

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0011		FROM 4/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 3/1/2012 TIME 9:16

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: HERRIN HOSPITAL 14-0011 FOR THE COST REPORTING PERIOD BEGINNING 4/1/2010 AND ENDING 3/31/2011 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	1,329,267	278,496		0
2	SUBPROVIDER	0	-24,404	0		0
100	TOTAL	0	1,304,863	278,496		0

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 201 S. 14TH STREET P.O. BOX:
 1.01 CITY: HERRIN STATE: IL ZIP CODE: 62948- COUNTY: WILLIAMSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	HERRIN HOSPITAL	14-0011		7/1/1966	4	5	6
03.00 SUBPROVIDER	HERRIN HOSPITAL REHAB UNIT	14-T011		4/1/1998	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/1/2010 TO: 3/31/2011

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 2

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y 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 14

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 2

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 2

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 I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE 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). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0011
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 3/1/2012
WORKSHEET S-2

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
- 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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N V XVIII XIX
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N 1 2 3
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX 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). Y 14H124
- 40.01 NAME: SOTHERN ILLINOIS HEALTHCARE FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00131
- 40.02 STREET: 1239 E. MAIN STREET P.O. BOX: 3988
- 40.03 CITY: CARBONDALE STATE: IL ZIP CODE: 62902 3988
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, 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? N
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
- 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). N

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

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

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1
- 53.01 MDH PERIOD: BEGINNING: 4/1/2010 ENDING: 3/31/2011
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 934,088
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: 14-0011
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 3/1/2012
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.		Y			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		N			
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).				Y	7/1/2011
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MISCELLANEOUS 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	
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HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2010 TO 3/31/2011 PREPARED 3/1/2012
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		67					2,069
2 HMO							140
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		67				12,330	2,069
6 INTENSIVE CARE UNIT		8				1,299	273
12 TOTAL		75				13,629	2,342
13 RPCH VISITS							
14 SUBPROVIDER		29				5,344	586
25 TOTAL		104					581
26 OBSERVATION BED DAYS							581
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DIAGNOSIS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			18,349				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			18,349				
6 INTENSIVE CARE UNIT			2,313				
12 TOTAL			20,662				
13 RPCH VISITS							
14 SUBPROVIDER			7,382				
25 TOTAL							
26 OBSERVATION BED DAYS			2,866				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							4,771
2 HMO					2,986	594	
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							
12 TOTAL		604.05			2,986	594	4,771
13 RPCH VISITS							
14 SUBPROVIDER		49.71			483	43	660
25 TOTAL		653.76					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	31,419,606		31,419,606	1,359,840.17	23.11	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	7,830		7,830	85.49	91.59	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B	94,059		94,059	2,080.00	45.22	
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,296,077	38,114	2,334,191	104,452.23	22.35	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,103,037		1,103,037	28,395.40	38.85	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	144,174		144,174	1,182.00	121.97	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	6,362,765		6,362,765	171,953.58	37.00	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,599,138		8,599,138			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	691,623		691,623			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	2,320		2,320			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	27,870		27,870			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	424,150		424,150	19,309.35	21.97	
22 ADMINISTRATIVE & GENERAL	2,535,453		2,535,453	115,414.09	21.97	
22.01 A & G UNDER CONTRACT	106,281		106,281	527.26	201.57	
23 MAINTENANCE & REPAIRS	554,583		554,583	25,981.88	21.34	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	39,042		39,042	2,918.16	13.38	
26 HOUSEKEEPING	776,789		776,789	61,041.93	12.73	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	883,848	-410,616	473,232	27,396.35	17.27	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		410,616	410,616	31,571.26	13.01	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,272,767	-38,114	1,234,653	42,809.93	28.84	
31 CENTRAL SERVICE AND SUPPLY	163,553		163,553	11,484.99	14.24	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	309,798		309,798	21,736.79	14.25	
34 SOCIAL SERVICE	70,678		70,678	3,181.22	22.22	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	31,423,998		31,423,998	1,358,201.94	23.14	
2 EXCLUDED AREA SALARIES	2,296,077	38,114	2,334,191	104,452.23	22.35	
3 SUBTOTAL SALARIES	29,127,921	-38,114	29,089,807	1,253,749.71	23.20	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	7,609,976		7,609,976	201,530.98	37.76	
5 SUBTOTAL WAGE-RELATED COSTS	8,599,138		8,599,138		29.56	
6 TOTAL	45,337,035	-38,114	45,298,921	1,455,280.69	31.13	
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	7,136,942	-38,114	7,098,828	363,373.21	19.54	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2010	3/ 1/2012
	TO 3/31/2011	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		
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	
17.01	GROSS MEDICAID REVENUES	4,561,314
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	26,292
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	18,356
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,605,962
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	118,417
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.300876
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	35,629
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
 | PROVIDER NO: | PERIOD: | PREPARED 3/ 1/2012
 | 14-0011 | FROM 4/ 1/2010 | WORKSHEET S-10
 | | TO 3/31/2011 |
 | | |

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	43,707,481
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,150,532
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	10,705,509
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,221,031
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,186,161

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-0011 I FROM 4/ 1/2010 I WORKSHEET A
 I I TO 3/31/2011 I

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		4,709,902	4,709,902	-3,822,200	887,702
1.01 0101	OLD CAP REL COSTS-NEW BUILDING				49,639	49,639
1.02 0102	OLD CAP REL COSTS-NEW ADDITION				52,549	52,549
2 0200	OLD CAP REL COSTS-MVBLE EQUIP				7,153	7,153
3 0300	NEW CAP REL COSTS-BLDG & FIXT				29,145	29,145
3.01 0301	NEW CAP REL COSTS-NEW BUILDING				179,084	179,084
3.02 0302	NEW CAP REL COSTS-NEW ADDITION				1,762,776	1,762,776
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				2,288,968	2,288,968
5 0500	EMPLOYEE BENEFITS	424,150	10,854,985	11,279,135	-19,574	11,259,561
6.01 0610	NONPATIENT TELEPHONES					
6.02 0620	DATA PROCESSING					
6.03 0630	PURCHASING, RECEIVING AND STORES		68,659	68,659		68,659
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	669,213	57,657	726,870		726,870
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	1,866,240	5,413,777	7,280,017	-107,410	7,172,607
7 0700	MAINTENANCE & REPAIRS	554,583	1,194,489	1,749,072		1,749,072
9 0900	LAUNDRY & LINEN SERVICE	39,042	313,856	352,898		352,898
10 1000	HOUSEKEEPING	776,789	202,263	979,052		979,052
11 1100	DIETARY	883,848	470,639	1,354,487	-629,264	725,223
12 1200	CAFETERIA				629,264	629,264
14 1400	NURSING ADMINISTRATION	1,272,767	94,732	1,367,499	-45,301	1,322,198
15 1500	CENTRAL SERVICES & SUPPLY	163,553	104,230	267,783	-2,212	265,571
17 1700	MEDICAL RECORDS & LIBRARY	309,798	26,111	335,909		335,909
18 1800	SOCIAL SERVICE	70,678	3,025	73,703		73,703
20 2000	NONPHYSICIAN ANESTHETISTS				405,004	405,004
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	6,101,624	2,663,602	8,765,226	-305,849	8,459,377
26 2600	INTENSIVE CARE UNIT	1,435,693	471,528	1,907,221	-20,394	1,886,827
31 3100	SUBPROVIDER	2,296,077	2,160,396	4,456,473	-14,996	4,441,477
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	2,195,029	6,606,084	8,801,113	-4,885,414	3,915,699
38 3800	RECOVERY ROOM	185,231	32,153	217,384	-606	216,778
40 4000	ANESTHESIOLOGY	24,357	588,015	612,372	-431,880	180,492
41 4100	RADIOLOGY-DIAGNOSTIC	2,434,376	1,002,773	3,437,149	-16,563	3,420,586
42 4200	RADIOLOGY-THERAPEUTIC	437,316	512,637	949,953	-195	949,758
43 4300	RADIOISOTOPE	337,528	918,534	1,256,062		1,256,062
44 4400	LABORATORY	1,085,561	2,258,591	3,344,152	-5,681	3,338,471
49 4900	RESPIRATORY THERAPY	1,008,721	256,103	1,264,824	-79,539	1,185,285
50 5000	PHYSICAL THERAPY	2,146,991	335,476	2,482,467	-44	2,482,423
53 5300	ELECTROCARDIOLOGY	270,398	163,858	434,256	-557	433,699
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,245,450	3,245,450
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				2,177,893	2,177,893
56 5600	DRUGS CHARGED TO PATIENTS	1,454,274	4,521,839	5,976,113	-664	5,975,449
59.97 3997	CARDIAC REHABILITATION	261,954	29,825	291,779		291,779
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	206,168	53,484	259,652	-115	259,537
61 6100	EMERGENCY	2,507,647	3,134,839	5,642,486	-6,899	5,635,587
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		2,369,804	2,369,804	-476,869	1,892,935
95	SUBTOTALS	31,419,606	51,593,866	83,013,472	-45,301	82,968,171
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES		18,572	18,572		18,572
98.01 9801	COMMUNITY EDUCATION				45,301	45,301
98.02 9802	VACANT BUILDING					
101	TOTAL	31,419,606	51,612,438	83,032,044	-0-	83,032,044

