341
10	25	HOSPITALIST FB						170,238
11	60	CLINIC MD						16,895,263
12	60	CLINIC MD FB						2,518,331
13	61	LOCUMS						246,392
14	40	LOCUMS						11,094
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						26,813,320

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 52-0028 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	DATA PROCESSING	7	NO OF CRTS	ENTERED
6.02	COMMUNICATIONS	8	NO OF EXTENSIONS	ENTERED
6.03	MATERIALS MGMT	9	SUPPLY COST	ENTERED
6.04	ADMINISTRATIONS	30	GROSS REVENUE	ENTERED
6.05	PATIENT ACCOUNTS	10	GROSS REVENUE	ENTERED
6.06	ADMIN & GENERAL	-11	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	12	MAINT HOURS	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	15	HOURS OF SERVICE	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	NO OF FTE'S	ENTERED
14	NURSING ADMINISTRATION	19	NURSING FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED REQUIS.	ENTERED
16	PHARMACY	21	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	TIME SPENT	ENTERED
18	SOCIAL SERVICE	23	TIME SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	27	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	28	ACCUM. COST	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	DATA PROCESSING	COMMUNICATIONS	MATERIALS	MGM
	0	3	4	5	6.01	6.02	6.03	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &	1,040,436	1,040,436						
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS	4,850,507	15,243		4,865,750				
006 01 DATA PROCESSING	6,617,684	25,278		127,675	6,770,637			
006 02 COMMUNICATIONS	405,592	1,138		10,630	60,997	478,357		
006 03 MATERIALS MGMT	713,852	17,946		20,745	182,990	7,674	943,207	
006 04 ADMISSIONS	602,024	11,352		29,838	243,987	7,674	190	
006 05 PATIENT ACCOUNTS	1,711,180	6,278		29,518	609,967	23,023	891	
006 06 ADMIN & GENERAL	12,264,187	51,422		287,793	426,977	40,929	6,504	
007 MAINTENANCE & REPAIRS	2,215,012	20,740		66,414		23,023	5,150	
008 OPERATION OF PLANT	1,342,148	345,555		12,669	60,997	10,232	192	
009 LAUNDRY & LINEN SERVICE	292,591	18,867		11,299		5,116	2,679	
010 HOUSEKEEPING	838,808	7,574		34,165	60,997	2,558	5,499	
011 DIETARY	530,959	26,420		29,627		7,674	1,547	
012 CAFETERIA	113,127	13,874		6,136		2,558	1	
014 NURSING ADMINISTRATION	591,201	4,923		32,736	60,997	23,023	533	
015 CENTRAL SERVICES & SUPPLY	72,213	9,447		8,394	121,993	5,116	16,123	
016 PHARMACY	3,434,716	8,138		116,965	121,993	10,232	75,715	
017 MEDICAL RECORDS & LIBRARY	658,325	12,630		34,039	182,990	23,023	548	
018 SOCIAL SERVICE	158,428	2,598		8,765		5,116	10	
022 I&R SERVICES-SALARY & FRI	92,717			6,808				
023 I&R SERVICES-OTHER PRGM C	1							
023 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	4,249,093	75,174		348,169	182,990	81,860	6,235	
026 INTENSIVE CARE UNIT	1,448,732	32,492		76,968	60,997	10,232	2,848	
033 NURSERY	444,623	3,862		23,750		2,558		
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	896,280	48,929		107,989	243,987	17,906	207,092	
038 RECOVERY ROOM	389,628	2,206		22,790		5,116	385	
039 DELIVERY ROOM & LABOR ROO	537,714	11,569		28,663		2,558		
040 ANESTHESIOLOGY	292,393			147,858			4,017	
041 RADIOLOGY-DIAGNOSTIC	3,186,548	52,896		94,802	182,990	23,023	36,464	
041 01 CAT SCAN	912,892	1,880		18,656		2,558	7,000	
041 02 MRI	937,125	980		1,453		5,116	3,051	
041 03 CARDIAC CATH	504,838	3,158		21,154	60,997	10,232	46,604	
044 LABORATORY	5,152,683	26,021		221,117	121,993	15,348	2,481	
049 RESPIRATORY THERAPY	52,811	6,573		37,676	60,997	10,232	3,374	
050 PHYSICAL THERAPY	1,192,312	13,257		63,740	121,993	10,232	1,879	
051 OCCUPATIONAL THERAPY	350,403	5,330		12,746	60,997	5,116	390	
052 SPEECH PATHOLOGY	133,725	2,269		9	60,997	2,558	19	
053 ELECTROCARDIOLOGY	81,143	448		2,538		2,558	142	
055 MEDICAL SUPPLIES CHARGED	5,277,293							
055 30 IMPL. DEV. CHARGED TO PAT	2,783,591							
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DIAGNOSTIC PART)	1,155,877	4,654		65,876	60,997	5,116	1,992	
058 01 PROCTO/ENTERO/GASTRO	581,833	6,503		28,861	60,997	2,558	8,239	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	25,036,803			2,260,100	2,805,849		273,921	
061 EMERGENCY	1,975,183	22,029		205,882	182,990	17,906	5,335	
061 01 CARDIAC REHAB	261,843	10,288		13,540	60,997	2,558	612	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	1,612,271	32,051		83,074	60,997	10,232	2,799	
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	1,178,189	693		46,640	60,997	2,558	4,359	
095 SUBTOTALS	99,171,534	962,685		4,808,267	6,587,647	445,102	734,820	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		5,466				2,558		
098 PHYSICIANS' PRIVATE OFFIC		19,609				2,558		
100 MONROE CLINIC INN	1,008	23,444				25,581	21	
100 01 5 WEST		16,759						
100 02 LIFELINE	10,390			76			20	
100 03 PHARMACY NURSING HOME								
100 04 FREESTANDING CLINIC	4,987,010	12,473		57,407	182,990	2,558	208,346	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	104,169,942	1,040,436		4,865,750	6,770,637	478,357	943,207	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMISSIONS	PATIENT ACCOUNTS	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.04	6.05	6a.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS	895,065						
006 05 PATIENT ACCOUNTS		2,380,857					
006 06 ADMIN & GENERAL			13,077,812	13,077,812			
007 MAINTENANCE & REPAIRS			2,330,339	334,560	2,664,899		
008 OPERATION OF PLANT			1,771,793	254,371	1,572,872	3,599,036	
009 LAUNDRY & LINEN SERVICE			330,552	47,456	43,594	124,482	546,084
010 HOUSEKEEPING			949,601	136,331	39,137	49,973	34,603
011 DIETARY			596,227	85,599	36,202	174,316	16,401
012 CAFETERIA			135,696	19,481	6,088	91,536	
014 NURSING ADMINISTRATION			713,413	102,423	1,848	32,483	
015 CENTRAL SERVICES & SUPPLY			233,286	33,492	9,349	62,333	9,167
016 PHARMACY			3,767,759	540,926	3,370	53,692	836
017 MEDICAL RECORDS & LIBRARY			911,555	130,869	4,675	83,334	
018 SOCIAL SERVICE			174,917	25,112	217	17,143	
022 I&R SERVICES-SALARY & FRI			99,525	14,289			
023 I&R SERVICES-OTHER PRGM C			1				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	72,380	192,544	5,208,445	747,761	40,224	495,986	219,065
026 INTENSIVE CARE UNIT	12,781	34,000	1,679,050	241,056	42,942	214,377	22,700
033 NURSERY	3,971	10,562	489,326	70,251		25,483	2,642
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	173,665	461,807	2,157,655	309,768	58,814	322,825	22,176
038 RECOVERY ROOM	14,558	38,728	473,411	67,966	3,696	14,555	61,190
039 DELIVERY ROOM & LABOR ROO	10,057	26,753	617,314	88,626		76,334	
040 ANESTHESIOLOGY	55,696	148,161	648,125	93,049	978		
041 RADIOLOGY-DIAGNOSTIC	57,624	153,291	3,787,638	543,780	652	349,001	15,279
041 01 CAT SCAN	70,180	186,692	1,199,858	172,260	109	12,407	
041 02 MRI	45,763	121,738	1,115,226	160,110	978	6,469	
041 03 CARDIAC CATH	30,891	82,175	760,049	109,118	3,261	20,839	
044 LABORATORY	170,691	454,067	6,164,401	885,005	30,331	171,682	4,774
049 RESPIRATORY THERAPY	27,969	74,403	274,035	39,342	1,413	43,365	6,909
050 PHYSICAL THERAPY	26,667	70,940	1,501,020	215,497	12,067	87,470	25,823
051 OCCUPATIONAL THERAPY	7,673	20,412	463,067	66,481	435	35,163	
052 SPEECH PATHOLOGY	2,841	7,557	209,975	30,145		14,971	
053 ELECTROCARDIOLOGY	7,042	18,733	112,604	16,166		2,957	
055 MEDICAL SUPPLIES CHARGED			5,277,293	757,645			
055 30 IMPL. DEV. CHARGED TO PAT			2,783,591	399,632			
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DI STINCT PART)	26,017	69,209	1,389,738	199,521	28,809	30,705	
058 01 PROCTO/ENTERO/GASTRO			688,991	98,916	11,089	42,903	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			30,376,673	4,361,077	421,157		62,643
061 EMERGENCY	76,785	204,261	2,690,371	386,248	37,941	145,344	31,520
061 01 CARDIAC REHAB	1,735	4,614	356,187	51,137	9,132	67,878	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY			1,801,424	258,625	11,198	211,466	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,293,436	185,695	1,522	4,574	
095 SUBTOTALS	894,986	2,380,647	98,611,379	12,279,786	2,434,100	3,086,046	535,728
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			8,024	1,152		36,065	
098 PHYSICIANS' PRIVATE OFFIC			22,167	3,182		129,379	
100 MONROE CLINIC INN	58	154	50,266	7,217	4,783	154,678	10,356
100 01 5 WEST			16,759	2,406		110,573	
100 02 LIFELINE	21	56	10,563	1,516			
100 03 PHARMACY NURSING HOME							
100 04 FREESTANDING CLINIC			5,450,784	782,553	226,016	82,295	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	895,065	2,380,857	104,169,942	13,077,812	2,664,899	3,599,036	546,084

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS							
006 05 PATIENT ACCOUNTS							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,209,645						
011 DIETARY	40,746	949,491					
012 CAFETERIA	23,855	778,291	1,054,947				
014 NURSING ADMINISTRATION	28,488		12,628	891,283			
015 CENTRAL SERVICES & SUPPLY	14,848		8,594		371,069		
016 PHARMACY	21,006		45,797	66,804	462	4,500,652	
017 MEDICAL RECORDS & LIBRARY	20,546		28,719				1,179,698
018 SOCIAL SERVICE			5,853	8,538			5,586
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	429,537	147,480	157,362	229,545	35,985	226	373,124
026 INTENSIVE CARE UNIT	52,429	13,727	32,884	47,968	11,726	213	35,748
033 NURSERY	37,667				26	9,906	6,703
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	101,981		51,891	75,694	386	26,051	395,468
038 RECOVERY ROOM	29,668		7,936	11,576	735		
039 DELIVERY ROOM & LABOR ROO	39,394					9,129	7,820
040 ANESTHESIOLOGY			13,636	19,891	14,572		17,874
041 RADIOLOGY-DIAGNOSTIC	109,549		47,353	69,074	844	27,816	42,451
041 01 CAT SCAN			9,076	13,239		6,102	
041 02 MRI			1,184	1,727			
041 03 CARDIAC CATH			8,506	12,408	151		
044 LABORATORY	56,947		101,218				
049 RESPIRATORY THERAPY	45,523		20,936	30,540	85		8,937
050 PHYSICAL THERAPY	27,941		33,323	48,608	356		39,100
051 OCCUPATIONAL THERAPY	22,531		7,037	10,265			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			1,754	2,558			
055 MEDICAL SUPPLIES CHARGED					285,715		
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						4,195,415	52,505
058 ASC (NON-DI STINCT PART)		9,993	29,837	43,523	2,019	1,850	86,020
058 01 PROCTO/ENTERO/GASTRO	3,885		10,808	15,766	42		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			292,778				
061 EMERGENCY	68,860		60,814	88,709	12,481	9,382	108,362
061 01 CARDIAC REHAB	2,072		6,730	9,818	174		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	19,280		37,093	54,108	2,953		
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE			21,112	30,796	368	214,562	
095 SUBTOTALS	1,196,753	949,491	1,054,859	891,155	369,080	4,500,652	1,179,698
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 MONROE CLINIC INN	12,892				15		
100 01 5 WEST							
100 02 LIFELINE			88	128			
100 03 PHARMACY NURSING HOME							
100 04 FREESTANDING CLINIC					1,974		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,209,645	949,491	1,054,947	891,283	371,069	4,500,652	1,179,698