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
I 14-0011 I FROM 4/ 1/2010 I WORKSHEET A
I I TO 3/31/2011 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	37,992	925,694
1.01 0101	OLD CAP REL COSTS-NEW BUILDING	33,548	83,187
1.02 0102	OLD CAP REL COSTS-NEW ADDITION	102,990	155,539
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	52,062	59,215
3 0300	NEW CAP REL COSTS-BLDG & FIXT	90,365	119,510
3.01 0301	NEW CAP REL COSTS-NEW BUILDING	733	179,817
3.02 0302	NEW CAP REL COSTS-NEW ADDITION	172,778	1,935,554
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,900,199	4,189,167
5 0500	EMPLOYEE BENEFITS	943,379	12,202,940
6.01 0610	NONPATIENT TELEPHONES		
6.02 0620	DATA PROCESSING	2,318,003	2,318,003
6.03 0630	PURCHASING, RECEIVING AND STORES	-18,846	49,813
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	1,974,235	2,701,105
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	1,378,701	8,551,308
7 0700	MAINTENANCE & REPAIRS	-11	1,749,061
9 0900	LAUNDRY & LINEN SERVICE		352,898
10 1000	HOUSEKEEPING		979,052
11 1100	DIETARY		725,223
12 1200	CAFETERIA	-182,501	446,763
14 1400	NURSING ADMINISTRATION		1,322,198
15 1500	CENTRAL SERVICES & SUPPLY		265,571
17 1700	MEDICAL RECORDS & LIBRARY	-69,750	266,159
18 1800	SOCIAL SERVICE		73,703
20 2000	NONPHYSICIAN ANESTHETISTS	-405,004	
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-737,870	7,721,507
26 2600	INTENSIVE CARE UNIT		1,886,827
31 3100	SUBPROVIDER	-739,524	3,701,953
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-15,494	3,900,205
38 3800	RECOVERY ROOM		216,778
40 4000	ANESTHESIOLOGY		180,492
41 4100	RADIOLOGY-DIAGNOSTIC	-949	3,419,637
42 4200	RADIOLOGY-THERAPEUTIC		949,758
43 4300	RADIOISOTOPE		1,256,062
44 4400	LABORATORY	-10,700	3,327,771
49 4900	RESPIRATORY THERAPY	-6,393	1,178,892
50 5000	PHYSICAL THERAPY		2,482,423
53 5300	ELECTROCARDIOLOGY	-97,609	336,090
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,245,450
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		2,177,893
56 5600	DRUGS CHARGED TO PATIENTS		5,975,449
59.97 3997	CARDIAC REHABILITATION		291,779
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		259,537
61 6100	EMERGENCY	-1,925,408	3,710,179
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-1,892,935	-0-
95	SUBTOTALS	2,901,991	85,870,162
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		18,572
98.01 9801	COMMUNITY EDUCATION		45,301
98.02 9802	VACANT BUILDING		
101	TOTAL	2,901,991	85,934,035

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-NEW BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-NEW ADDITION	0102	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW ADDITION	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
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	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	COMMUNITY EDUCATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	VACANT BUILDING	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140011

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 3/1/2012
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		OTHER 5
			LINE NO 3	SALARY 4	
1 INSURANCE RECLASS	A	OLD CAP REL COSTS-BLDG & FIXT	1		1,812
2		OLD CAP REL COSTS-NEW BUILDING	1.01		883
3		OLD CAP REL COSTS-NEW ADDITION	1.02		3,627
4		NEW CAP REL COSTS-BLDG & FIXT	3		18,320
5		NEW CAP REL COSTS-NEW BUILDING	3.01		8,930
6		NEW CAP REL COSTS-NEW ADDITION	3.02		36,673
7 DEPRECIATION RECLASS	B	OLD CAP REL COSTS-NEW BUILDING	1.01		20,239
8		OLD CAP REL COSTS-NEW ADDITION	1.02		27,129
9		NEW CAP REL COSTS-NEW BUILDING	3.01		68,152
10		NEW CAP REL COSTS-NEW ADDITION	3.02		1,596,156
11		NEW CAP REL COSTS-MVBLE EQUIP	4		2,138,087
12 COMMUNITY EDUCATION	C	COMMUNITY EDUCATION	98.01	38,114	7,187
13 DIETARY RECLASS	D	CAFETERIA	12	410,616	218,648
14 MEDICAL SUPPLIES RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,423,343
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 CRNA COST RECLASS	F	NONPHYSICIAN ANESTHETISTS	20	7,830	397,174
32					
33 INTEREST RECLASS	G	OLD CAP REL COSTS-BLDG & FIXT	1		25,751
34		NEW CAP REL COSTS-BLDG & FIXT	3		10,825
35		OLD CAP REL COSTS-NEW BUILDING	1.01		28,517
1					
2					
3					
4					
5					
6 PHYSICIAN FEE RECLASS	H	RESPIRATORY THERAPY	49		275
7 BARIATRIC PROGRAM MD RECLASS	I	OPERATING ROOM	37		36,000
8 IMPLANTABLE SUPPLY RECLASS	J	IMPL. DEV. CHARGED TO PATIENT	55.30		2,177,893
36 TOTAL RECLASSIFICATIONS				456,560	12,657,397

(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:
140011

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 3/ 1/2012
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 INSURANCE RECLASS	A	OTHER ADMINISTRATIVE AND GENERAL	6.05			70,245	9
2							9
3							9
4							9
5							9
6							9
7 DEPRECIATION RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1			3,849,763	9
8							9
9							9
10							9
11							9
12 COMMUNITY EDUCATION	C	NURSING ADMINISTRATION	14		38,114	7,187	
13 DIETARY RECLASS	D	DIETARY	11		410,616	218,648	
14 MEDICAL SUPPLIES RECLASS	E	CENTRAL SERVICES & SUPPLY	15			2,212	
15		ADULTS & PEDIATRICS	25			305,849	
16		SUBPROVIDER	31			14,996	
17		OPERATING ROOM	37			4,921,414	
18		RECOVERY ROOM	38			606	
19		ANESTHESIOLOGY	40			46,450	
20		RADIOLOGY-DIAGNOSTIC	41			16,563	
21		RADIOLOGY-THERAPEUTIC	42			195	
22		RESPIRATORY THERAPY	49			79,814	
23		EMERGENCY	61			6,899	
24		INTENSIVE CARE UNIT	26			20,394	
25		LABORATORY	44			5,681	
26		CLINIC	60			115	
27		PHYSICAL THERAPY	50			44	
28		ELECTROCARDIOLOGY	53			282	
29		OTHER ADMINISTRATIVE AND GENERAL	6.05			1,165	
30		DRUGS CHARGED TO PATIENTS	56			664	
31 CRNA COST RECLASS	F	ANESTHESIOLOGY	40		7,830	377,600	
32		EMPLOYEE BENEFITS	5			19,574	
33 INTEREST RECLASS	G	INTEREST EXPENSE	88			476,869	9
34							9
35							9
1 INTEREST RECLASS	G						9
2							9
3							9
4							9
5							9
6 PHYSICIAN FEE RECLASS	H	ELECTROCARDIOLOGY	53			275	
7 BARIATRIC PROGRAM MD RECLASS	I	OTHER ADMINISTRATIVE AND GENERAL	6.05			36,000	
8 IMPLANTABLE SUPPLY RECLASS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,177,893	
36 TOTAL RECLASSIFICATIONS					456,560	12,657,397	

(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: 140011	PERIOD: FROM 4/ 1/2010 TO 3/31/2011	PREPARED 3/ 1/2012 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,812	OTHER ADMINISTRATIVE AND GENER	6.05	70,245	
2.00	OLD CAP REL COSTS-NEW BUILDING	1.01	883			0	
3.00	OLD CAP REL COSTS-NEW ADDITION	1.02	3,627			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	18,320			0	
5.00	NEW CAP REL COSTS-NEW BUILDING	3.01	8,930			0	
6.00	NEW CAP REL COSTS-NEW ADDITION	3.02	36,673			0	
TOTAL RECLASSIFICATIONS FOR CODE A			70,245				70,245

RECLASS CODE: B
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-NEW BUILDING	1.01	20,239	OLD CAP REL COSTS-BLDG & FIXT	1	3,849,763	
2.00	OLD CAP REL COSTS-NEW ADDITION	1.02	27,129			0	
3.00	NEW CAP REL COSTS-NEW BUILDING	3.01	68,152			0	
4.00	NEW CAP REL COSTS-NEW ADDITION	3.02	1,596,156			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,138,087			0	
TOTAL RECLASSIFICATIONS FOR CODE B			3,849,763				3,849,763

RECLASS CODE: C
EXPLANATION : COMMUNITY EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY EDUCATION	98.01	45,301	NURSING ADMINISTRATION	14	45,301	
TOTAL RECLASSIFICATIONS FOR CODE C			45,301				45,301

RECLASS CODE: D
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	629,264	DIETARY	11	629,264	
TOTAL RECLASSIFICATIONS FOR CODE D			629,264				629,264