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE DATA NG	PROCESSI NG	COMMUNI CATION S
	0	3	4	4a	5		6.01	6.02
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS		15,243		15,243	15,243			
006 01 DATA PROCESSING		25,278		25,278	400		25,678	
006 02 COMMUNICATIONS		1,138		1,138	33		231	1,402
006 03 MATERIALS MGMT		17,946		17,946	65		694	22
006 04 ADMINISTRATIONS		11,352		11,352	93		925	22
006 05 PATIENT ACCOUNTS		6,278		6,278	92		2,313	67
006 06 ADMIN & GENERAL		51,422		51,422	902		1,619	120
007 MAINTENANCE & REPAIRS		20,740		20,740	208			67
008 OPERATION OF PLANT		345,555		345,555	40		231	30
009 LAUNDRY & LINEN SERVICE		18,867		18,867	35			15
010 HOUSEKEEPING		7,574		7,574	107		231	7
011 DIETARY		26,420		26,420	93			22
012 CAFETERIA		13,874		13,874	19			7
014 NURSING ADMINISTRATION		4,923		4,923	103		231	67
015 CENTRAL SERVICES & SUPPLY		9,447		9,447	26		463	15
016 PHARMACY		8,138		8,138	366		463	30
017 MEDICAL RECORDS & LIBRARY		12,630		12,630	107		694	67
018 SOCIAL SERVICE		2,598		2,598	27			15
022 I&R SERVICES-SALARY & FRI					21			
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		75,174		75,174	1,091		694	251
026 INTENSIVE CARE UNIT		32,492		32,492	241		231	30
033 NURSERY		3,862		3,862	74			7
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		48,929		48,929	338		925	52
038 RECOVERY ROOM		2,206		2,206	71			15
039 DELIVERY ROOM & LABOR ROO		11,569		11,569	90			7
040 ANESTHESIOLOGY					463			
041 RADIOLOGY-DIAGNOSTIC		52,896		52,896	297		694	67
041 01 CAT SCAN		1,880		1,880	58			7
041 02 MRI		980		980	5			15
041 03 CARDIAC CATH		3,158		3,158	66		231	30
044 LABORATORY		26,021		26,021	693		463	45
049 RESPIRATORY THERAPY		6,573		6,573	118		231	30
050 PHYSICAL THERAPY		13,257		13,257	200		463	30
051 OCCUPATIONAL THERAPY		5,330		5,330	40		231	15
052 SPEECH PATHOLOGY		2,269		2,269			231	7
053 ELECTROCARDIOLOGY		448		448	8			7
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)		4,654		4,654	206		231	15
058 01 PROCTO/ENTERO/GASTRO		6,503		6,503	90		231	7
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC					7,084		10,646	
061 EMERGENCY		22,029		22,029	645		694	52
061 01 CARDIAC REHAB		10,288		10,288	42		231	7
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY		32,051		32,051	260		231	30
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE		693		693	146		231	7
095 SUBTOTALS		962,685		962,685	15,063		24,984	1,306
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		5,466		5,466				7
098 PHYSICIANS' PRIVATE OFFIC		19,609		19,609				7
100 MONROE CLINIC INN		23,444		23,444				75
100 01 5 WEST		16,759		16,759				
100 02 LIFELINE								
100 03 PHARMACY NURSING HOME								
100 04 FREESTANDING CLINIC		12,473		12,473	180		694	7
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		1,040,436		1,040,436	15,243		25,678	1,402

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MATERIALS	MGM	ADMISSIONS	PATIENT ACCOUNTS	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03		6.04	6.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 DATA PROCESSING								
006 02 COMMUNICATIONS								
006 03 MATERIALS MGMT	18,727							
006 04 ADMISSIONS	4		12,396					
006 05 PATIENT ACCOUNTS	18			8,768				
006 06 ADMIN & GENERAL	129				54,192			
007 MAINTENANCE & REPAIRS	102				1,387	22,504		
008 OPERATION OF PLANT	4				1,054	13,282	360,196	
009 LAUNDRY & LINEN SERVICE	53				197	368	12,458	31,993
010 HOUSEKEEPING	109				565	330	5,001	2,027
011 DIETARY	31				355	306	17,446	961
012 CAFETERIA					81	51	9,161	
014 NURSING ADMINISTRATION	11				424	16	3,251	
015 CENTRAL SERVICES & SUPPLY	320				139	79	6,238	537
016 PHARMACY	1,504				2,242	28	5,374	49
017 MEDICAL RECORDS & LIBRARY	11				542	39	8,340	
018 SOCIAL SERVICE					104	2	1,716	
022 I&R SERVICES-SALARY & FRI					59			
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	124		1,002	712	3,099	340	49,641	12,833
026 INTENSIVE CARE UNIT	57		177	126	999	363	21,455	1,330
033 NURSERY			55	39	291		2,550	155
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	4,113		2,407	1,673	1,284	497	32,309	1,299
038 RECOVERY ROOM	8		202	143	282	31	1,457	3,585
039 DELIVERY ROOM & LABOR ROO			139	99	367		7,640	
040 ANESTHESIOLOGY	80		771	548	386	8		
041 RADIOLOGY-DIAGNOSTIC	724		798	567	2,254	6	34,928	895
041 01 CAT SCAN	139		972	690	714	1	1,242	
041 02 MRI	61		634	450	664	8	647	
041 03 CARDIAC CATH	926		428	304	452	28	2,086	
044 LABORATORY	49		2,364	1,679	3,668	256	17,182	280
049 RESPIRATORY THERAPY	67		387	275	163	12	4,340	405
050 PHYSICAL THERAPY	37		369	262	893	102	8,754	1,513
051 OCCUPATIONAL THERAPY	8		106	75	276	4	3,519	
052 SPEECH PATHOLOGY			39	28	125		1,498	
053 ELECTROCARDIOLOGY	3		98	69	67		296	
055 MEDICAL SUPPLIES CHARGED					3,140			
055 30 IMPL. DEV. CHARGED TO PAT					1,656			
056 DRUGS CHARGED TO PATIENTS								
058 ASC (NON-DISTINCT PART)	40		360	256	827	243	3,073	
058 01 PROCTO/ENTERO/GASTRO	164				410	94	4,294	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	5,432				18,064	3,556		3,670
061 EMERGENCY	106		1,063	755	1,601	320	14,546	1,847
061 01 CARDIAC REHAB	12		24	17	212	77	6,793	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	56				1,072	95	21,164	
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	87				770	13	458	
095 SUBTOTALS	14,589		12,395	8,767	50,885	20,555	308,857	31,386
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP					5		3,609	
098 PHYSICIANS' PRIVATE OFFIC					13		12,948	
100 MONROE CLINIC INN		1		1	30	40	15,480	607
100 01 5 WEST					10		11,066	
100 02 LIFELINE					6			
100 03 PHARMACY NURSING HOME								
100 04 FREESTANDING CLINIC	4,138				3,243	1,909	8,236	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	18,727		12,396	8,768	54,192	22,504	360,196	31,993

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS							
006 05 PATIENT ACCOUNTS							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	15,951						
011 DIETARY	537	46,171					
012 CAFETERIA	315	37,845	61,353				
014 NURSING ADMINISTRATION	376		734	10,136			
015 CENTRAL SERVICES & SUPPLY	196		500		17,960		
016 PHARMACY	277		2,663	760	22	21,916	
017 MEDICAL RECORDS & LIBRARY	271		1,670				24,371
018 SOCIAL SERVICE			340	97			115
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,665	7,172	9,152	2,609	1,742	1	7,708
026 INTENSIVE CARE UNIT	691	668	1,912	546	568	1	739
033 NURSERY	497				1	48	138
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,345		3,018	861	19	127	8,169
038 RECOVERY ROOM	391		462	132	36		
039 DELIVERY ROOM & LABOR ROO	519					44	162
040 ANESTHESIOLOGY			793	226	705		369
041 RADIOLOGY-DIAGNOSTIC	1,445		2,754	786	41	135	877
041 01 CAT SCAN			528	151		30	
041 02 MRI			69	20			
041 03 CARDIAC CATH			495	141	7		
044 LABORATORY	751		5,887				
049 RESPIRATORY THERAPY	600		1,218	347	4		185
050 PHYSICAL THERAPY	368		1,938	553	17		808
051 OCCUPATIONAL THERAPY	297		409	117			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			102	29			
055 MEDICAL SUPPLIES CHARGED					13,828		
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						20,430	1,085
058 ASC (NON-DISTINCT PART)		486	1,735	495	98	9	1,777
058 01 PROCTO/ENTERO/GASTRO	51		629	179	2		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			17,027				
061 EMERGENCY	908		3,537	1,009	604	46	2,239
061 01 CARDIAC REHAB	27		391	112	8		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	254		2,157	615	143		
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,228	350	18	1,045	
095 SUBTOTALS	15,781	46,171	61,348	10,135	17,863	21,916	24,371
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 MONROE CLINIC INN	170				1		
100 01 5 WEST							
100 02 LIFELINE			5	1			
100 03 PHARMACY NURSING HOME							
100 04 FREESTANDING CLINIC					96		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,951	46,171	61,353	10,136	17,960	21,916	24,371

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	22	23	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 DATA PROCESSING						
006 02 COMMUNICATIONS						
006 03 MATERIALS MGMT						
006 04 ADMISSIONS						
006 05 PATIENT ACCOUNTS						
006 06 ADMIN & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE	5,014					
022 I&R SERVICES-SALARY & FRI		80				
023 I&R SERVICES-OTHER PRGM C						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	4,731			183,741		183,741
026 INTENSIVE CARE UNIT	211			62,837		62,837
033 NURSERY				7,717		7,717
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				107,365		107,365
038 RECOVERY ROOM				9,021		9,021
039 DELIVERY ROOM & LABOR ROO				20,636		20,636
040 ANESTHESIOLOGY				4,349		4,349
041 RADIOLOGY-DIAGNOSTIC				100,164		100,164
041 01 CAT SCAN				6,412		6,412
041 02 MRI				3,553		3,553
041 03 CARDIAC CATH				8,352		8,352
044 LABORATORY				59,338		59,338
049 RESPIRATORY THERAPY				14,955		14,955
050 PHYSICAL THERAPY				29,564		29,564
051 OCCUPATIONAL THERAPY				10,427		10,427
052 SPEECH PATHOLOGY				4,197		4,197
053 ELECTROCARDIOLOGY				1,127		1,127
055 MEDICAL SUPPLIES CHARGED				16,968		16,968
055 30 IMPL. DEV. CHARGED TO PAT				1,656		1,656
056 DRUGS CHARGED TO PATIENTS				21,515		21,515
058 ASC (NON-DISTINCT PART)				14,505		14,505
058 01 PROCTO/ENTERO/GASTRO				12,654		12,654
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				65,479		65,479
061 EMERGENCY	72			52,073		52,073
061 01 CARDIAC REHAB				18,241		18,241
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY				58,128		58,128
071 SPEC PURPOSE COST CENTERS						
093 HOSPICE				5,046		5,046
095 SUBTOTALS	5,014			900,020		900,020
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				9,087		9,087
098 PHYSICIANS' PRIVATE OFFIC				32,577		32,577
100 MONROE CLINIC INN				39,849		39,849
100 01 5 WEST				27,835		27,835
100 02 LIFELINE				12		12
100 03 PHARMACY NURSING HOME						
100 04 FREESTANDING CLINIC				30,976		30,976
101 CROSS FOOT ADJUSTMENTS			80	80		80
102 NEGATIVE COST CENTER						
103 TOTAL	5,014	80		1,040,436		1,040,436