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,423,343	CENTRAL SERVICES & SUPPLY	15	2,212	
2.00			0	ADULTS & PEDIATRICS	25	305,849	
3.00			0	SUBPROVIDER	31	14,996	
4.00			0	OPERATING ROOM	37	4,921,414	
5.00			0	RECOVERY ROOM	38	606	
6.00			0	ANESTHESIOLOGY	40	46,450	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	16,563	
8.00			0	RADIOLOGY-THERAPEUTIC	42	195	
9.00			0	RESPIRATORY THERAPY	49	79,814	
10.00			0	EMERGENCY	61	6,899	
11.00			0	INTENSIVE CARE UNIT	26	20,394	
12.00			0	LABORATORY	44	5,681	
13.00			0	CLINIC	60	115	
14.00			0	PHYSICAL THERAPY	50	44	
15.00			0	ELECTROCARDIOLOGY	53	282	
16.00			0	OTHER ADMINISTRATIVE AND GENER	6.05	1,165	
17.00			0	DRUGS CHARGED TO PATIENTS	56	664	
TOTAL RECLASSIFICATIONS FOR CODE E			5,423,343				5,423,343

RECLASS CODE: F
EXPLANATION : CRNA COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	405,004	ANESTHESIOLOGY	40	385,430	
2.00			0	EMPLOYEE BENEFITS	5	19,574	
TOTAL RECLASSIFICATIONS FOR CODE F			405,004				405,004

RECLASS CODE: G
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	25,751	INTEREST EXPENSE	88	476,869	

RECLASSIFICATIONS

PROVIDER NO: 140011	PERIOD: FROM 4/ 1/2010 TO 3/31/2011	PREPARED 3/ 1/2012 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: G
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,825			0	
3.00	OLD CAP REL COSTS-NEW BUILDING	1.01	28,517			0	
4.00	NEW CAP REL COSTS-NEW BUILDING	3.01	102,002			0	
5.00	OLD CAP REL COSTS-NEW ADDITION	1.02	21,793			0	
6.00	NEW CAP REL COSTS-NEW ADDITION	3.02	129,947			0	
7.00	OLD CAP REL COSTS-MVBLE EQUIP	2	7,153			0	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	4	150,881			0	
TOTAL RECLASSIFICATIONS FOR CODE G			476,869				476,869

RECLASS CODE: H
EXPLANATION : PHYSICIAN FEE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	275	ELECTROCARDIOLOGY	53	275	
TOTAL RECLASSIFICATIONS FOR CODE H			275				275

RECLASS CODE: I
EXPLANATION : BARIATRIC PROGRAM MD RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	36,000	OTHER ADMINISTRATIVE AND GENER	6.05	36,000	
TOTAL RECLASSIFICATIONS FOR CODE I			36,000				36,000

RECLASS CODE: J
EXPLANATION : IMPLANTABLE SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	2,177,893	MEDICAL SUPPLIES CHARGED TO PA	55	2,177,893	
TOTAL RECLASSIFICATIONS FOR CODE J			2,177,893				2,177,893

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	473,872						473,872	
2 LAND IMPROVEMENTS	238,935						238,935	
3 BUILDINGS & FIXTURE	4,068,463						4,068,463	
4 BUILDING IMPROVEMENT	3,275,619						3,275,619	
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	162,793					14,465	148,328	
7 SUBTOTAL	8,219,682					14,465	8,205,217	
8 RECONCILING ITEMS								
9 TOTAL	8,219,682					14,465	8,205,217	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	2,982,223	67,499		67,499			3,049,722	
2 LAND IMPROVEMENTS	3,478,998	319,975		319,975			3,798,973	
3 BUILDINGS & FIXTURE	22,914,153	6,931,124		6,931,124			29,845,277	
4 BUILDING IMPROVEMENT	16,896,807	6,459,571		6,459,571		4,200	23,352,178	
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	20,395,422	3,774,261		3,774,261	2,245,795		21,923,888	
7 SUBTOTAL	66,667,603	17,552,430		17,552,430	2,249,995		81,970,038	
8 RECONCILING ITEMS								
9 TOTAL	66,667,603	17,552,430		17,552,430	2,249,995		81,970,038	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-NE								
1 02	OLD CAP REL COSTS-NE								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-NE								
3 02	NEW CAP REL COSTS-NE								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	925,694						925,694
1 01	OLD CAP REL COSTS-NE	83,187						83,187
1 02	OLD CAP REL COSTS-NE	155,539						155,539
2	OLD CAP REL COSTS-MV	59,215						59,215
3	NEW CAP REL COSTS-BL	119,510						119,510
3 01	NEW CAP REL COSTS-NE	179,817						179,817
3 02	NEW CAP REL COSTS-NE	1,935,554						1,935,554
4	NEW CAP REL COSTS-MV	4,189,167						4,189,167
5	TOTAL	7,647,683						7,647,683

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	4,709,902						4,709,902
1 01	OLD CAP REL COSTS-NE							
1 02	OLD CAP REL COSTS-NE							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,709,902						4,709,902

* All lines numbers except line 5 are to be consistent with Worksheet 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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,527,103			
13 SALE OF SCRAP, WASTE, ETC.	B	-949	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	12,315,697			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-182,501	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-69,750	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-405,004	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 TELEVISION AND RADIO SERVICES	A	-3,839	NEW CAP REL COSTS-MVBLE E	4	9
38 DONATIONS	A	-5,408	EMERGENCY	61	
39 INTEREST INCOME UNRESTRICTED	B	-82,676	OTHER ADMINSTRATIVE AND	6.05	
40 PAYMENTS FOR OUTPATIENT SERVICES	B	-1,433,326	EMPLOYEE BENEFITS	5	
41 NONALLOWABLE BOND EXPENSE	A	-1,892,935	INTEREST EXPENSE	88	
42 PERSONAL USE OF PROVIDER VEHICLES	A	-6,400	OTHER ADMINSTRATIVE AND	6.05	
43 PURCHASE DISCOUNT	B	-18,846	PURCHASING, RECEIVING AND	6.03	
44 LOSS ON 1987 BONDS	A	30,448	OLD CAP REL COSTS-BLDG &	1	9
45 LOSS ON 1987 BONDS	A	34,580	OLD CAP REL COSTS-NEW BUI	1.01	9
46 LOSS ON 1987 BONDS	A	102,990	OLD CAP REL COSTS-NEW ADD	1.02	9
47 LOSS ON 1987 BONDS	A	19,817	OLD CAP REL COSTS-MVBLE E	2	9
48 OFFSET LOBBYING EXPENSE	A	-18,044	OTHER ADMINSTRATIVE AND	6.05	
49 LOSS ON 1991 BONDS	A	7,544	OLD CAP REL COSTS-BLDG &	1	9
49.01 LOSS ON 1991 BONDS	A	690	OLD CAP REL COSTS-NEW BUI	1.01	9
49.02 LOSS ON 1991 BONDS	A	733	NEW CAP REL COSTS-NEW BUI	3.01	9
49.03 LOSS ON 1991 BONDS	A	172,778	NEW CAP REL COSTS-NEW ADD	3.02	9
49.04 LOSS ON 1991 BONDS	A	32,245	OLD CAP REL COSTS-MVBLE E	2	9
49.05 LOSS ON 1991 BONDS	A	217,093	NEW CAP REL COSTS-MVBLE E	4	9
49.06 CABLE TV	A	-869	OTHER ADMINSTRATIVE AND	6.05	
49.07 DONATIONS	A	-11,508	OTHER ADMINSTRATIVE AND	6.05	
49.08 LEASEHOLD REVENUE	B	-117,763	OTHER ADMINSTRATIVE AND	6.05	
49.09 DEBT FORGIVENESS	A	-860,880	OTHER ADMINSTRATIVE AND	6.05	
49.10 FUNDED DEPRECIATION	A	-1,722	OLD CAP REL COSTS-NEW BUI	1.01	9
49.11 REAL ESTATE TAXES	A	-43,300	OTHER ADMINSTRATIVE AND	6.05	
49.12 MEDICAID PROVIDER TAX	A	-1,346,971	OTHER ADMINSTRATIVE AND	6.05	
49.13 MISCELLANEOUS INCOME	B	-2,332	OTHER ADMINSTRATIVE AND	6.05	
49.14 CABLE TV	A	-950	SUBPROVIDER	31	
49.15 MISCELLANEOUS INCOME	B	-72	ADULTS & PEDIATRICS	25	
49.16 MISCELLANEOUS INCOME	B	-15	SUBPROVIDER	31	
49.17 MISCELLANEOUS INCOME	B	-11	MAINTENANCE & REPAIRS	7	
49.18 PHYS MED DIRECTOR FROM MHC	A	275	ELECTROCARDIOLOGY	53	
49.19 PHYS MED DIRECTOR FROM MHC	A	275	RESPIRATORY THERAPY	49	
50 TOTAL (SUM OF LINES 1 THRU 49)		2,901,991			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE EXPENSE	90,365		90,365	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE EXPENSE	1,686,945		1,686,945	9
3	5	EMPLOYEE BENEFITS HOME OFFICE EXPENSE	2,376,705		2,376,705	
4	6 2	DATA PROCESSING HOME OFFICE EXPENSE	2,318,003		2,318,003	
4.01	6 4	CASHIERING/ACCOUNTS RECEI HOME OFFICE EXPENSE	1,974,235		1,974,235	
4.02	6 5	OTHER ADMINISTRATIVE AND HOME OFFICE EXPENSE	3,869,444		3,869,444	
5		TOTALS	12,315,697		12,315,697	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL HOSPITAL SVCS.		100.00	
2	B	SO. ILL. HEALTHCARE ENTRP		100.00	
3	B	HEALTH SVCS. OF SO. ILL.		100.00	
4	B	SIH CAYMAN SPC GROUP, LTD		100.00	
5	B	SOUTHERN IL MED SVCS		100.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	DR. MUNIZ	1,513	110	1,403	159,800	13	999	50
2 44	SO IL PATHOLOGY	80,000		80,000	208,000	693	69,300	3,465
3 49	DR. PRAMOTE/HAYS/ISTANBOU	19,191		19,191	159,800	163	12,523	626
4 61	SO. ILL. MED. SVCS.	1,920,000	1,920,000					
5 31	DR. GLENNON/NEWELL	738,559	738,559					
6 53	DR. PRAMOTE/MUNIZ/PRAIRIE	100,035	97,010	3,025	159,800	28	2,151	108
7 37	DR. MANN/AHUJA	40,555		40,555	182,900	285	25,061	1,253
8 25	SO. ILL. MED. SVCS.	737,284	737,284					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
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22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,637,137	3,492,963	144,174		1,182	110,034	5,502

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-0011 I FROM 4/ 1/2010 I WORKSHEET A-8-2
 I I TO 3/31/2011 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	DR. MUNIZ					999	404	514
2 44	SO IL PATHOLOGY					69,300	10,700	10,700
3 49	DR. PRAMOTE/HAYS/ISTANBOU					12,523	6,668	6,668
4 61	SO. ILL. MED. SVCS.							1,920,000
5 31	DR. GLENNON/NEWELL							738,559
6 53	DR. PRAMOTE/MUNIZ/PRAIRIE					2,151	874	97,884
7 37	DR. MANN/AHUJA					25,061	15,494	15,494
8 25	SO. ILL. MED. SVCS.							737,284
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101	TOTAL					110,034	34,140	3,527,103

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-NEW BUILDING	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-NEW ADDITION	3	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NEW BUILDING	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW ADDITION	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	6	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	8	NUMBER OF PCS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	PURCHASING SUPPLIES	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS REVENUE	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	13	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	GROSS SALARIES	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NURSING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	TIME SPENT	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	19	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BUI	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NEW BUI
	0	1	1.01	1.02	2	3	3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	925,694	925,694					
001 02 OLD CAP REL COSTS-NEW BUI	83,187		83,187				
002 02 OLD CAP REL COSTS-NEW ADD	155,539			155,539			
002 02 OLD CAP REL COSTS-MVBLE E	59,215				59,215		
003 01 NEW CAP REL COSTS-BLDG &	119,510					119,510	
003 02 NEW CAP REL COSTS-NEW BUI	179,817						179,817
003 02 NEW CAP REL COSTS-NEW ADD	1,935,554						
004 02 NEW CAP REL COSTS-MVBLE E	4,189,167						
005 01 EMPLOYEE BENEFITS	12,202,940	10,452		136	221	1,349	
006 02 NONPATIENT TELEPHONES							
006 03 DATA PROCESSING	2,318,003	1,847		723	192	238	
006 04 PURCHASING, RECEIVING AND	49,813						
006 05 CASHIERING/ACCOUNTS RECEI	2,701,105			1,976	432		
006 05 OTHER ADMINISTRATIVE AND	8,551,308	160,036	14,029	35,485	12,080	20,661	30,325
007 01 MAINTENANCE & REPAIRS	1,749,061	111,482	8,689	15,269	6,243	14,393	18,783
009 01 LAUNDRY & LINEN SERVICE	352,898						
010 01 HOUSEKEEPING	979,052	33,906	90	141	661	4,377	194
011 01 DIETARY	725,223	44,186		155	844	5,705	
012 01 CAFETERIA	446,763	22,780		3,340	1,147	2,941	
014 01 NURSING ADMINISTRATION	1,322,198	10,366	240	976	427	1,338	519
015 01 CENTRAL SERVICES & SUPPLY	265,571	26,489			486	3,420	
017 01 MEDICAL RECORDS & LIBRARY	266,159						
018 01 SOCIAL SERVICE	73,703	4,052			74	523	
020 01 NONPHYSICIAN ANESTHETISTS							
025 01 INPAT ROUTINE SRVC CNTRS							
025 02 ADULTS & PEDIATRICS	7,721,507	61,311	36,776	17,123	8,521	7,915	79,496
026 02 INTENSIVE CARE UNIT	1,886,827			5,218	1,140		
031 02 SUBPROVIDER	3,701,953	217,970		5,076	5,104	28,142	
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	3,900,205			18,565	4,055		
038 02 RECOVERY ROOM	216,778			1,369	299		
040 02 ANESTHESIOLOGY	180,492						
041 02 RADIOLOGY-DIAGNOSTIC	3,419,637			12,982	2,836		
042 02 RADIOLOGY-THERAPEUTIC	949,758			1,225	267		
043 02 RADIOISOTOPE	1,256,062			1,907	417		
044 02 LABORATORY	3,327,771	16,495	11,466	2,276	1,940	2,130	24,785
049 02 RESPIRATORY THERAPY	1,178,892		11,287	1,791	1,513		24,397
050 02 PHYSICAL THERAPY	2,482,423			8,503	1,857		
053 02 ELECTROCARDIOLOGY	336,090			212	46		
055 02 MEDICAL SUPPLIES CHARGED	3,245,450						
055 30 IMPL. DEV. CHARGED TO PAT	2,177,893						
056 02 DRUGS CHARGED TO PATIENTS	5,975,449	26,947			494	3,479	
059 97 CARDIAC REHABILITATION	291,779						
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC	259,537			775	169		
061 02 EMERGENCY	3,710,179	2,806		11,907	2,652	362	
062 02 OBSERVATION BEDS (NON-DIS							
062 02 SPEC PURPOSE COST CENTERS							
095 01 SUBTOTALS	85,870,162	751,125	82,577	147,130	54,117	96,973	178,499
095 02 NONREIMBURS COST CENTERS							
096 02 GIFT, FLOWER, COFFEE SHOP				1,077	235		
098 01 PHYSICIANS' PRIVATE OFFIC	18,572			397	87		
098 02 COMMUNITY EDUCATION	45,301						
098 02 VACANT BUILDING		174,569	610	6,935	4,776	22,537	1,318
101 02 CROSS FOOT ADJUSTMENT							
102 02 NEGATIVE COST CENTER							
103 02 TOTAL	85,934,035	925,694	83,187	155,539	59,215	119,510	179,817

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-NEW ADD	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE
	3.02	4	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD	1,935,554						
004 NEW CAP REL COSTS-MVBLE E		4,189,167					
005 EMPLOYEE BENEFITS	1,690	2,406	12,219,194				
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	9,003				2,330,006		
006 03 PURCHASING, RECEIVING AND		3,948			13,652	67,413	
006 04 CASHIERING/ACCOUNTS RECEI	24,585	8,413	263,820		109,219	325	3,109,875
006 05 OTHER ADMINISTRATIVE AND	441,614	95,977	735,718		159,278	22	
007 MAINTENANCE & REPAIRS	190,010	26,699	218,630		22,754		
009 LAUNDRY & LINEN SERVICE			15,391				
010 HOUSEKEEPING	1,750	36,237	306,230		22,754	5	
011 DIETARY	1,929	45,505	186,552		18,203		
012 CAFETERIA	41,558		161,883		13,652		
014 NURSING ADMINISTRATION	12,143	78,860	486,731		72,813		
015 CENTRAL SERVICES & SUPPLY		22,673	64,477			1,443	
017 MEDICAL RECORDS & LIBRARY		20,183	122,130		77,363	1	
018 SOCIAL SERVICE			27,863		9,102		
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	213,084	299,027	2,405,424		418,673	17,924	190,876
026 INTENSIVE CARE UNIT	64,932	104,333	565,986		54,610	3,280	33,157
031 SUBPROVIDER	63,167	116,071	905,171		409,571	2,013	101,633
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	231,029	619,237	865,335		81,914	24,273	364,737
038 RECOVERY ROOM	17,033	6,991	73,023		4,551	505	23,819
040 ANESTHESIOLOGY		103,269	9,602			3,307	42,139
041 RADIOLOGY-DIAGNOSTIC	161,552	1,702,025	959,692		131,973	562	336,576
042 RADIOLOGY-THERAPEUTIC	15,238	106,912	172,401		9,102	854	369,175
043 RADIOISOTOPE	23,733	282,460	133,062		22,754	226	104,480
044 LABORATORY	28,324	157,865	427,955		109,219	3,350	481,990
049 RESPIRATORY THERAPY	22,282	140,663	397,663		127,422	879	70,770
050 PHYSICAL THERAPY	105,817	41,759	846,398		131,973	392	148,248
053 ELECTROCARDIOLOGY	2,632	61,546	106,598		13,652	195	103,615
055 MEDICAL SUPPLIES CHARGED							209,062
055 30 IMPL. DEV. CHARGED TO PAT							76,674
056 DRUGS CHARGED TO PATIENTS		14,299	573,311		72,813	5	254,027
059 97 CARDIAC REHABILITATION			103,269				
OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,646	1,085	81,277		9,102	438	5,886
061 EMERGENCY	148,168	90,724	988,577		191,133	7,405	193,011
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,830,919	4,189,167	12,204,169		2,307,252	67,413	3,109,875
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	13,399						
098 PHYSICIANS' PRIVATE OFFIC	4,935				22,754		
098 01 COMMUNITY EDUCATION			15,025				
098 02 VACANT BUILDING	86,301						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,935,554	4,189,167	12,219,194		2,330,006	67,413	3,109,875