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	DATA PROCESSING	COMMUNICATIONS	MATERIALS MGMT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NO OF CRTS)	(NO OF EXTENSIONS)	(SUPPLY COST)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	297,127					
005 NEW CAP REL COSTS-MVB		4,422,026				
005 EMPLOYEE BENEFITS	4,353	1,487	66,269,182			
006 01 DATA PROCESSING	7,219	2,291,545	1,738,873	111		
006 02 COMMUNICATIONS	325	35,541	144,779	1	1,870	
006 03 MATERIALS MGMT	5,125	4,070	282,538	3	30	17,908,815
006 04 ADMISSIONS	3,242	4,486	406,376	4	30	3,602
006 05 PATIENT ACCOUNTS	1,793	1,470	402,019	10	90	16,909
006 06 ADMIN & GENERAL	14,685	38,804	3,919,602	7	160	123,502
007 MAINTENANCE & REPAIRS	5,923	57,528	904,532		90	97,780
008 OPERATION OF PLANT	98,683	11,063	172,552	1	40	3,640
009 LAUNDRY & LINEN SERVI	5,388	21,182	153,881		20	50,871
010 HOUSEKEEPING	2,163	1,344	465,305	1	10	104,416
011 DIETARY	7,545	28,086	403,510		30	29,371
012 CAFETERIA	3,962	4,196	83,575		10	10
014 NURSING ADMINISTRATION	1,406	5,072	445,842	1	90	10,114
015 CENTRAL SERVICES & SU	2,698	194	114,325	2	20	306,136
016 PHARMACY	2,324	32,696	1,593,013	2	40	1,437,614
017 MEDICAL RECORDS & LIB	3,607	666	463,594	3	90	10,401
018 SOCIAL SERVICE	742		119,370		20	197
022 I&R SERVICES-SALARY &			92,717			
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	21,468	78,275	4,741,891	3	320	118,394
026 INTENSIVE CARE UNIT	9,279	91,365	1,048,261	1	40	54,072
033 NURSERY	1,103		323,457		10	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	13,973	229,468	1,470,764	4	70	3,932,106
038 RECOVERY ROOM	630	15,164	310,386		20	7,315
039 DELIVERY ROOM & LABOR	3,304		390,379		10	
040 ANESTHESIOLOGY		147,586	2,013,750			76,273
041 RADIOLOGY-DIAGNOSTIC	15,106	590,983	1,291,153	3	90	692,351
041 01 CAT SCAN	537	268,448	254,090		10	132,917
041 02 MRI	280	87	19,785		20	57,931
041 03 CARDIAC CATH	902	138,372	288,108	1	40	884,884
044 LABORATORY	7,431	127,372	3,011,515	2	60	47,111
049 RESPIRATORY THERAPY	1,877	25,131	513,123	1	40	64,072
050 PHYSICAL THERAPY	3,786	14,444	868,115	2	40	35,679
051 OCCUPATIONAL THERAPY	1,522	6,088	173,601	1	20	7,401
052 SPEECH PATHOLOGY	648	121	119	1	10	365
053 ELECTROCARDIOLOGY	128	1,198	34,562		10	2,699
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DIAGNOSTIC PAR	1,329	1,617	897,203	1	20	37,830
058 01 PROCTO/ENTERO/GASTRO	1,857	46,737	393,076	1	10	156,439
060 OUTPAT SERVICE COST C						
060 CLINIC			30,781,483	46		5,200,912
061 EMERGENCY	6,291	32,244	2,804,016	3	70	101,288
061 01 CARDIAC REHAB	2,938	10,858	184,408	1	10	11,626
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	9,153	12,675	1,131,429	1	40	53,147
093 SPEC PURPOSE COST CEN						
093 HOSPICE	198	232	635,209	1	10	82,767
095 SUBTOTALS	274,923	4,377,895	65,486,286	108	1,740	13,952,142
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,561				10	
098 PHYSICIANS' PRIVATE O	5,600				10	
100 MONROE CLINIC INN	6,695	451			100	392
100 01 5 WEST	4,786					
100 02 LIFELINE			1,041			374
100 03 PHARMACY NURSING HOME						
100 04 FREESTANDING CLINIC	3,562	43,680	781,855	3	10	3,955,907
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,040,436		4,865,750	6,770,637	478,357	943,207
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	3.501654		.073424	60,996.729730	255.805882	.052667
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			15,243	25,678	1,402	18,727
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000230	231.333333	.749733	.001046
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMISSIONS	PATIENT ACCOUNTS	RECONCILIATION	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(GROSS REVENUE)	(GROSS REVENUE)		(ACCUM. COST)	(MAINT HOURS)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.04	6.05	6a.06	6.06	7	8	9
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS	179,650,532						
006 05 PATIENT ACCOUNTS		179,650,532					
006 06 ADMIN & GENERAL			-13,077,812	91,092,130			
007 MAINTENANCE & REPAIRS				2,330,339	24,513		
008 OPERATION OF PLANT				1,771,793	14,468	155,779	
009 LAUNDRY & LINEN SERV				330,552	401	5,388	538,228
010 HOUSEKEEPING				949,601	360	2,163	34,105
011 DIETARY				596,227	333	7,545	16,165
012 CAFETERIA				135,696	56	3,962	
014 NURSING ADMINISTRATION				713,413	17	1,406	
015 CENTRAL SERVICES & SU				233,286	86	2,698	9,035
016 PHARMACY				3,767,759	31	2,324	824
017 MEDICAL RECORDS & LIB				911,555	43	3,607	
018 SOCIAL SERVICE				174,917	2	742	
022 I&R SERVICES-SALARY &				99,525			
023 I&R SERVICES-OTHER PR				1			
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,528,351	14,528,351		5,208,445	370	21,468	215,913
026 INTENSIVE CARE UNIT	2,565,469	2,565,469		1,679,050	395	9,279	22,373
033 NURSERY	796,981	796,981		489,326		1,103	2,604
ANCILLARY SRVC COST C							
037 OPERATING ROOM	34,849,263	34,849,263		2,157,655	541	13,973	21,857
038 RECOVERY ROOM	2,922,169	2,922,169		473,411	34	630	60,310
039 DELIVERY ROOM & LABOR	2,018,656	2,018,656		617,314		3,304	
040 ANESTHESIOLOGY	11,179,460	11,179,460		648,125	9		
041 RADIOLOGY-DIAGNOSTIC	11,566,514	11,566,514		3,787,638	6	15,106	15,059
041 01 CAT SCAN	14,086,765	14,086,765		1,199,858	1	537	
041 02 MRI	9,185,674	9,185,674		1,115,226	9	280	
041 03 CARDIAC CATH	6,200,464	6,200,464		760,049	30	902	
044 LABORATORY	34,261,459	34,261,459		6,164,401	279	7,431	4,705
049 RESPIRATORY THERAPY	5,614,022	5,614,022		274,035	13	1,877	6,810
050 PHYSICAL THERAPY	5,352,722	5,352,722		1,501,020	111	3,786	25,452
051 OCCUPATIONAL THERAPY	1,540,201	1,540,201		463,067	4	1,522	
052 SPEECH PATHOLOGY	570,206	570,206		209,975		648	
053 ELECTROCARDIOLOGY	1,413,467	1,413,467		112,604		128	
055 MEDICAL SUPPLIES CHAR				5,277,293			
055 30 IMPL. DEV. CHARGED TO				2,783,591			
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DISTINCT PAR	5,222,169	5,222,169		1,389,738	265	1,329	
058 01 PROCTO/ENTERO/GASTRO				688,991	102	1,857	
OUTPAT SERVICE COST C							
CLINIC				30,376,673	3,874		61,742
061 EMERGENCY	15,412,460	15,412,460		2,690,371	349	6,291	31,067
061 01 CARDIAC REHAB	348,163	348,163		356,187	84	2,938	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY				1,801,424	103	9,153	
SPEC PURPOSE COST CEN							
093 HOSPICE				1,293,436	14	198	
095 SUBTOTALS	179,634,635	179,634,635	-13,077,812	85,533,567	22,390	133,575	528,021
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				8,024		1,561	
098 PHYSICIANS' PRIVATE O				22,167		5,600	
100 MONROE CLINIC INN	11,637	11,637		50,266	44	6,695	10,207
100 01 5 WEST				16,759		4,786	
100 02 LI FELINE	4,260	4,260		10,563			
100 03 PHARMACY NURSING HOME							
100 04 FREESTANDING CLINIC				5,450,784	2,079	3,562	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	895,065	2,380,857		13,077,812	2,664,899	3,599,036	546,084
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.004982	.013253		.143567	108.713703	23.103474	1.014596
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	12,396	8,768		54,192	22,504	360,196	31,993
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000069	.000049		.000595	.918043	2.312224	.059441
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(NO OF FTE'S)	(NURSING FTES)	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADMISSIONS							
006 05 PATIENT ACCOUNTS							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	42,037						
011 DIETARY	1,416	169,322					
012 CAFETERIA	829	138,792	48,121				
014 NURSING ADMINISTRATION	990		576	27,871			
015 CENTRAL SERVICES & SU	516		392		420,821		
016 PHARMACY	730		2,089	2,089	524	1,476,607	
017 MEDICAL RECORDS & LIB	714		1,310				1,056
018 SOCIAL SERVICE			267	267			5
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,927	26,300	7,178	7,178	40,810	74	334
026 INTENSIVE CARE UNIT	1,822	2,448	1,500	1,500	13,298	70	32
033 NURSERY	1,309				30	3,250	6
ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,544		2,367	2,367	438	8,547	354
038 RECOVERY ROOM	1,031		362	362	834		
039 DELIVERY ROOM & LABOR	1,369					2,995	7
040 ANESTHESIOLOGY			622	622	16,526		16
041 RADIOLOGY-DIAGNOSTIC	3,807		2,160	2,160	957	9,126	38
041 01 CAT SCAN			414	414		2,002	
041 02 MRI			54	54			
041 03 CARDIAC CATH			388	388	171		
044 LABORATORY	1,979		4,617				
049 RESPIRATORY THERAPY	1,582		955	955	96		8
050 PHYSICAL THERAPY	971		1,520	1,520	404		35
051 OCCUPATIONAL THERAPY	783		321	321			
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			80	80			
055 MEDICAL SUPPLIES CHAR					324,022		
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI						1,376,463	47
058 ASC (NON-DI STINCT PAR		1,782	1,361	1,361	2,290	607	77
058 01 PROCTO/ENTERO/GASTRO	135		493	493	48		
OUTPAT SERVICE COST C							
060 CLINIC			13,355				
061 EMERGENCY	2,393		2,774	2,774	14,154	3,078	97
061 01 CARDIAC REHAB	72		307	307	197		
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	670		1,692	1,692	3,349		
SPEC PURPOSE COST CEN							
093 HOSPICE			963	963	417	70,395	
095 SUBTOTALS	41,589	169,322	48,117	27,867	418,565	1,476,607	1,056
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 MONROE CLINIC INN	448				17		
100 01 5 WEST							
100 02 LIFELINE			4	4			
100 03 PHARMACY NURSING HOME							
100 04 FREESTANDING CLINIC					2,239		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,209,645	949,491	1,054,947	891,283	371,069	4,500,652	1,179,698
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	28.775721	5.607606	21.922799	31.978867	.881774	3.047969	1,117.138258
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	15,951	46,171	61,353	10,136	17,960	21,916	24,371
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.379451	.272682	1.274974	.363676	.042678	.014842	23.078598
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ACCUM. T)	COS
GENERAL SERVICE COST	18	22	23	
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 DATA PROCESSING				
006 02 COMMUNICATIONS				
006 03 MATERIALS MGMT				
006 04 ADMISSIONS				
006 05 PATIENT ACCOUNTS				
006 06 ADMIN & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE	1,046			
022 I&R SERVICES-SALARY &		1,000		
023 I&R SERVICES-OTHER PR			1,000	
025 INPAT ROUTINE SRVC CN				
ADULTS & PEDIATRICS	987		1,000	
026 INTENSIVE CARE UNIT	44			
033 NURSERY				
ANCILLARY SRVC COST C				
OPERATING ROOM		600		
037 RECOVERY ROOM				
038 DELIVERY ROOM & LABOR				
039 ANESTHESIOLOGY				
040 RADIOLOGY-DIAGNOSTIC				
041 01 CAT SCAN				
041 02 MRI				
041 03 CARDIAC CATH				
044 LABORATORY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATI				
058 ASC (NON-DISTINCT PAR				
058 01 PROCTO/ENTERO/GASTRO				
OUTPAT SERVICE COST C				
CLINIC				
060 EMERGENCY	15	400		
061 01 CARDIAC REHAB				
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	1,046	1,000	1,000	
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
100 MONROE CLINIC INN				
100 01 5 WEST				
100 02 LIFELINE				
100 03 PHARMACY NURSING HOME				
100 04 FREESTANDING CLINIC				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	237,366	113,814	1	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		113.814000		
(WRKSHT B, PT I)	226.927342		.001000	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	5,014	80		
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		.080000		
(WRKSHT B, PT III)	4.793499			