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		SUBTOTAL 6a. 04	OTHER ADMINISTRATIVE AND 6. 05	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND	10,256,533	10,256,533					
007	MAINTENANCE & REPAIRS	2,382,013	322,832	2,704,845				
009	LAUNDRY & LINEN SERVICE	368,289	49,914		418,203			
010	HOUSEKEEPING	1,385,397	187,761	44,657		1,617,815		
011	DIETARY	1,028,302	139,365	56,996		39,445	1,264,108	
012	CAFETERIA	694,064	94,066	77,472		53,616		919,218
014	NURSING ADMINISTRATION	1,986,620	269,245	28,844		19,962		43,308
015	CENTRAL SERVICES & SUPPLY	384,559	52,119	32,797		22,698		5,737
017	MEDICAL RECORDS & LIBRARY	485,836	65,845					10,867
018	SOCIAL SERVICE	115,317	15,629	5,017		3,472		2,479
020	NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	11,477,657	1,555,592	575,530	273,628	398,307	827,097	214,026
026	INTENSIVE CARE UNIT	2,719,483	368,569	76,976	34,492	53,273	104,261	50,360
031	SUBPROVIDER	5,555,871	752,982	344,760	110,083	238,599	332,750	80,539
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	6,109,350	827,994	273,883		189,547		76,995
038	RECOVERY ROOM	344,368	46,672	20,192		13,975		6,497
040	ANESTHESIOLOGY	338,809	45,918					854
041	RADIOLOGY-DIAGNOSTIC	6,727,835	911,817	191,518		132,544		85,391
042	RADIOLOGY-THERAPEUTIC	1,624,932	220,225	18,065		12,502		15,340
043	RADIOISOTOPE	1,825,101	247,354	28,135		19,471		11,839
044	LABORATORY	4,595,566	622,832	131,011		90,669		38,078
049	RESPIRATORY THERAPY	1,977,559	268,017	102,221		70,744		44,571
050	PHYSICAL THERAPY	3,767,370	510,588	125,445		86,817		75,310
053	ELECTROCARDIOLOGY	624,586	84,650	3,120		2,159		9,485
055	MEDICAL SUPPLIES CHARGED	3,454,512	468,187					
055	30 IMPL. DEV. CHARGED TO PAT	2,254,567	305,559					
056	DRUGS CHARGED TO PATIENTS	6,920,824	937,972	33,364		23,091		51,012
059	97 CARDIAC REHABILITATION	395,048	53,540					
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	367,915	49,863	11,435		7,914		7,232
061	EMERGENCY	5,346,924	724,663	179,126		123,968		87,961
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	85,515,207	10,199,770	2,360,564	418,203	1,602,773	1,264,108	917,881
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	14,711	1,994	15,884		10,993		
098	PHYSICIANS' PRIVATE OFFIC	46,745	6,335	5,850		4,049		
098	01 COMMUNITY EDUCATION	60,326	8,176					1,337
098	02 VACANT BUILDING	297,046	40,258	322,547				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	85,934,035	10,256,533	2,704,845	418,203	1,617,815	1,264,108	919,218

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
		14	15	17	18	20	25	
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION	2,347,979						
015	CENTRAL SERVICES & SUPPLY		497,910					
017	MEDICAL RECORDS & LIBRARY			562,548				
018	SOCIAL SERVICE				141,914			
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,037,207	28,086	34,526	92,853		16,514,509	
026	INTENSIVE CARE UNIT	318,183	1,873	5,997	11,705		3,745,172	
031	SUBPROVIDER	197,015	1,377	18,384	37,356		7,669,716	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	9,862	451,924	65,975			8,005,530	
038	RECOVERY ROOM	26,770	56	4,309			462,839	
040	ANESTHESIOLOGY		4,265	7,622			397,468	
041	RADIOLOGY-DIAGNOSTIC		1,521	60,881			8,111,507	
042	RADIOLOGY-THERAPEUTIC		18	66,778			1,957,860	
043	RADIOISOTOPE			18,899			2,150,799	
044	LABORATORY		522	87,205			5,565,883	
049	RESPIRATORY THERAPY		7,329	12,801			2,483,242	
050	PHYSICAL THERAPY		4	26,816			4,592,350	
053	ELECTROCARDIOLOGY		26	18,742			742,768	
055	MEDICAL SUPPLIES CHARGED		203	51,685			3,974,587	
055	30 IMPL. DEV. CHARGED TO PAT						2,560,126	
056	DRUGS CHARGED TO PATIENTS	15,498	61	45,950			8,027,772	
059	97 CARDIAC REHABILITATION						448,588	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		11	1,065			445,435	
061	EMERGENCY	743,444	634	34,913			7,241,633	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,347,979	497,910	562,548	141,914		85,097,784	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						43,582	
098	PHYSICIANS' PRIVATE OFFIC						62,979	
098	01 COMMUNITY EDUCATION						69,839	
098	02 VACANT BUILDING						659,851	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,347,979	497,910	562,548	141,914		85,934,035	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	02 OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	16,514,509
026	INTENSIVE CARE UNIT	3,745,172
031	SUBPROVIDER	7,669,716
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	8,005,530
038	RECOVERY ROOM	462,839
040	ANESTHESIOLOGY	397,468
041	RADIOLOGY-DIAGNOSTIC	8,111,507
042	RADIOLOGY-THERAPEUTIC	1,957,860
043	RADIOISOTOPE	2,150,799
044	LABORATORY	5,565,883
049	RESPIRATORY THERAPY	2,483,242
050	PHYSICAL THERAPY	4,592,350
053	ELECTROCARDIOLOGY	742,768
055	MEDICAL SUPPLIES CHARGED	3,974,587
055	30 IMPL. DEV. CHARGED TO PAT	2,560,126
056	DRUGS CHARGED TO PATIENTS	8,027,772
059	97 CARDIAC REHABILITATION	448,588
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	445,435
061	EMERGENCY	7,241,633
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	85,097,784
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	43,582
098	PHYSICIANS' PRIVATE OFFIC	62,979
098	01 COMMUNITY EDUCATION	69,839
098	02 VACANT BUILDING	659,851
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	85,934,035

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-NEW BUI 1.01	OLD CAP REL C OSTS-NEW ADD 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-NEW BUI 3.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		10,452		136	221		
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING		1,847		723	192		
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI				1,976	432		
006 05 OTHER ADMINISTRATIVE AND		160,036	14,029	35,485	12,080		
007 MAINTENANCE & REPAIRS		111,482	8,689	15,269	6,243		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		33,906	90	141	661		
011 DIETARY		44,186		155	844		
012 CAFETERIA		22,780		3,340	1,147		
014 NURSING ADMINISTRATION		10,366	240	976	427		
015 CENTRAL SERVICES & SUPPLY		26,489			486		
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE		4,052			74		
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		61,311	36,776	17,123	8,521		
026 INTENSIVE CARE UNIT				5,218	1,140		
031 SUBPROVIDER		217,970		5,076	5,104		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				18,565	4,055		
038 RECOVERY ROOM				1,369	299		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				12,982	2,836		
042 RADIOLOGY-THERAPEUTIC				1,225	267		
043 RADIOISOTOPE				1,907	417		
044 LABORATORY		16,495	11,466	2,276	1,940		
049 RESPIRATORY THERAPY			11,287	1,791	1,513		
050 PHYSICAL THERAPY				8,503	1,857		
053 ELECTROCARDIOLOGY				212	46		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS		26,947			494		
059 97 CARDIAC REHABILITATION							
OUTPAT SERVICE COST CNTRS							
060 CLINIC				775	169		
061 EMERGENCY		2,806		11,907	2,652		
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		751,125	82,577	147,130	54,117		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,077	235		
098 PHYSICIANS' PRIVATE OFFIC				397	87		
098 01 COMMUNITY EDUCATION							
098 02 VACANT BUILDING		174,569	610	6,935	4,776		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		925,694	83,187	155,539	59,215		

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TE DATA NG	PROCESSI NG	PURCHASING, RECEIVING AND
	3.02	4	4a	5	6.01		6.02	6.03
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-NEW BUI								
002 02 OLD CAP REL COSTS-NEW ADD								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BUI								
003 02 NEW CAP REL COSTS-NEW ADD								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS			10,809	10,809				
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING			2,762				2,762	
006 03 PURCHASING, RECEIVING AND							16	16
006 04 CASHIERING/ACCOUNTS RECEI			2,408		234		129	
006 05 OTHER ADMINISTRATIVE AND			221,630		651		189	
007 MAINTENANCE & REPAIRS			141,683		194		27	
009 LAUNDRY & LINEN SERVICE					14			
010 HOUSEKEEPING			34,798		271		27	
011 DIETARY			45,185		165		22	
012 CAFETERIA			27,267		143		16	
014 NURSING ADMINISTRATION			12,009		431		86	
015 CENTRAL SERVICES & SUPPLY			26,975		57			
017 MEDICAL RECORDS & LIBRARY					108		92	
018 SOCIAL SERVICE			4,126		25		11	
020 NONPHYSICIAN ANESTHETISTS								
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS			123,731		2,120		497	4
026 INTENSIVE CARE UNIT			6,358		501		65	1
031 SUBPROVIDER			228,150		801		486	
037 ANCILLARY SRVC COST CNTRS								
OPERATING ROOM			22,620		766		97	7
038 RECOVERY ROOM			1,668		65		5	
040 ANESTHESIOLOGY					9			1
041 RADIOLOGY-DIAGNOSTIC			15,818		850		156	
042 RADIOLOGY-THERAPEUTIC			1,492		153		11	
043 RADIOISOTOPE			2,324		118		27	
044 LABORATORY			32,177		379		129	1
049 RESPIRATORY THERAPY			14,591		352		151	
050 PHYSICAL THERAPY			10,360		749		156	
053 ELECTROCARDIOLOGY			258		94		16	
055 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS			27,441		508		86	
059 97 CARDIAC REHABILITATION					91			
OUTPAT SERVICE COST CNTRS								
060 CLINIC			944		72		11	
061 EMERGENCY			17,365		875		227	2
062 OBSERVATION BEDS (NON-DIS								
SPEC PURPOSE COST CENTERS								
095 SUBTOTALS			1,034,949		10,796		2,735	16
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			1,312					
098 PHYSICIANS' PRIVATE OFFIC			484				27	
098 01 COMMUNITY EDUCATION					13			
098 02 VACANT BUILDING			186,890					
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL			1,223,635		10,809		2,762	16

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.04	6.05	7	9	10	11	12
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 02 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI	2,771						
006 05 OTHER ADMINISTRATION AND		222,470					
007 MAINTENANCE & REPAIRS		7,003	148,907				
009 LAUNDRY & LINEN SERVICE		1,083		1,097			
010 HOUSEKEEPING		4,073	2,458		41,627		
011 DIETARY		3,023	3,138		1,015	52,548	
012 CAFETERIA		2,041	4,265		1,380		35,112
014 NURSING ADMINISTRATION		5,841	1,588		514		1,654
015 CENTRAL SERVICES & SUPPLY		1,131	1,806		584		219
017 MEDICAL RECORDS & LIBRARY		1,428					415
018 SOCIAL SERVICE		339	276		89		95
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	175	33,726	31,683	718	10,247	34,382	8,173
026 INTENSIVE CARE UNIT	30	7,995	4,238	90	1,371	4,334	1,924
031 SUBPROVIDER	93	16,334	18,980	289	6,139	13,832	3,077
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	335	17,961	15,078		4,877		2,941
038 RECOVERY ROOM	22	1,012	1,112		360		248
040 ANESTHESIOLOGY	39	996					33
041 RADIOLOGY-DIAGNOSTIC	309	19,780	10,543		3,410		3,262
042 RADIOLOGY-THERAPEUTIC	339	4,777	995		322		586
043 RADIOISOTOPE	96	5,366	1,549		501		452
044 LABORATORY	360	13,511	7,212		2,333		1,455
049 RESPIRATORY THERAPY	65	5,814	5,627		1,820		1,703
050 PHYSICAL THERAPY	136	11,076	6,906		2,234		2,877
053 ELECTROCARDIOLOGY	95	1,836	172		56		362
055 MEDICAL SUPPLIES CHARGED	192	10,156					
055 30 IMPL. DEV. CHARGED TO PAT	70	6,628					
056 DRUGS CHARGED TO PATIENTS	233	20,347	1,837		594		1,949
059 97 CARDIAC REHABILITATION		1,161					
OUTPAT SERVICE COST CNTRS							
060 CLINIC	5	1,082	630		204		276
061 EMERGENCY	177	15,720	9,861		3,190		3,360
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,771	221,240	129,954	1,097	41,240	52,548	35,061
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		43	874		283		
098 PHYSICIANS' PRIVATE OFFIC		137	322		104		
098 01 COMMUNITY EDUCATION		177					51
098 02 VACANT BUILDING		873	17,757				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,771	222,470	148,907	1,097	41,627	52,548	35,112

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	14	15	17	18	20	25	26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BUI							
002 OLD CAP REL COSTS-NEW ADD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BUI							
003 02 NEW CAP REL COSTS-NEW ADD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	22,123						
015 CENTRAL SERVICES & SUPPLY		30,772					
017 MEDICAL RECORDS & LIBRARY			2,043				
018 SOCIAL SERVICE				4,961			
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,773	1,736	123	3,246		260,334	
026 INTENSIVE CARE UNIT	2,998	116	21	409		30,451	
031 SUBPROVIDER	1,856	85	65	1,306		291,493	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	93	27,929	234			92,938	
038 RECOVERY ROOM	252	3	15			4,762	
040 ANESTHESIOLOGY		264	27			1,369	
041 RADIOLOGY-DIAGNOSTIC		94	216			54,438	
042 RADIOLOGY-THERAPEUTIC		1	237			8,913	
043 RADIOISOTOPE			67			10,500	
044 LABORATORY		32	357			57,946	
049 RESPIRATORY THERAPY		453	45			30,621	
050 PHYSICAL THERAPY			95			34,589	
053 ELECTROCARDIOLOGY		2	67			2,958	
055 MEDICAL SUPPLIES CHARGED		13	183			10,544	
055 30 IMPL. DEV. CHARGED TO PAT						6,698	
056 DRUGS CHARGED TO PATIENTS	146	4	163			53,308	
059 97 CARDIAC REHABILITATION						1,252	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		1	4			3,229	
061 EMERGENCY	7,005	39	124			57,945	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	22,123	30,772	2,043	4,961		1,014,288	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						2,512	
098 PHYSICIANS' PRIVATE OFFIC						1,074	
098 01 COMMUNITY EDUCATION						241	
098 02 VACANT BUILDING						205,520	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	22,123	30,772	2,043	4,961		1,223,635	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

TOTAL

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001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	02 OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	260,334
026	INTENSIVE CARE UNIT	30,451
031	SUBPROVIDER	291,493
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	92,938
038	RECOVERY ROOM	4,762
040	ANESTHESIOLOGY	1,369
041	RADIOLOGY-DIAGNOSTIC	54,438
042	RADIOLOGY-THERAPEUTIC	8,913
043	RADIOISOTOPE	10,500
044	LABORATORY	57,946
049	RESPIRATORY THERAPY	30,621
050	PHYSICAL THERAPY	34,589
053	ELECTROCARDIOLOGY	2,958
055	MEDICAL SUPPLIES CHARGED	10,544
055	30 IMPL. DEV. CHARGED TO PAT	6,698
056	DRUGS CHARGED TO PATIENTS	53,308
059	97 CARDIAC REHABILITATION	1,252
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	3,229
061	EMERGENCY	57,945
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	1,014,288
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	2,512
098	PHYSICIANS' PRIVATE OFFIC	1,074
098	01 COMMUNITY EDUCATION	241
098	02 VACANT BUILDING	205,520
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,223,635

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	1.01	1.02	2	3	3.01
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-NEW BUI								
002 OLD CAP REL COSTS-NEW ADD								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BUI								
003 02 NEW CAP REL COSTS-NEW ADD								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS							1,349	
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING							238	
006 03 PURCHASING, RECEIVING AND								
006 04 CASHIERING/ACCOUNTS RECEI								
006 05 OTHER ADMINISTRATIVE AND							20,661	30,325
007 MAINTENANCE & REPAIRS							14,393	18,783
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING							4,377	194
011 DIETARY							5,705	
012 CAFETERIA							2,941	
014 NURSING ADMINISTRATION							1,338	519
015 CENTRAL SERVICES & SUPPLY							3,420	
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE							523	
020 NONPHYSICIAN ANESTHETISTS								
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS							7,915	79,496
026 INTENSIVE CARE UNIT								
031 SUBPROVIDER							28,142	
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM								
040 RECOVERY ROOM								
041 ANESTHESIOLOGY								
042 RADIOLOGY-DIAGNOSTIC								
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE								
049 LABORATORY							2,130	24,785
050 RESPIRATORY THERAPY								24,397
053 PHYSICAL THERAPY								
055 ELECTROCARDIOLOGY								
055 30 MEDICAL SUPPLIES CHARGED								
056 IMPL. DEV. CHARGED TO PAT								
059 97 DRUGS CHARGED TO PATIENTS							3,479	
060 CARDIAC REHABILITATION								
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC								
062 EMERGENCY							362	
095 OBSERVATION BEDS (NON-DIS								
096 SPEC PURPOSE COST CENTERS								
098 SUBTOTALS							96,973	178,499
098 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 COMMUNITY EDUCATION								
098 02 VACANT BUILDING							22,537	1,318
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL							119,510	179,817