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,308,717		8,308,717		8,308,717
26	INTENSIVE CARE UNIT	2,404,805		2,404,805		2,404,805
33	NURSERY	642,004		642,004		642,004
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,522,709		3,522,709		3,522,709
38	RECOVERY ROOM	670,733		670,733		670,733
39	DELIVERY ROOM & LABOR ROO	838,617		838,617		838,617
40	ANESTHESIOLOGY	808,125		808,125		808,125
41	RADIOLOGY-DIAGNOSTIC	4,993,437		4,993,437		4,993,437
41	01 CAT SCAN	1,413,051		1,413,051		1,413,051
41	02 MRI	1,285,694		1,285,694		1,285,694
41	03 CARDIAC CATH	914,332		914,332		914,332
44	LABORATORY	7,414,358		7,414,358		7,414,358
49	RESPIRATORY THERAPY	471,085		471,085		471,085
50	PHYSICAL THERAPY	1,991,205		1,991,205		1,991,205
51	OCCUPATIONAL THERAPY	604,979		604,979		604,979
52	SPEECH PATHOLOGY	255,091		255,091		255,091
53	ELECTROCARDIOLOGY	136,039		136,039		136,039
55	MEDICAL SUPPLIES CHARGED	6,320,653		6,320,653		6,320,653
55	30 IMPL. DEV. CHARGED TO PAT	3,183,223		3,183,223		3,183,223
56	DRUGS CHARGED TO PATIENTS	4,247,920		4,247,920		4,247,920
58	ASC (NON-DISTINCT PART)	1,822,015		1,822,015		1,822,015
58	01 PROCTO/ENTERO/GASTRO	872,400		872,400		872,400
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	35,514,328		35,514,328		35,514,328
61	EMERGENCY	3,643,436		3,643,436		3,643,436
61	01 CARDIAC REHAB	503,128		503,128		503,128
62	OBSERVATION BEDS (NON-DIS	759,628		759,628		759,628
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	93,541,712		93,541,712		93,541,712
102	LESS OBSERVATION BEDS	759,628		759,628		759,628
103	TOTAL	92,782,084		92,782,084		92,782,084

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	8,707,512		8,707,512			
26	INTENSIVE CARE UNIT	2,369,841		2,369,841			
33	NURSERY	788,061		788,061			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,495,738	17,287,187	25,782,925	.136630	.136630	.136630
38	RECOVERY ROOM	868,387	2,049,659	2,918,046	.229857	.229857	.229857
39	DELIVERY ROOM & LABOR ROO	1,738,067	280,589	2,018,656	.415433	.415433	.415433
40	ANESTHESIOLOGY	543,356	1,625,477	2,168,833	.372608	.372608	.372608
41	RADIOLOGY-DIAGNOSTIC	1,828,975	9,068,791	10,897,766	.458207	.458207	.458207
41	01 CAT SCAN	6,020,580	8,066,185	14,086,765	.100311	.100311	.100311
41	02 MRI	863,518	8,322,156	9,185,674	.139967	.139967	.139967
41	03 CARDIAC CATH	1,181,061	1,681,797	2,862,858	.319377	.319377	.319377
44	LABORATORY	5,712,054	26,873,917	32,585,971	.227532	.227532	.227532
49	RESPIRATORY THERAPY	2,280,607	1,496,429	3,777,036	.124723	.124723	.124723
50	PHYSICAL THERAPY	995,111	3,221,399	4,216,510	.472240	.472240	.472240
51	OCCUPATIONAL THERAPY	659,079	662,709	1,321,788	.457697	.457697	.457697
52	SPEECH PATHOLOGY	29,149	440,392	469,541	.543277	.543277	.543277
53	ELECTROCARDIOLOGY	644,032	769,435	1,413,467	.096245	.096245	.096245
55	MEDICAL SUPPLIES CHARGED	7,466,471	10,703,061	18,169,532	.347871	.347871	.347871
55	30 IMPL. DEV. CHARGED TO PAT	2,310,264	1,997,110	4,307,374	.739017	.739017	.739017
56	DRUGS CHARGED TO PATIENTS	13,805,699	9,871,180	23,676,879	.179412	.179412	.179412
58	ASC (NON-DISTINCT PART)	20,441	5,201,728	5,222,169	.348900	.348900	.348900
58	01 PROCTO/ENTERO/GASTRO	163,456	2,456,376	2,619,832	.332998	.332998	.332998
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	319,580	42,605,661	42,925,241	.827353	.827353	.827353
61	EMERGENCY	1,873,964	6,839,893	8,713,857	.418120	.418120	.418120
61	01 CARDIAC REHAB	18,408	329,755	348,163	1.445093	1.445093	1.445093
62	OBSERVATION BEDS (NON-DIS	85,604	1,160,224	1,245,828	.609737	.609737	.609737
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	69,789,015	163,011,110	232,800,125			
102	LESS OBSERVATION BEDS						
103	TOTAL	69,789,015	163,011,110	232,800,125			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 52-0028
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,308,718		8,308,718		8,308,718
26	INTENSIVE CARE UNIT	2,404,805		2,404,805		2,404,805
33	NURSERY	642,004		642,004		642,004
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,590,997		3,590,997		3,590,997
38	RECOVERY ROOM	670,733		670,733		670,733
39	DELIVERY ROOM & LABOR ROOM	838,617		838,617		838,617
40	ANESTHESIOLOGY	808,125		808,125		808,125
41	RADIOLOGY-DIAGNOSTIC	4,993,437		4,993,437		4,993,437
41	01 CAT SCAN	1,413,051		1,413,051		1,413,051
41	02 MRI	1,285,694		1,285,694		1,285,694
41	03 CARDIAC CATH	914,332		914,332		914,332
44	LABORATORY	7,414,358		7,414,358		7,414,358
49	RESPIRATORY THERAPY	471,085		471,085		471,085
50	PHYSICAL THERAPY	1,991,205		1,991,205		1,991,205
51	OCCUPATIONAL THERAPY	604,979		604,979		604,979
52	SPEECH PATHOLOGY	255,091		255,091		255,091
53	ELECTROCARDIOLOGY	136,039		136,039		136,039
55	MEDICAL SUPPLIES CHARGED	6,320,653		6,320,653		6,320,653
55	30 IMPL. DEV. CHARGED TO PAT	3,183,223		3,183,223		3,183,223
56	DRUGS CHARGED TO PATIENTS	4,247,920		4,247,920		4,247,920
58	ASC (NON-DISTINCT PART)	1,822,015		1,822,015		1,822,015
58	01 PROCTO/ENTERO/GASTRO	872,400		872,400		872,400
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	35,514,328		35,514,328		35,514,328
61	EMERGENCY	3,688,962		3,688,962		3,688,962
61	01 CARDIAC REHAB	503,128		503,128		503,128
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	759,628		759,628		759,628
101	SUBTOTAL	93,655,527		93,655,527		93,655,527
102	LESS OBSERVATION BEDS	759,628		759,628		759,628
103	TOTAL	92,895,899		92,895,899		92,895,899

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,707,512		8,707,512			
26	INTENSIVE CARE UNIT	2,369,841		2,369,841			
33	NURSERY	788,061		788,061			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,495,738	17,287,187	25,782,925	.139278	.139278	.139278
38	RECOVERY ROOM	868,387	2,049,659	2,918,046	.229857	.229857	.229857
39	DELIVERY ROOM & LABOR ROO	1,738,067	280,589	2,018,656	.415433	.415433	.415433
40	ANESTHESIOLOGY	543,356	1,625,477	2,168,833	.372608	.372608	.372608
41	RADIOLOGY-DIAGNOSTIC	1,828,975	9,068,791	10,897,766	.458207	.458207	.458207
41	01 CAT SCAN	6,020,580	8,066,185	14,086,765	.100311	.100311	.100311
41	02 MRI	863,518	8,322,156	9,185,674	.139967	.139967	.139967
41	03 CARDIAC CATH	1,181,061	1,681,797	2,862,858	.319377	.319377	.319377
44	LABORATORY	5,712,054	26,873,917	32,585,971	.227532	.227532	.227532
49	RESPIRATORY THERAPY	2,280,607	1,496,429	3,777,036	.124723	.124723	.124723
50	PHYSICAL THERAPY	995,111	3,221,399	4,216,510	.472240	.472240	.472240
51	OCCUPATIONAL THERAPY	659,079	662,709	1,321,788	.457697	.457697	.457697
52	SPEECH PATHOLOGY	29,149	440,392	469,541	.543277	.543277	.543277
53	ELECTROCARDIOLOGY	644,032	769,435	1,413,467	.096245	.096245	.096245
55	MEDICAL SUPPLIES CHARGED	7,466,471	10,703,061	18,169,532	.347871	.347871	.347871
55	30 IMPL. DEV. CHARGED TO PAT	2,310,264	1,997,110	4,307,374	.739017	.739017	.739017
56	DRUGS CHARGED TO PATIENTS	13,805,699	9,871,180	23,676,879	.179412	.179412	.179412
58	ASC (NON-DISTINCT PART)	20,441	5,201,728	5,222,169	.348900	.348900	.348900
58	01 PROCTO/ENTERO/GASTRO	163,456	2,456,376	2,619,832	.332998	.332998	.332998
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	319,580	42,605,661	42,925,241	.827353	.827353	.827353
61	EMERGENCY	1,873,964	6,839,893	8,713,857	.423344	.423344	.423344
61	01 CARDIAC REHAB	18,408	329,755	348,163	1.445093	1.445093	1.445093
62	OBSERVATION BEDS (NON-DIS	85,604	1,160,224	1,245,828	.609737	.609737	.609737
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	69,789,015	163,011,110	232,800,125			
102	LESS OBSERVATION BEDS						
103	TOTAL	69,789,015	163,011,110	232,800,125			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,522,709	107,365	3,415,344			3,522,709
38	RECOVERY ROOM	670,733	9,021	661,712			670,733
39	DELIVERY ROOM & LABOR ROO	838,617	20,636	817,981			838,617
40	ANESTHESIOLOGY	808,125	4,349	803,776			808,125
41	RADIOLOGY-DIAGNOSTIC	4,993,437	100,164	4,893,273			4,993,437
41	01 CAT SCAN	1,413,051	6,412	1,406,639			1,413,051
41	02 MRI	1,285,694	3,553	1,282,141			1,285,694
41	03 CARDIAC CATH	914,332	8,352	905,980			914,332
44	LABORATORY	7,414,358	59,338	7,355,020			7,414,358
49	RESPIRATORY THERAPY	471,085	14,955	456,130			471,085
50	PHYSICAL THERAPY	1,991,205	29,564	1,961,641			1,991,205
51	OCCUPATIONAL THERAPY	604,979	10,427	594,552			604,979
52	SPEECH PATHOLOGY	255,091	4,197	250,894			255,091
53	ELECTROCARDIOLOGY	136,039	1,127	134,912			136,039
55	MEDICAL SUPPLIES CHARGED	6,320,653	16,968	6,303,685			6,320,653
55	30 IMPL. DEV. CHARGED TO PAT	3,183,223	1,656	3,181,567			3,183,223
56	DRUGS CHARGED TO PATIENTS	4,247,920	21,515	4,226,405			4,247,920
58	ASC (NON-DISTINCT PART)	1,822,015	14,505	1,807,510			1,822,015
58	01 PROCTO/ENTERO/GASTRO	872,400	12,654	859,746			872,400
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	35,514,328	65,479	35,448,849			35,514,328
61	EMERGENCY	3,643,436	52,073	3,591,363			3,643,436
61	01 CARDIAC REHAB	503,128	18,241	484,887			503,128
62	OBSERVATION BEDS (NON-DIS	759,628	16,798	742,830			759,628
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	82,186,186	599,349	81,586,837			82,186,186
102	LESS OBSERVATION BEDS	759,628	16,798	742,830			759,628
103	TOTAL	81,426,558	582,551	80,844,007			81,426,558