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 3/1/2012
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW ADD	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TE DATA NG	PROCESSI	PURCHASING, RECEIVING AND
	3.02	4	4a	5	6.01		6.02	6.03
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-NEW BUI								
002 02 OLD CAP REL COSTS-NEW ADD								
002 02 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-NEW BUI								
003 02 NEW CAP REL COSTS-NEW ADD								
004 02 NEW CAP REL COSTS-MVBLE E								
005 01 EMPLOYEE BENEFITS	1,690	2,406	5,445	5,445				
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING	9,003		9,241				9,241	
006 03 PURCHASING, RECEIVING AND		3,948	3,948				54	4,002
006 04 CASHIERING/ACCOUNTS RECEI	24,585	8,413	32,998	118			433	19
006 05 OTHER ADMINISTRATIVE AND	441,614	95,977	588,577	328			632	1
007 01 MAINTENANCE & REPAIRS	190,010	26,699	249,885	98			90	
009 01 LAUNDRY & LINEN SERVICE				7				
010 01 HOUSEKEEPING	1,750	36,237	42,558	137			90	
011 01 DIETARY	1,929	45,505	53,139	83			72	
012 01 CAFETERIA	41,558		44,499	72			54	
014 01 NURSING ADMINISTRATION	12,143	78,860	92,860	217			289	
015 01 CENTRAL SERVICES & SUPPLY		22,673	26,093	29				86
017 01 MEDICAL RECORDS & LIBRARY		20,183	20,183	55			307	
018 01 SOCIAL SERVICE			523	12			36	
020 01 NONPHYSICIAN ANESTHETISTS								
025 01 INPAT ROUTINE SRVC CNTRS								
025 01 ADULTS & PEDIATRICS	213,084	299,027	599,522	1,064			1,663	1,064
026 01 INTENSIVE CARE UNIT	64,932	104,333	169,265	253			217	195
031 01 SUBPROVIDER	63,167	116,071	207,380	404			1,624	120
037 01 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	231,029	619,237	850,266	386			325	1,441
038 01 RECOVERY ROOM	17,033	6,991	24,024	33			18	30
040 01 ANESTHESIOLOGY		103,269	103,269	4				196
041 01 RADIOLOGY-DIAGNOSTIC	161,552	1,702,025	1,863,577	428			523	33
042 01 RADIOLOGY-THERAPEUTIC	15,238	106,912	122,150	77			36	51
043 01 RADIOISOTOPE	23,733	282,460	306,193	59			90	13
044 01 LABORATORY	28,324	157,865	213,104	191			433	199
049 01 RESPIRATORY THERAPY	22,282	140,663	187,342	178			505	52
050 01 PHYSICAL THERAPY	105,817	41,759	147,576	378			523	23
053 01 ELECTROCARDIOLOGY	2,632	61,546	64,178	48			54	12
055 01 MEDICAL SUPPLIES CHARGED								
055 30 IMPL. DEV. CHARGED TO PAT								
056 01 DRUGS CHARGED TO PATIENTS		14,299	17,778	256			289	
059 97 CARDIAC REHABILITATION				46				
060 01 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	9,646	1,085	10,731	36			36	26
061 01 EMERGENCY	148,168	90,724	239,254	441			758	440
062 01 OBSERVATION BEDS (NON-DIS								
062 01 SPEC PURPOSE COST CENTERS								
095 01 SUBTOTALS	1,830,919	4,189,167	6,295,558	5,438			9,151	4,002
096 01 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP	13,399		13,399					
098 01 PHYSICIANS' PRIVATE OFFIC	4,935		4,935				90	
098 01 COMMUNITY EDUCATION				7				
098 02 VACANT BUILDING	86,301		110,156					
101 01 CROSS FOOT ADJUSTMENTS								
102 01 NEGATIVE COST CENTER								
103 01 TOTAL	1,935,554	4,189,167	6,424,048	5,445			9,241	4,002

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0011 PERIOD: FROM 4/ 1/2010 TO 3/31/2011 PREPARED 3/ 1/2012 WORKSHEET B PART III

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6.04	6.05	7	9	10	11	12
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI	33,568						
006	05 OTHER ADMINISTRATION AND		589,538					
007	MAINTENANCE & REPAIRS		18,556	268,629				
009	LAUNDRY & LINEN SERVICE		2,869			2,876		
010	HOUSEKEEPING		10,792	4,435		58,012		
011	DIETARY		8,010	5,661		1,414	68,379	
012	CAFETERIA		5,407	7,694		1,923		59,649
014	NURSING ADMINISTRATION		15,476	2,865		716		2,810
015	CENTRAL SERVICES & SUPPLY		2,996	3,257		814		372
017	MEDICAL RECORDS & LIBRARY		3,785					705
018	SOCIAL SERVICE		898	498		125		161
020	NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,066	89,420	57,158	1,882	14,283	44,740	13,892
026	INTENSIVE CARE UNIT	359	21,185	7,645	237	1,910	5,640	3,268
031	SUBPROVIDER	1,100	43,280	34,240	757	8,556	17,999	5,226
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,948	47,592	27,200		6,797		4,996
038	RECOVERY ROOM	258	2,683	2,005		501		422
040	ANESTHESIOLOGY	456	2,639					55
041	RADIOLOGY-DIAGNOSTIC	3,643	52,410	19,020		4,753		5,541
042	RADIOLOGY-THERAPEUTIC	3,996	12,658	1,794		448		995
043	RADIOISOTOPE	1,131	14,218	2,794		698		768
044	LABORATORY	5,123	35,799	13,011		3,251		2,471
049	RESPIRATORY THERAPY	766	15,405	10,152		2,537		2,892
050	PHYSICAL THERAPY	1,605	29,348	12,458		3,113		4,887
053	ELECTROCARDIOLOGY	1,121	4,866	310		77		615
055	MEDICAL SUPPLIES CHARGED	2,263	26,911					
055	30 IMPL. DEV. CHARGED TO PAT	830	17,563					
056	DRUGS CHARGED TO PATIENTS	2,750	53,913	3,314		828		3,310
059	97 CARDIAC REHABILITATION		3,077					
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	64	2,866	1,136		284		469
061	EMERGENCY	2,089	41,653	17,790		4,445		5,707
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	33,568	586,275	234,437	2,876	57,473	68,379	59,562
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		115	1,578		394		
098	PHYSICIANS' PRIVATE OFFIC		364	581		145		
098	01 COMMUNITY EDUCATION		470					87
098	02 VACANT BUILDING		2,314	32,033				
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	33,568	589,538	268,629	2,876	58,012	68,379	59,649

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		14	15	17	18	20	25	26
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-NEW BUI							
002	02 OLD CAP REL COSTS-NEW ADD							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NEW BUI							
003	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-NEW ADD							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION	115,234						
015	CENTRAL SERVICES & SUPPLY		33,647					
017	MEDICAL RECORDS & LIBRARY			25,035				
018	SOCIAL SERVICE				2,253			
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	50,903	1,898	1,541		1,474	882,570	
026	INTENSIVE CARE UNIT	15,616	127	268		186	226,371	
031	SUBPROVIDER	9,669	93	820		593	331,861	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	484	30,539	2,944			976,918	
038	RECOVERY ROOM	1,314	4	192			31,484	
040	ANESTHESIOLOGY		288	340			107,247	
041	RADIOLOGY-DIAGNOSTIC		103	2,717			1,952,748	
042	RADIOLOGY-THERAPEUTIC		1	2,980			145,186	
043	RADIOISOTOPE			843			326,807	
044	LABORATORY		35	3,824			277,441	
049	RESPIRATORY THERAPY		495	571			220,895	
050	PHYSICAL THERAPY			1,197			201,108	
053	ELECTROCARDIOLOGY		2	836			72,119	
055	MEDICAL SUPPLIES CHARGED		14	2,306			31,494	
055	30 IMPL. DEV. CHARGED TO PAT						18,393	
056	DRUGS CHARGED TO PATIENTS	761	4	2,050			85,253	
059	97 CARDIAC REHABILITATION						3,123	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		1	48			15,697	
061	EMERGENCY	36,487	43	1,558			350,665	
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	115,234	33,647	25,035	2,253		6,257,380	
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						15,486	
098	PHYSICIANS' PRIVATE OFFIC						6,115	
098	01 COMMUNITY EDUCATION						564	
098	02 VACANT BUILDING						144,503	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	115,234	33,647	25,035	2,253		6,424,048	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-NEW BUI	
002	02 OLD CAP REL COSTS-NEW ADD	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-NEW BUI	
003	02 NEW CAP REL COSTS-NEW ADD	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 CASHIERING/ACCOUNTS RECEI	
006	05 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	882,570
026	INTENSIVE CARE UNIT	226,371
031	SUBPROVIDER	331,861
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	976,918
038	RECOVERY ROOM	31,484
040	ANESTHESIOLOGY	107,247
041	RADIOLOGY-DIAGNOSTIC	1,952,748
042	RADIOLOGY-THERAPEUTIC	145,186
043	RADIOISOTOPE	326,807
044	LABORATORY	277,441
049	RESPIRATORY THERAPY	220,895
050	PHYSICAL THERAPY	201,108
053	ELECTROCARDIOLOGY	72,119
055	MEDICAL SUPPLIES CHARGED	31,494
055	30 IMPL. DEV. CHARGED TO PAT	18,393
056	DRUGS CHARGED TO PATIENTS	85,253
059	97 CARDIAC REHABILITATION	3,123
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	15,697
061	EMERGENCY	350,665
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	6,257,380
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	15,486
098	PHYSICIANS' PRIVATE OFFIC	6,115
098	01 COMMUNITY EDUCATION	564
098	02 VACANT BUILDING	144,503
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	6,424,048