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	25,782,925	.136630	.136630
38	RECOVERY ROOM	2,918,046	.229857	.229857
39	DELIVERY ROOM & LABOR ROO	2,018,656	.415433	.415433
40	ANESTHESIOLOGY	2,168,833	.372608	.372608
41	RADIOLOGY-DIAGNOSTIC	10,897,766	.458207	.458207
41	01 CAT SCAN	14,086,765	.100311	.100311
41	02 MRI	9,185,674	.139967	.139967
41	03 CARDIAC CATH	2,862,858	.319377	.319377
44	LABORATORY	32,585,971	.227532	.227532
49	RESPIRATORY THERAPY	3,777,036	.124723	.124723
50	PHYSICAL THERAPY	4,216,510	.472240	.472240
51	OCCUPATIONAL THERAPY	1,321,788	.457697	.457697
52	SPEECH PATHOLOGY	469,541	.543277	.543277
53	ELECTROCARDIOLOGY	1,413,467	.096245	.096245
55	MEDICAL SUPPLIES CHARGED	18,169,532	.347871	.347871
55	30 IMPL. DEV. CHARGED TO PAT	4,307,374	.739017	.739017
56	DRUGS CHARGED TO PATIENTS	23,676,879	.179412	.179412
58	ASC (NON-DISTINCT PART)	5,222,169	.348900	.348900
58	01 PROCTO/ENTERO/GASTRO	2,619,832	.332998	.332998
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	42,925,241	.827353	.827353
61	EMERGENCY	8,713,857	.418120	.418120
61	01 CARDIAC REHAB	348,163	1.445093	1.445093
62	OBSERVATION BEDS (NON-DIS	1,245,828	.609737	.609737
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	220,934,711		
102	LESS OBSERVATION BEDS	1,245,828		
103	TOTAL	219,688,883		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,590,997	107,365	3,483,632	10,737	202,051	3,378,209
38	RECOVERY ROOM	670,733	9,021	661,712	902	38,379	631,452
39	DELIVERY ROOM & LABOR ROO	838,617	20,636	817,981	2,064	47,443	789,110
40	ANESTHESIOLOGY	808,125	4,349	803,776	435	46,619	761,071
41	RADIOLOGY-DIAGNOSTIC	4,993,437	100,164	4,893,273	10,016	283,810	4,699,611
41	01 CAT SCAN	1,413,051	6,412	1,406,639	641	81,585	1,330,825
41	02 MRI	1,285,694	3,553	1,282,141	355	74,364	1,210,975
41	03 CARDIAC CATH	914,332	8,352	905,980	835	52,547	860,950
44	LABORATORY	7,414,358	59,338	7,355,020	5,934	426,591	6,981,833
49	RESPIRATORY THERAPY	471,085	14,955	456,130	1,496	26,456	443,133
50	PHYSICAL THERAPY	1,991,205	29,564	1,961,641	2,956	113,775	1,874,474
51	OCCUPATIONAL THERAPY	604,979	10,427	594,552	1,043	34,484	569,452
52	SPEECH PATHOLOGY	255,091	4,197	250,894	420	14,552	240,119
53	ELECTROCARDIOLOGY	136,039	1,127	134,912	113	7,825	128,101
55	MEDICAL SUPPLIES CHARGED	6,320,653	16,968	6,303,685	1,697	365,614	5,953,342
55	30 IMPL. DEV. CHARGED TO PAT	3,183,223	1,656	3,181,567	166	184,531	2,998,526
56	DRUGS CHARGED TO PATIENTS	4,247,920	21,515	4,226,405	2,152	245,131	4,000,637
58	ASC (NON-DISTINCT PART)	1,822,015	14,505	1,807,510	1,451	104,836	1,715,728
58	01 PROCTO/ENTERO/GASTRO	872,400	12,654	859,746	1,265	49,865	821,270
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	35,514,328	65,479	35,448,849	6,548	2,056,033	33,451,747
61	EMERGENCY	3,688,962	52,073	3,636,889	5,207	210,940	3,472,815
61	01 CARDIAC REHAB	503,128	18,241	484,887	1,824	28,123	473,181
62	OBSERVATION BEDS (NON-DIS	759,628	16,798	742,830	1,680	43,084	714,864
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	82,300,000	599,349	81,700,651	59,937	4,738,638	77,501,425
102	LESS OBSERVATION BEDS	759,628	16,798	742,830	1,680	43,084	714,864
103	TOTAL	81,540,372	582,551	80,957,821	58,257	4,695,554	76,786,561

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	25,782,925	.131025	.138862
38	RECOVERY ROOM	2,918,046	.216395	.229548
39	DELIVERY ROOM & LABOR ROO	2,018,656	.390909	.414411
40	ANESTHESIOLOGY	2,168,833	.350913	.372408
41	RADIOLOGY-DIAGNOSTIC	10,897,766	.431245	.457288
41 01	CAT SCAN	14,086,765	.094473	.100265
41 02	MRI	9,185,674	.131833	.139929
41 03	CARDIAC CATH	2,862,858	.300731	.319086
44	LABORATORY	32,585,971	.214259	.227350
49	RESPIRATORY THERAPY	3,777,036	.117323	.124327
50	PHYSICAL THERAPY	4,216,510	.444556	.471539
51	OCCUPATIONAL THERAPY	1,321,788	.430819	.456908
52	SPEECH PATHOLOGY	469,541	.511391	.542383
53	ELECTROCARDIOLOGY	1,413,467	.090629	.096165
55	MEDICAL SUPPLIES CHARGED	18,169,532	.327655	.347778
55 30	IMPL. DEV. CHARGED TO PAT	4,307,374	.696138	.738979
56	DRUGS CHARGED TO PATIENTS	23,676,879	.168968	.179321
58	ASC (NON-DISTINCT PART)	5,222,169	.328547	.348622
58 01	PROCTO/ENTERO/GASTRO	2,619,832	.313482	.332516
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	42,925,241	.779302	.827200
61	EMERGENCY	8,713,857	.398539	.422747
61 01	CARDIAC REHAB	348,163	1.359079	1.439854
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,245,828	.573806	.608389
101	SUBTOTAL	220,934,711		
102	LESS OBSERVATION BEDS	1,245,828		
103	TOTAL	219,688,883		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				183,741		183,741
26	INTENSIVE CARE UNIT				62,837		62,837
33	NURSERY				7,717		7,717
101	TOTAL				254,295		254,295

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART I

PPS

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	9,505	4,541			19.33	87,778
26	INTENSIVE CARE UNIT	1,134	710			55.41	39,341
33	NURSERY	1,015				7.60	
101	TOTAL	11,654	5,251				127,119

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0028
 COMPONENT NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		107,365	25,782,925	3,844,799		
38	RECOVERY ROOM		9,021	2,918,046	391,318		
39	DELIVERY ROOM & LABOR ROO		20,636	2,018,656	5,686		
40	ANESTHESIOLOGY		4,349	2,168,833	269,063		
41	RADIOLOGY-DIAGNOSTIC		100,164	10,897,766	1,697,869		
41 01	CAT SCAN		6,412	14,086,765	5,342,295		
41 02	MRI		3,553	9,185,674	578,004		
41 03	CARDIAC CATH		8,352	2,862,858	944,910		
44	LABORATORY		59,338	32,585,971	3,395,415		
49	RESPIRATORY THERAPY		14,955	3,777,036	1,388,860		
50	PHYSICAL THERAPY		29,564	4,216,510	708,236		
51	OCCUPATIONAL THERAPY		10,427	1,321,788	474,087		
52	SPEECH PATHOLOGY		4,197	469,541	23,999		
53	ELECTROCARDIOLOGY		1,127	1,413,467	328,250		
55	MEDICAL SUPPLIES CHARGED		16,968	18,169,532	4,438,437		
55 30	IMPL. DEV. CHARGED TO PAT		1,656	4,307,374	504,622		
56	DRUGS CHARGED TO PATIENTS		21,515	23,676,879	3,319,692		
58	ASC (NON-DISTINCT PART)		14,505	5,222,169			
58 01	PROCTO/ENTERO/GASTRO		12,654	2,619,832	100,645		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		65,479	42,925,241	9,412		
61	EMERGENCY		52,073	8,713,857	1,159,037		
61 01	CARDIAC REHAB		18,241	348,163			
62	OBSERVATION BEDS (NON-DIS		16,798	1,245,828	74,195		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		599,349	220,934,711	28,998,831		

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 52-0028
 PREPARED 5/27/2011
 WORKSHEET D
 PART II
 PPS

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	.004164	16,010
38	RECOVERY ROOM	.003091	1,210
39	DELIVERY ROOM & LABOR ROO	.010223	58
40	ANESTHESIOLOGY	.002005	539
41	RADIOLOGY-DIAGNOSTIC	.009191	15,605
41 01	CAT SCAN	.000455	2,431
41 02	MRI	.000387	224
41 03	CARDIAC CATH	.002917	2,756
44	LABORATORY	.001821	6,183
49	RESPIRATORY THERAPY	.003959	5,498
50	PHYSICAL THERAPY	.007011	4,965
51	OCCUPATIONAL THERAPY	.007889	3,740
52	SPEECH PATHOLOGY	.008939	215
53	ELECTROCARDIOLOGY	.000797	262
55	MEDICAL SUPPLIES CHARGED	.000934	4,146
55 30	IMPL. DEV. CHARGED TO PAT	.000384	194
56	DRUGS CHARGED TO PATIENTS	.000909	3,018
58	ASC (NON-DISTINCT PART)	.002778	
58 01	PROCTO/ENTERO/GASTRO	.004830	486
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.001525	14
61	EMERGENCY	.005976	6,926
61 01	CARDIAC REHAB	.052392	
62	OBSERVATION BEDS (NON-DIS	.013483	1,000
	OTHER REIMBURS COST CNTRS		
101	TOTAL		75,480

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

PROVIDER NO: 52-0028
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,505	
26	INTENSIVE CARE UNIT					1,134	
33	NURSERY					1,015	
101	TOTAL					11,654	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 52-0028 I FROM 1/ 1/2010 I WORKSHEET D
 I TO 12/31/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		4,541
26	INTENSIVE CARE UNIT		710
33	NURSERY		
101	TOTAL		5,251

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MRI						
41	03 CARDIAC CATH						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58	01 PROCTO/ENTERO/GASTRO						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 CARDIAC REHAB						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			25,782,925			3,844,799	
38	OPERATING ROOM			2,918,046			391,318	
39	RECOVERY ROOM			2,018,656			5,686	
40	DELIVERY ROOM & LABOR ROO			2,168,833			269,063	
41	ANESTHESIOLOGY			10,897,766			1,697,869	
41	RADIOLOGY-DIAGNOSTIC			14,086,765			5,342,295	
41	01 CAT SCAN			9,185,674			578,004	
41	02 MRI			2,862,858			944,910	
41	03 CARDIAC CATH			32,585,971			3,395,415	
44	LABORATORY			3,777,036			1,388,860	
49	RESPIRATORY THERAPY			4,216,510			708,236	
50	PHYSICAL THERAPY			1,321,788			474,087	
51	OCCUPATIONAL THERAPY			469,541			23,999	
52	SPEECH PATHOLOGY			1,413,467			328,250	
53	ELECTROCARDIOLOGY			18,169,532			4,438,437	
55	MEDICAL SUPPLIES CHARGED			4,307,374			504,622	
55	30 IMPL. DEV. CHARGED TO PAT			23,676,879			3,319,692	
56	DRUGS CHARGED TO PATIENTS			5,222,169				
58	ASC (NON-DISTINCT PART)			2,619,832			100,645	
58	01 PROCTO/ENTERO/GASTRO							
60	OUTPAT SERVICE COST CNTRS			42,925,241			9,412	
61	CLINIC			8,713,857			1,159,037	
61	EMERGENCY			348,163				
61	01 CARDIAC REHAB			1,245,828			74,195	
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			220,934,711			28,998,831	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,205,587					
38	RECOVERY ROOM	480,368					
39	DELIVERY ROOM & LABOR ROO	138					
40	ANESTHESIOLOGY	846,752					
41	RADIOLOGY-DIAGNOSTIC	4,580,160					
41 01	CAT SCAN	3,169,384					
41 02	MRI	2,082,449					
41 03	CARDIAC CATH	1,304,651					
44	LABORATORY	728,245					
49	RESPIRATORY THERAPY	216,348					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	659,005					
55	MEDICAL SUPPLIES CHARGED	2,404,717					
55 30	IMPL. DEV. CHARGED TO PAT	1,095,412					
56	DRUGS CHARGED TO PATIENTS	2,375,442					
58	ASC (NON-DISTINCT PART)	4,378,255					
58 01	PROCTO/ENTERO/GASTRO	1,231,786					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	13,411,930					
61	EMERGENCY	1,917,445					
61 01	CARDIAC REHAB	149,687					
62	OBSERVATION BEDS (NON-DIS	817,710					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	44,055,471					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.136630	.136630			
38 RECOVERY ROOM	.229857	.229857			
39 DELIVERY ROOM & LABOR ROOM	.415433	.415433			
40 ANESTHESIOLOGY	.372608	.372608			
41 RADIOLOGY-DIAGNOSTIC	.458207	.458207			
41 01 CAT SCAN	.100311	.100311			
41 02 MRI	.139967	.139967			
41 03 CARDIAC CATH	.319377	.319377			
44 LABORATORY	.227532	.227532			
49 RESPIRATORY THERAPY	.124723	.124723			
50 PHYSICAL THERAPY	.472240	.472240			
51 OCCUPATIONAL THERAPY	.457697	.457697			
52 SPEECH PATHOLOGY	.543277	.543277			
53 ELECTROCARDIOLOGY	.096245	.096245			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.347871	.347871			
55 30 IMPL. DEV. CHARGED TO PATIENT	.739017	.739017			
56 DRUGS CHARGED TO PATIENTS	.179412	.179412			
58 ASC (NON-DISTINCT PART)	.348900	.348900			
58 01 PROCTO/ENTERO/GASTRO	.332998	.332998			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.827353	.827353			
61 EMERGENCY	.418120	.418120			
61 01 CARDIAC REHAB	1.445093	1.445093			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.609737	.609737			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,205,587			
38 RECOVERY ROOM		480,368			
39 DELIVERY ROOM & LABOR ROOM		138			
40 ANESTHESIOLOGY		846,752			
41 RADIOLOGY-DIAGNOSTIC		4,580,160			
41 01 CAT SCAN		3,169,384			
41 02 MRI		2,082,449			
41 03 CARDIAC CATH		1,304,651			
44 LABORATORY		728,245			
49 RESPIRATORY THERAPY		216,348			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		659,005			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,404,717			
55 30 IMPL. DEV. CHARGED TO PATIENT		1,095,412			
56 DRUGS CHARGED TO PATIENTS		2,375,442			
58 ASC (NON-DISTINCT PART)		4,378,255			
58 01 PROCTO/ENTERO/GASTRO		1,231,786			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		13,411,930			
61 EMERGENCY		1,917,445			
61 01 CARDIAC REHAB		149,687			
62 OBSERVATION BEDS (NON-DISTINCT PART)		817,710			
101 SUBTOTAL		44,055,471			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		44,055,471			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				301,349	
38 RECOVERY ROOM				110,416	
39 DELIVERY ROOM & LABOR ROOM				57	
40 ANESTHESIOLOGY				315,507	
41 RADIOLOGY-DIAGNOSTIC				2,098,661	
41 01 CAT SCAN				317,924	
41 02 MRI				291,474	
41 03 CARDIAC CATH				416,676	
44 LABORATORY				165,699	
49 RESPIRATORY THERAPY				26,984	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				63,426	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				836,531	
55 30 IMPL. DEV. CHARGED TO PATIENT				809,528	
56 DRUGS CHARGED TO PATIENTS				426,183	
58 ASC (NON-DISTINCT PART)				1,527,573	
58 01 PROCTO/ENTERO/GASTRO				410,182	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				11,096,401	
61 EMERGENCY				801,722	
61 01 CARDIAC REHAB				216,312	
62 OBSERVATION BEDS (NON-DISTINCT PART)				498,588	
101 SUBTOTAL				20,731,193	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				20,731,193	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XVIII, PART B HOSPITAL

Cost Center	Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41	01 CAT SCAN			
41	02 MRI			
41	03 CARDIAC CATH			
44	LABORATORY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
58	ASC (NON-DISTINCT PART)			
58	01 PROCTO/ENTERO/GASTRO			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
61	01 CARDIAC REHAB			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
52-0028		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.179412
	91,791
	16,468

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 131025				460,290
38 RECOVERY ROOM	. 216395				60,682
39 DELIVERY ROOM & LABOR ROOM	. 390909				23,103
40 ANESTHESIOLOGY	. 350913				29,851
41 RADIOLOGY-DIAGNOSTIC	. 431245				201,984
41 01 CAT SCAN	. 094473				297,279
41 02 MRI	. 131833				168,994
41 03 CARDIAC CATH	. 300731				52,715
44 LABORATORY	. 214259				135,491
49 RESPIRATORY THERAPY	. 117323				5,313
50 PHYSICAL THERAPY	. 444556				85,906
51 OCCUPATIONAL THERAPY	. 430819				27,431
52 SPEECH PATHOLOGY	. 511391				177,722
53 ELECTROCARDIOLOGY	. 090629				16,188
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 327655				245,885
55 30 IMPL. DEV. CHARGED TO PATIENT	. 696138				18,149
56 DRUGS CHARGED TO PATIENTS	. 168968				129,431
58 ASC (NON-DISTINCT PART)	. 328547				91,135
58 01 PROCTO/ENTERO/GASTRO	. 313482				26,599
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	. 779302				181,617
61 EMERGENCY	. 398539				293,877
61 01 CARDIAC REHAB	1. 359079				
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 573806				73,512
101 SUBTOTAL					2,803,154
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					2,803,154

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XIX - O/P HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 MRI					
41 03 CARDIAC CATH					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
58 ASC (NON-DISTINCT PART)					
58 01 PROCTO/ENTERO/GASTRO					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
61 01 CARDIAC REHAB					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/27/2011
 | 52-0028 | FROM 1/ 1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 12/31/2010 | PART V
 | 52-0028 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		60,309			
38 RECOVERY ROOM		13,131			
39 DELIVERY ROOM & LABOR ROOM		9,031			
40 ANESTHESIOLOGY		10,475			
41 RADIOLOGY-DIAGNOSTIC		87,105			
41 01 CAT SCAN		28,085			
41 02 MRI		22,279			
41 03 CARDIAC CATH		15,853			
44 LABORATORY		29,030			
49 RESPIRATORY THERAPY		623			
50 PHYSICAL THERAPY		38,190			
51 OCCUPATIONAL THERAPY		11,818			
52 SPEECH PATHOLOGY		90,885			
53 ELECTROCARDIOLOGY		1,467			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		80,565			
55 30 IMPL. DEV. CHARGED TO PATIENT		12,634			
56 DRUGS CHARGED TO PATIENTS		21,870			
58 ASC (NON-DISTINCT PART)		29,942			
58 01 PROCTO/ENTERO/GASTRO		8,338			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		141,534			
61 EMERGENCY		117,121			
61 01 CARDIAC REHAB					
62 OBSERVATION BEDS (NON-DISTINCT PART)		42,182			
101 SUBTOTAL		872,467			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		872,467			

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
52-0028	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
52-0028		

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)	9,505
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,505
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,505
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)	4,541
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	8,308,717
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	8,308,717

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,286,678
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,286,678
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.736153
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,187.45
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8,308,717

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
52-0028		PART II

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	874.14
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,969,470
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,969,470

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	2,404,805	1,134	2,120.64	710	1,505,654
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	127,119
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	75,480
52	TOTAL PROGRAM EXCLUDABLE COST	202,599
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	12,312,497

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
52-0028		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	869
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	874.14
85	OBSERVATION BED COST	759,628

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	8,308,717		759,628	
87	NEW CAPITAL-RELATED COST	183,741	.022114	759,628	16,798
88	NON PHYSICIAN ANESTHETIST	8,308,717		759,628	
89	MEDICAL EDUCATION	8,308,717		759,628	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,505
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,505
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,505
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)	283
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)	1,015
16	NURSERY DAYS (TITLE V OR XIX ONLY)	54

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	8,308,718
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	8,308,718

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,286,678
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	11,286,678
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.736153
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,187.45
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8,308,718

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 52-0028
 PREPARED 5/27/2011
 WORKSHEET D-1
 PART II

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 874.14
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 247,382
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 247,382

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	642,004	1,015	632.52	54	34,156
43 INTENSIVE CARE UNIT	2,404,805	1,134	2,120.64	24	50,895
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 486,361
49 TOTAL PROGRAM INPATIENT COSTS					818,794

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
52-0028		PART III

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	869
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	874.14
85	OBSERVATION BED COST	759,628

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0028
 COMPONENT NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,464,080	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,503,404	
37	OPERATING ROOM	.136630	3,844,799	525,315
38	RECOVERY ROOM	.229857	391,318	89,947
39	DELIVERY ROOM & LABOR ROOM	.415433	5,686	2,362
40	ANESTHESIOLOGY	.372608	269,063	100,255
41	RADIOLOGY-DIAGNOSTIC	.458207	1,697,869	777,975
41 01	CAT SCAN	.100311	5,342,295	535,891
41 02	MRI	.139967	578,004	80,901
41 03	CARDIAC CATH	.319377	944,910	301,783
44	LABORATORY	.227532	3,395,415	772,566
49	RESPIRATORY THERAPY	.124723	1,388,860	173,223
50	PHYSICAL THERAPY	.472240	708,236	334,457
51	OCCUPATIONAL THERAPY	.457697	474,087	216,988
52	SPEECH PATHOLOGY	.543277	23,999	13,038
53	ELECTROCARDIOLOGY	.096245	328,250	31,592
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.347871	4,438,437	1,544,004
55 30	IMPL. DEV. CHARGED TO PATIENT	.739017	504,622	372,924
56	DRUGS CHARGED TO PATIENTS	.179412	3,319,692	595,593
58	ASC (NON-DISTINCT PART)	.348900		
58 01	PROCTO/ENTERO/GASTRO OUTPAT SERVICE COST CNTRS	.332998	100,645	33,515
60	CLINIC	.827353	9,412	7,787
61	EMERGENCY	.418120	1,159,037	484,617
61 01	CARDIAC REHAB	1.445093		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.609737	74,195	45,239
101	TOTAL		28,998,831	7,039,972
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		28,998,831	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0028
 COMPONENT NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		255,130	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		49,716	
37	OPERATING ROOM	.139278	175,948	24,506
38	RECOVERY ROOM	.229857	17,477	4,017
39	DELIVERY ROOM & LABOR ROOM	.415433	77,662	32,263
40	ANESTHESIOLOGY	.372608	7,696	2,868
41	RADIOLOGY-DIAGNOSTIC	.458207	53,291	24,418
41 01	CAT SCAN	.100311	83,396	8,366
41 02	MRI	.139967	19,554	2,737
41 03	CARDIAC CATH	.319377	362	116
44	LABORATORY	.227532	167,063	38,012
49	RESPIRATORY THERAPY	.124723	48,898	6,099
50	PHYSICAL THERAPY	.472240	11,824	5,584
51	OCCUPATIONAL THERAPY	.457697	9,762	4,468
52	SPEECH PATHOLOGY	.543277	700	380
53	ELECTROCARDIOLOGY	.096245	9,798	943
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.347871	128,016	44,533
55 30	IMPL. DEV. CHARGED TO PATIENT	.739017	75	55
56	DRUGS CHARGED TO PATIENTS	.179412	158,489	28,435
58	ASC (NON-DISTINCT PART)	.348900	2,511	876
58 01	PROCTO/ENTERO/GASTRO OUTPAT SERVICE COST CNTRS	.332998	5,762	1,919
60	CLINIC	.827353	274,839	227,389
61	EMERGENCY	.423344	60,316	25,534
61 01	CARDIAC REHAB	1.445093		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.609737	4,663	2,843
101	TOTAL		1,318,102	486,361
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,318,102	

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 52-0028
 PREPARED 5/27/2011
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,886,633	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
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		
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)	82,953	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	97.62	
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.	1.13	
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)	1.13	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.18	
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)	1.13	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	1.03	
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	.97	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	1.04	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.010654	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.009634	
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)	.009634	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	57,187	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	57,187	57,187
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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)		

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 52-0028
 PREPARED 5/27/2011
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

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 INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	11,026,773	
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)	11,026,773	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	902,322	
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)	10,847	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	11,939,942	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	11,939,942	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,210,748	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	2,750	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	10,726,444	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1	95,838	
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	10,822,282	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	10,818,194	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	4,088	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
52-0028		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	16,468
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	20,731,193
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,994,894
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.791
1.04	LINE 1.01 TIMES LINE 1.03.	16,398,374
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.44
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	1,192,958
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	16,468

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	91,791
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	91,791

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)	91,791
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	75,323
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	16,468
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	16,187,852

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,332,964
19	SUBTOTAL (SEE INSTRUCTIONS)	12,871,356
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	17,983
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	12,889,339
24	PRIMARY PAYER PAYMENTS	177
25	SUBTOTAL	12,889,162

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	145,440
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	101,808
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	145,440
28	SUBTOTAL	12,990,970
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	12,990,970
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	13,641,782
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-650,812
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

PROVIDER NO: 52-0028
 COMPONENT NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET E-1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVII 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				
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.				
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER	.01			
	ADJUSTMENTS TO PROVIDER	.02			
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROVIDER	.49			
	ADJUSTMENTS TO PROGRAM	.50			
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	ADJUSTMENTS TO PROGRAM	.99			
	SUBTOTAL		NONE		NONE
4	TOTAL INTERIM PAYMENTS		10,818,194		13,641,782
	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)		4,088		650,812
	SETTLEMENT TO PROVIDER	.01			
	SETTLEMENT TO PROGRAM	.02			
7	TOTAL MEDICARE PROGRAM LIABILITY		10,822,282		12,990,970

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
52-0028	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART III
-		

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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	1.10
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)	1.10
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	1.18
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	1.10
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.	1.18
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.	1.18
3.10	SEE INSTRUCTIONS	1.10
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)	1.03
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	.97
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	1.03
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	52,078.39
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	53,641
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	53,641

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	5,251
5	TOTAL INPATIENT DAYS	9,770
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	28,830
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	28,830
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	9,770
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.	
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

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)	12,515,096
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	12,515,096

PART B REASONABLE COST

17	REASONABLE COST	20,747,661
18	PRIMARY PAYER PAYMENTS	177
19	TOTAL PART B REASONABLE COST	20,747,484
20	TOTAL REASONABLE COST	33,262,580
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.376252
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.623748

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)	28,830
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	10,847
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	17,983

TITLE XIX

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
- 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)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 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.
- 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.
- 3.10 SEE INSTRUCTIONS
- 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)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 307
- 5 TOTAL INPATIENT DAYS 9,770
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .031423
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 456
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 9,770
- 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.
- 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

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 XIX

- 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)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	52,211,864			
2	TEMPORARY INVESTMENTS	5,709,957			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	46,277,009			
5	OTHER RECEIVABLES	387,588			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-26,998,500			
7	INVENTORY	2,374,336			
8	PREPAID EXPENSES	2,586,836			
9	OTHER CURRENT ASSETS	580,000			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	83,129,090			
FIXED ASSETS					
12	LAND	1,277,164			
12.01	LAND IMPROVEMENTS	4,983,269			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	57,582,377			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	62,867,870			
18	LESS ACCUMULATED DEPRECIATION	-92,871,987			
18.01	MINOR EQUIPMENT DEPRECIABLE	42,562,485			
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	76,401,178			
21	OTHER ASSETS				
22	INVESTMENTS	67,074,658			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	5,476,469			
26	TOTAL OTHER ASSETS	72,551,127			
27	TOTAL ASSETS	232,081,395			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,328,507			
29 SALARIES, WAGES & FEES PAYABLE	12,770,119			
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	1,558,461			
36 TOTAL CURRENT LIABILITIES	21,657,087			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	81,943,817			
39 UNSECURED LOANS	668,956			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	4,173,506			
42 TOTAL LONG-TERM LIABILITIES	86,786,279			
43 TOTAL LIABILITIES	108,443,366			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	123,638,029			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	123,638,029			
52 TOTAL LIABILITIES AND FUND BALANCES	232,081,395			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		111,723,117		
2	NET INCOME (LOSS)		12,236,037		
3	TOTAL		123,959,154		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET ASSETS RELEASED FRM R	290,105			
7					
8					
9					
10	TOTAL ADDITIONS		290,105		
11	SUBTOTAL		124,249,259		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CHGS IN UNREALIZED GAINS	27,082			
15	NEET ASSETS RELESED FRM R	290,105			
16	INVESTMENT LOSS	411			
17	NET ASSETS RELESED FOR OPE	293,632			
18	TOTAL DEDUCTIONS		611,230		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		123,638,029		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET ASSETS RELEASED FRM R				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CHGS IN UNREALIZED GAINS				
15	NEET ASSETS RELESED FRM R				
16	INVESTMENT LOSS				
17	NET ASSETS RELESED FOR OPE				
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	11,286,678		11,286,678
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	11,286,678		11,286,678
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,371,368		2,371,368
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,371,368		2,371,368
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	13,658,046		13,658,046
17 00 ANCILLARY SERVICES	66,160,417	90,220,149	156,380,566
18 00 OUTPATIENT SERVICES		12,393,337	12,393,337
19 00 HOME HEALTH AGENCY		2,002,005	2,002,005
23 00 HOSPICE		2,006,295	2,006,295
24 00 CLINIC OUTPATIENT		135,486,649	135,486,649
25 00 TOTAL PATIENT REVENUES	79,818,463	242,108,435	321,926,898

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		136,626,432	
ADD (SPECIFY)			
27 00 BAD DEBTS	6,109,277		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,109,277	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)	35,212		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		35,212	
40 00 TOTAL OPERATING EXPENSES		142,700,497	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 52-0028
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	321,926,898
2	LESS: ALLOWANCES AND DISCOUNTS ON	176,708,092
3	NET PATIENT REVENUES	145,218,806
4	LESS: TOTAL OPERATING EXPENSES	142,700,497
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	2,518,309
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	5,171,864
24.01	INVESTMENT INCOME	4,114,908
24.02	INCR IN EQUITY AFFILIATE	103,382
24.03	CHG IN INTEREST IN NET ASSETS OF FDN	536,521
24.04		
24.05		
24.06		
24.07		
24.08		
25	TOTAL OTHER INCOME	9,926,675
26	TOTAL	12,444,984
	OTHER EXPENSES	
27	OTHER	122,120
28		
29	LOSS ON DISPOSAL OF PROP	86,827
29.01		
30	TOTAL OTHER EXPENSES	208,947
31	NET INCOME (OR LOSS) FOR THE PERIO	12,236,037

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	131,095	34,346			21,958	187,399
HHA REIMBURSABLE SERVICES						
6	735,014	160,699	55,636		95,030	1,046,379
7	189,728	42,236	14,740			246,704
8	53,494	11,909	4,156			69,559
9						
10	707	158	55			920
11	29,391	14,614	6,373		10,932	61,310
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	1,139,429	263,962	80,960		127,920	1,612,271

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		187,399		187,399
HHA REIMBURSABLE SERVICES				
6		1,046,379		1,046,379
7		246,704		246,704
8		69,559		69,559
9				
10		920		920
11		61,310		61,310
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		1,612,271		1,612,271

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						187,399	187,399
HHA REIMBURSABLE SERVICES							
6						1,046,379	1,046,379
7						246,704	32,447
8						69,559	9,148
9							
10						920	121
11						61,310	8,063
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						1,612,271	1,612,271

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						1,183,999	1,183,999
7						279,151	
8						78,707	
9							
10						1,041	
11						69,373	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						1,612,271	1,612,271

HHA 1

	CAP-REL COST-BLDG & FIX (FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR) 2	PLANT OPER & MAINT (SQUARE) 3	TRANSPORTATIO N (MI LEAGE) 4	RECONCILIATIO N () 5A	ADMINISTRATIV E & GENERAL (ACCUM. COST) 5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	6,840				
2	CAP-REL COST-MOV EQUIP					53,332
3	PLANT OPER & MAINT		6,840			
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	6,840	6,840		-187,399	1,424,872
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,046,379
7	PHYSICAL THERAPY					246,704
8	OCCUPATIONAL THERAPY					69,559
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					920
11	HOME HEALTH AIDE					61,310
12	SUPPLIES					
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	6,840	53,332	6,840	-187,399	1,424,872
25	COST TO BE ALLOCATED				-93,753	187,399
26	UNIT COST MULTIPLIER				-.093753	.131520

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	DATA PROCESS ING 6.01	COMMUNICATIO NS 6.02
1 ADMIN & GENERAL		32,051			60,997	
2 SKILLED NURSING CARE	1,183,999			83,074		10,232
3 PHYSICAL THERAPY	279,151					
4 OCCUPATIONAL THERAPY	78,707					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,041					
7 HOME HEALTH AIDE	69,373					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,612,271	32,051		83,074	60,997	10,232
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	MATERIALS MG MT 6.03	ADMISSIONS 6.04	PATIENT ACCO UNTS 6.05	SUBTOTAL 6A.05	ADMIN & GENE RAL 6.06	MAINTENANCE & REPAIRS 7
1 ADMIN & GENERAL				93,048	13,359	11,198
2 SKILLED NURSING CARE	2,799			1,280,104	183,780	
3 PHYSICAL THERAPY				279,151	40,077	
4 OCCUPATIONAL THERAPY				78,707	11,300	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				1,041	149	
7 HOME HEALTH AIDE				69,373	9,960	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,799			1,801,424	258,625	11,198
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	211,466		19,280			
2 SKILLED NURSING CARE					37,093	54,108
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	211,466		19,280		37,093	54,108
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	2,953					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,953					
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	348,351		348,351		
2 SKILLED NURSING CARE	1,558,038		1,558,038	265,039	1,823,077
3 PHYSICAL THERAPY	319,228		319,228	54,304	373,532
4 OCCUPATIONAL THERAPY	90,007		90,007	15,311	105,318
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES	1,190		1,190	202	1,392
7 HOME HEALTH AIDE	79,333		79,333	13,495	92,828
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	2,396,147		2,396,147	348,351	2,396,147
21 UNIT COST MULTIPLIER				0.170110	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	COMMUNICATIONS (NO OF EXTENSIONS)	MATERIALS MGMT (SUPPLY COST)
	3	4	5	6.01	6.02	6.03
1 ADMIN & GENERAL	9,153	12,675		1		
2 SKILLED NURSING CARE			1,131,429		40	53,147
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	9,153	12,675	1,131,429	1	40	53,147
21 COST TO BE ALLOCATED	32,051		83,074	60,997	10,232	2,799
22 UNIT COST MULTIPLIER	3.501693		0.073424	997.000000	255.800000	0.052665

HHA COST CENTER	ADMISSIONS (GROSS REVENUE)	PATIENT ACCOUNTS (GROSS REVENUE)	RECONCILIATION	ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)
	6.04	6.05	6A.06	6.06	7	8
1 ADMIN & GENERAL				93,048	103	9,153
2 SKILLED NURSING CARE				1,280,104		
3 PHYSICAL THERAPY				279,151		
4 OCCUPATIONAL THERAPY				78,707		
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				1,041		
7 HOME HEALTH AIDE				69,373		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				1,801,424	103	9,153
21 COST TO BE ALLOCATED				258,625	11,198	211,466
22 UNIT COST MULTIPLIER				0.143567	108.718447	23.103463

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		670				
2 SKILLED NURSING CARE				1,692	1,692	3,349
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		670		1,692	1,692	3,349
21 COST TO BE ALLOCATED		19,280		37,093	54,108	2,953
22 UNIT COST MULTIPLIER		28.776119		21.922577	31.978723	0.881756

HHA COST CENTER	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	I&R SERVICES - SALARY & FR (ASSIGNED TIME)	I&R SERVICES - OTHER PRGM (ACCUM. COS)
	16	17	18	22	23
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULTIPLIER					

PROVIDER NO: 52-0028 HHA NO: 52-7157
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011 WORKSHEET H-6 PARTS I II & III HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,823,077	2	1,823,077	7,092	257.06	2,244
2 PHYSICAL THERAPY	3	373,532		373,532	2,363	158.08	917
3 OCCUPATIONAL THERAPY	4	105,318		105,318	724	145.47	274
4 SPEECH PATHOLOGY	5				38		18
5 MEDICAL SOCIAL SERVICES	6	1,392		1,392	38	36.63	9
6 HOME HEALTH AIDE SERVICE	7	92,828		92,828	974	95.31	241
7 TOTAL		2,396,147		2,396,147	11,229		3,703

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	2,425		576,843	623,371	1,200,214
2 PHYSICAL THERAPY	625		144,959	98,800	243,759
3 OCCUPATIONAL THERAPY	239		39,859	34,767	74,626
4 SPEECH PATHOLOGY	1				
5 MEDICAL SOCIAL SERVICES	13		330	476	806
6 HOME HEALTH AIDE SERVICES	599		22,970	57,091	80,061
7 TOTAL	3,902		784,961	814,505	1,599,466

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9952					
9 PHYSICAL THERAPY		9952					
10 OCCUPATIONAL THERAPY		9952					
11 SPEECH PATHOLOGY		9952					
12 MEDICAL SOCIAL SERVICES		9952					
13 HOME HEALTH AIDE SERVICE		9952					
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 52-0028 HHA NO: 52-7157
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011 WORKSHEET H-6 PARTS I II & III HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				59,168		30,257
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES	28,911			
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9952	
17 PER BENE COST LIMITATION (FRM FI)	9952	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.472240			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.457697			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.543277			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.347871			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.739017			
5 DRUGS CHARGED TO PATIENTS	56	.179412			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		158.08	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		145.47					
3 SPEECH PATHOLOGY							
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	656,666	656,249
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	1,860	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	11,871	12,716
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	6,494	4,051
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	676,891	673,016
13 EXCESS REASONABLE COST		
14 SUBTOTAL	676,891	673,016
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	676,891	673,016
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	676,891	673,016
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	676,891	673,016
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	676,891	673,016
25 INTERIM PAYMENTS	676,891	673,016
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	52-0028	PERIOD:	FROM 1/ 1/2010	PREPARED	5/27/2011
HHA NO:	52-7157	TO	12/31/2010	WORKSHEET	H-8

TITLE XVIII HHA 1

DESCRIPTION	P A R T 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		676,891		673,016
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		676,891		673,016
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		676,891		673,016

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
52-1523		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	21,918		901	
6 ADMINISTRATIVE AND GENERAL	75,998	16,847		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				80,652
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	414,286	82,677	15,013	129,295
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	69,111	20,074	4,395	
15 SPIRITUAL COUNSELING	9,873	2,062	730	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	24,097	1,730	6,420	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				1,969
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	19,746	5,026	476	
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	635,029	128,416	27,935	211,916

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
52-1523		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION		22,819		22,819
6 ADMINISTRATIVE AND GENERAL	15,007	107,852		107,852
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		80,652		80,652
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	148,785	790,056		790,056
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		93,580		93,580
15 SPIRITUAL COUNSELING		12,665		12,665
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		32,247		32,247
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	4,841	4,841		4,841
23 IMAGING SERVICES		1,969		1,969
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		25,248		25,248
31 VOLUNTEER PROGRAM COSTS	6,260	6,260		6,260
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	174,893	1,178,189		1,178,189

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 5/27/2011
52-0028	FROM 1/ 1/2010	WORKSHEET K
HOSPICE NO:	TO 12/31/2010	
52-1523		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		22,819
6 ADMINISTRATIVE AND GENERAL		107,852
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		80,652
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		790,056
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		93,580
15 SPIRITUAL COUNSELING		12,665
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		32,247
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		4,841
23 IMAGING SERVICES		1,969
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		25,248
31 VOLUNTEER PROGRAM COSTS		6,260
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,178,189

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
52-1523		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		54,080		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				76,290
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		54,080		76,290

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
52-1523		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				21,918
6 ADMINISTRATIVE AND GENERAL				21,918
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	337,996			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				69,111
15 SPIRITUAL COUNSELING				9,873
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			24,097	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				19,746
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	337,996		24,097	142,566

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
52-1523		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	21,918
6	ADMINISTRATIVE AND GENERAL	75,998
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	414,286
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	69,111
15	SPIRITUAL COUNSELING	9,873
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	24,097
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	19,746
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	635,029

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
52-1523		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		12,905		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				16,755
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		12,905		16,755

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
52-1523		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				3,942
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	65,922			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				20,074
15 SPIRITUAL COUNSELING				2,062
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			1,730	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				5,026
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	65,922		1,730	31,104

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
52-1523		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	16,847
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	82,677
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	20,074
15	SPIRITUAL COUNSELING	2,062
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	1,730
18.20	HH AIDE & HOME MAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	5,026
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	128,416

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
52-1523		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10. 20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOMEMAKER
- 18. 20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20. 30 ANALGESICS
- 20. 31 SEDATIVES / HYPNOTICS
- 20. 32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
52-1523		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				80,652
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				129,295
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				1,969
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				211,916

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
52-1523		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	80,652
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	129,295
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	1,969
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	211,916

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
52-1523		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	22,819			
6 ADMINISTRATIVE AND GENERAL	107,852			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	80,652			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	790,056			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	93,580			
15 SPIRITUAL COUNSELING	12,665			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	32,247			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	4,841			
23 IMAGING SERVICES	1,969			
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	25,248			
31 VOLUNTEER PROGRAM COSTS	6,260			
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,178,189			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
52-1523		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION		22,819		
7 ADMINISTRATIVE AND GENERAL		22,819	130,671	130,671
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			80,652	10,061
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			790,056	98,553
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			93,580	11,673
19 SPIRITUAL COUNSELING			12,665	1,580
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			32,247	4,023
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			4,841	604
32 IMAGING SERVICES			1,969	246
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			25,248	3,150
40 VOLUNTEER PROGRAM COSTS			6,260	781
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		22,819	1,047,518	130,671

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
52-1523		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	90,713
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	888,609
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	105,253
19	SPIRITUAL COUNSELING	14,245
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	36,270
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	5,445
32	IMAGING SERVICES	2,215
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	28,398
40	VOLUNTEER PROGRAM COSTS	7,041
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,178,189

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET K-4
 PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.	326			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		1,120		
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				15,815
6 VOLUNTEER SERVICE COORDINATION				533
7 ADMINISTRATIVE AND GENERAL	326	1,120		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				8,820
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				2,456
19 SPIRITUAL COUNSELING				375
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				3,601
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				30
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
52-1523		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	100		
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	100	-130,671	1,047,518
8 INPATIENT - GENERAL CARE			80,652
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			790,056
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			93,580
18 SPIRITUAL COUNSELING			12,665
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			32,247
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			4,841
31 IMAGING SERVICES			1,969
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			25,248
39			6,260
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)	22,819		130,671
43 UNIT COST MULTIPLIER	228.190000		124743

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		693		
2.00 INPATIENT - GENERAL CARE	7	90,713			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	888,609			46,640
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	105,253			
10.00 SPIRITUAL COUNSELING	15	14,245			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	36,270			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22	5,445			
18.00 IMAGING SERVICES	23	2,215			
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30	28,398			
26.00 VOLUNTEER PROGRAM COSTS	31	7,041			
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,178,189	693		46,640
30.00 UNIT COST MULTIPLIER					

DATA PROCESSING COMMUNICATIONS MATERIALS MGMT ADMISSIONS

HOSPICE COST CENTER	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL		2,558		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	60,997		4,359	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	60,997	2,558	4,359	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	PATIENT ACCOUNTS	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS
	6.05	6A.05	6.06	7
1.00 ADMINISTRATIVE AND GENERAL		3,251	467	1,522
2.00 INPATIENT - GENERAL CARE		90,713	13,023	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,000,605	143,654	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		105,253	15,111	
10.00 SPIRITUAL COUNSELING		14,245	2,045	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		36,270	5,207	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION		5,445	782	
18.00 IMAGING SERVICES		2,215	318	
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		28,398	4,077	
26.00 VOLUNTEER PROGRAM COSTS		7,041	1,011	
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,293,436	185,695	1,522
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY SERVICE
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	4,574			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,574			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16
1.00 ADMINISTRATIVE AND GENERAL	21,112	30,796		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			368	214,562
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	21,112	30,796	368	214,562
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 52-0028
 HOSPICE NO: 52-1523
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	61,722		61,722	
2.00 INPATIENT - GENERAL CARE	103,736		103,736	3,788
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,359,189		1,359,189	49,631
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	120,364		120,364	4,395
10.00 SPIRITUAL COUNSELING	16,290		16,290	595
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	41,477		41,477	1,514
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	6,227		6,227	227
18.00 IMAGING SERVICES	2,533		2,533	92
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	32,475		32,475	1,186
26.00 VOLUNTEER PROGRAM COSTS	8,052		8,052	294
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,752,065		1,752,065	
30.00 UNIT COST MULTIPLIER				.036514

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	107,524
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	1,408,820
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	124,759
10.00 SPIRITUAL COUNSELING	16,885
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	42,991
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	6,454
18.00 IMAGING SERVICES	2,625
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	33,661
26.00 VOLUNTEER PROGRAM COSTS	8,346
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,752,065
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
52-1523		PART I

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL	198	232		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			635,209	1
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	198	232	635,209	1
30.00 TOTAL COST TO BE ALLOCATED	693		46,640	60,997
31.00 UNIT COST MULTIPLIER	3.500000	.000000	.073425	60997.000000

COMMUNICATIONS MATERIALS MGMT ADMISSIONS PATIENT ACCOUNTS

HOSPICE COST CENTER	(NO OF EXTENSIONS) 6.02	(SUPPLY COST) 6.03	(GROSS REVENUE) 6.04	(GROSS REVENUE) 6.05
1.00 ADMINISTRATIVE AND GENERAL	10			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		82,767		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
52-1523		PART II

HOSPICE 1

HOSPICE COST CENTER	COMMUNICATIONS	MATERIALS MGMT	ADMISSIONS	PATIENT ACCOUNTS
	6.02	6.03	6.04	6.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	10	82,767		
30.00 TOTAL COST TO BE ALLOCATED	2,558	4,359		
31.00 UNIT COST MULTIPLIER	255.800000	.052666	.000000	.000000

HOSPICE COST CENTER	RECONCILIATION	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	(ACCUMULATED COST)	(MAINT HOURS)	(SQUARE FEET)	
	6A.06	6.06	7	8
1.00 ADMINISTRATIVE AND GENERAL		3,251	14	198
2.00 INPATIENT - GENERAL CARE		90,713		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,000,605		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		105,253		
10.00 SPIRITUAL COUNSELING		14,245		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		36,270		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION		5,445		
18.00 IMAGING SERVICES		2,215		
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		28,398		
26.00 VOLUNTEER PROGRAM COSTS		7,041		
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,293,436	14	198
30.00 TOTAL COST TO BE ALLOCATED		185,695	1,522	4,574
31.00 UNIT COST MULTIPLIER		.143567	108.714286	23.101010

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET K-5
PART II

HOSPICE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER

(POUNDS OF LAUNDRY) (HOURS OF SERVICE) (MEALS SERVED) (NO OF FTE'S)

9 10 11 12

1.00 ADMINISTRATIVE AND GENERAL				963
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				963
30.00 TOTAL COST TO BE ALLOCATED				21,112
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	21.923157

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER

(NURSING FTES) (COSTED REQUIS.) (COSTED REQUIS.) (TIME SPENT)

14 15 16 17

1.00 ADMINISTRATIVE AND GENERAL	963			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		417	70,395	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
52-1523		PART II

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)	963	417	70,395	
30.00 TOTAL COST TO BE ALLOCATED	30,796	368	214,562	
31.00 UNIT COST MULTIPLIER	31.979232	.882494	3.047972	.000000

HOSPICE COST CENTER	SOCIAL SERVICE (TIME SPENT)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES-OTHER PRGM COSTS APPRVD (ACCUM. COST)
	18	22	23
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
52-1523		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.472240	
2	OCCUPATIONAL THERAPY	51	.457697	
3	SPEECH PATHOLOGY	52	.543277	
4	DRUGS CHARGED TO PATIENTS	56	.179412	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.227532	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.347871	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.739017	
8	EMERGENCY	61	.418120	
8.01	CARDIAC REHAB	61.01	1.445093	
9	RADIOLOGY-DIAGNOSTIC	41	.458207	
9.01	CAT SCAN	41.01	.100311	
9.02	MRI	41.02	.139967	
9.03	CARDIAC CATH	41.03	.319377	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
52-1523		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,752,065
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				10,833
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				161.73
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	10,054			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,626,033			
6 UNDUPLICATED MEDICAID DAYS		132		
7 AGGREGATE MEDICAID COST		21,348		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,114			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	180,167			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			647	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			104,639	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
52-0028		PARTS I-IV

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	892,504
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	26.77
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	1.04
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.10
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	9,818
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	902,322
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)	