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-NEW BUI (SQUARE FEET)	OSTS-NEW ADD (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-NEW BUI (SQUARE FEET)
	1	1.01	1.02	2	3	3.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	64,651					
001 01 OLD CAP REL COSTS-NEW		31,516				
001 02 OLD CAP REL COSTS-NEW			129,431			
002 OLD CAP REL COSTS-MVB				225,598		
003 NEW CAP REL COSTS-BLD					64,651	
003 01 NEW CAP REL COSTS-NEW						31,516
003 02 NEW CAP REL COSTS-NEW						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	730		113	843	730	
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING	129		602	731	129	
006 03 PURCHASING, RECEIVING						
006 04 CASHIERING/ACCOUNTS R			1,644	1,644		
006 05 OTHER ADMIN STRATIO	11,177	5,315	29,531	46,023	11,177	5,315
007 MAINTENANCE & REPAIRS	7,786	3,292	12,706	23,784	7,786	3,292
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	2,368	34	117	2,519	2,368	34
011 DIETARY	3,086		129	3,215	3,086	
012 CAFETERIA	1,591		2,779	4,370	1,591	
014 NURSING ADMIN STRATIO	724	91	812	1,627	724	91
015 CENTRAL SERVICES & SU	1,850			1,850	1,850	
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	283			283	283	
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN	4,282	13,933	14,249	32,464	4,282	13,933
026 ADULTS & PEDIATRICS			4,342	4,342		
031 INTENSIVE CARE UNIT	15,223		4,224	19,447	15,223	
037 SUBPROVIDER						
ANCILLARY SRVC COST C						
038 OPERATING ROOM			15,449	15,449		
040 RECOVERY ROOM			1,139	1,139		
042 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			10,803	10,803		
042 RADIOLOGY-THERAPEUTIC			1,019	1,019		
043 RADIOISOTOPE			1,587	1,587		
044 LABORATORY	1,152	4,344	1,894	7,390	1,152	4,344
049 RESPIRATORY THERAPY		4,276	1,490	5,766		4,276
050 PHYSICAL THERAPY			7,076	7,076		
053 ELECTROCARDIOLOGY			176	176		
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI	1,882			1,882	1,882	
059 97 CARDIAC REHABILITATIO						
OUTPAT SERVICE COST C						
060 CLINIC			645	645		
061 EMERGENCY	196		9,908	10,104	196	
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	52,459	31,285	122,434	206,178	52,459	31,285
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			896	896		
098 PHYSICIANS' PRIVATE O			330	330		
098 01 COMMUNITY EDUCATION						
098 02 VACANT BUILDING	12,192	231	5,771	18,194	12,192	231
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	925,694	83,187	155,539	59,215	119,510	179,817
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	14.318325		1.201714		1.848541	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		2.639516		.262480		5.705578
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-NEW ADD (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING RECEIVING AND SUPPLIES (PURCHASING SUPLIES)	CASHIERING/ACCOUNTS RECEIVING AND COUNTS RECEIVING (GROSS REVENUE)
	3.02	4	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-NEW							
001 02 OLD CAP REL COSTS-NEW							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-NEW	129,431						
004 NEW CAP REL COSTS-MVB		2,138,086					
005 EMPLOYEE BENEFITS	113	1,228	30,995,456				
006 01 NONPATIENT TELEPHONES				761			
006 02 DATA PROCESSING	602			10	512		
006 03 PURCHASING, RECEIVING		2,015		4	3	3,313,484	
006 04 CASHIERING/ACCOUNTS RECEIVING	1,644	4,294	669,213	20	24	15,950	285,254,032
006 05 OTHER ADMINISTRATIVE	29,531	48,985	1,866,240	61	35	1,082	
007 MAINTENANCE & REPAIRS	12,706	13,627	554,583	32	5		
009 LAUNDRY & LINEN SERVICE			39,042				
010 HOUSEKEEPING	117	18,495	776,789	14	5	255	
011 DIETARY	129	23,225	473,212	17	4		
012 CAFETERIA	2,779		410,636		3		
014 NURSING ADMINISTRATIVE	812	40,249	1,234,653	27	16	466	
015 CENTRAL SERVICES & SUPPORT		11,572	163,553	3		70,924	
017 MEDICAL RECORDS & LIBRARY		10,301	309,798	37	17	45	
018 SOCIAL SERVICE			70,678	5	2		
020 NONPHYSICIAN ANESTHETIC INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	14,249	152,619	6,101,624	95	92	880,991	17,508,311
026 INTENSIVE CARE UNIT	4,342	53,250	1,435,693	15	12	161,218	3,041,323
031 SUBPROVIDER	4,224	59,241	2,296,077	62	90	98,951	9,322,440
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	15,449	316,049	2,195,029	56	18	1,193,039	33,455,981
038 RECOVERY ROOM	1,139	3,568	185,231	4	1	24,804	2,184,869
040 ANESTHESIOLOGY		52,707	24,357	7		162,538	3,865,224
041 RADIOLOGY-DIAGNOSTIC	10,803	868,687	2,434,376	54	29	27,607	30,872,829
042 RADIOLOGY-THERAPEUTIC	1,019	54,566	437,316	7	2	41,975	33,863,038
043 RADIOISOTOPE	1,587	144,163	337,528	5	5	11,116	9,583,569
044 LABORATORY	1,894	80,572	1,085,561	36	24	164,671	44,207,857
049 RESPIRATORY THERAPY	1,490	71,792	1,008,721	42	28	43,213	6,491,498
050 PHYSICAL THERAPY	7,076	21,313	2,146,991	19	29	19,289	13,598,219
053 ELECTROCARDIOLOGY	176	31,412	270,398	4	3	9,596	9,504,227
055 MEDICAL SUPPLIES CHARGED TO IMPLANT DEPARTMENT							19,176,465
055 30 IMPL. DEV. CHARGED TO							7,033,065
056 DRUGS CHARGED TO PATIENT		7,298	1,454,274	18	16	228	23,300,985
059 97 CARDIAC REHABILITATION OUTPATIENT SERVICE COST CENTER			261,954	10			
060 CLINIC	645	554	206,168	7	2	21,553	539,944
061 EMERGENCY	9,908	46,304	2,507,647	41	42	363,973	17,704,188
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	122,434	2,138,086	30,957,342	712	507	3,313,484	285,254,032
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	896			2			
098 PHYSICIANS' PRIVATE OFFICE	330				5		
098 01 COMMUNITY EDUCATION			38,114				
098 02 VACANT BUILDING	5,771			47			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,935,554	4,189,167	12,219,194		2,330,006	67,413	3,109,875
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.959307				.020345	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	14,954,331		394,225		4,550,792,969	16	2,771
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			10,809		2,762	.000005	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			.000349		5,394,531		.000010
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			5,445		9,241	4,002	33,568
			.000176		18,048,828	.001208	.000118

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)
	6a. 05	6. 05	7	9	10	11	12
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-NEW							
002 01 OLD CAP REL COSTS-MVB							
003 02 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW							
003 02 NEW CAP REL COSTS-NEW							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE	-10,256,533	75,677,502					
007 MAINTENANCE & REPAIRS		2,382,013	152,573				
009 LAUNDRY & LINEN SERVICE		368,289		28,044			
010 HOUSEKEEPING		1,385,397	2,519		131,860		
011 DIETARY		1,028,302	3,215		3,215	84,132	
012 CAFETERIA		694,064	4,370		4,370		26,205,741
014 NURSING ADMINISTRATIVE		1,986,620	1,627		1,627		1,234,653
015 CENTRAL SERVICES & SUPP		384,559	1,850		1,850		163,553
017 MEDICAL RECORDS & LIB		485,836					309,798
018 SOCIAL SERVICE		115,317	283		283		70,678
020 NONPHYSICIAN ANESTHETIC							
025 ADULTS & PEDIATRICS		11,477,657	32,464	18,349	32,464	55,047	6,101,624
026 INTENSIVE CARE UNIT		2,719,483	4,342	2,313	4,342	6,939	1,435,693
031 SUBPROVIDER		5,555,871	19,447	7,382	19,447	22,146	2,296,077
037 ANCILLARY SERVICE COST C							
038 OPERATING ROOM		6,109,350	15,449		15,449		2,195,029
040 RECOVERY ROOM		344,368	1,139		1,139		185,231
042 ANESTHESIOLOGY		338,809					24,357
041 RADIOLOGY-DIAGNOSTIC		6,727,835	10,803		10,803		2,434,376
042 RADIOLOGY-THERAPEUTIC		1,624,932	1,019		1,019		437,316
043 RADIOISOTOPE		1,825,101	1,587		1,587		337,528
044 LABORATORY		4,595,566	7,390		7,390		1,085,561
049 RESPIRATORY THERAPY		1,977,559	5,766		5,766		1,270,675
050 PHYSICAL THERAPY		3,767,370	7,076		7,076		2,146,991
053 ELECTROCARDIOLOGY		624,586	176		176		270,398
055 MEDICAL SUPPLIES CHARGED		3,454,512					
055 30 IMPL. DEV. CHARGED TO		2,254,567					
056 DRUGS CHARGED TO PATIENT		6,920,824	1,882		1,882		1,454,274
059 97 CARDIAC REHABILITATION		395,048					
060 OUTPAT SERVICE COST CENTER							
061 CLINIC		367,915	645		645		206,168
062 EMERGENCY		5,346,924	10,104		10,104		2,507,647
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)	-10,256,533	75,258,674	133,153	28,044	130,634	84,132	26,167,627
096 SUBTOTALS							
096 NONREIMBURS COST CENTER							
098 GIFT, FLOWER, COFFEE		14,711	896		896		
098 PHYSICIANS' PRIVATE OFFICE		46,745	330		330		
098 01 COMMUNITY EDUCATION		60,326					38,114
098 02 VACANT BUILDING		297,046	18,194				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		10,256,533	2,704,845	418,203	1,617,815	1,264,108	919,218
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.135529		14.912388		15.025294	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		222,470	148,907	1,097	12,269,187	52,548	.035077
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.002940		.039117	41,627	.624590	35,112
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		589,538	268,629	2,876	.315691	68,379	.001340
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.007790	1.760659	.102553	58,012	.812759	59,649

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION (DIRECT NURSING HOURS)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	14	15	17	18	20
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
001 01 OLD CAP REL COSTS-NEW					
001 02 OLD CAP REL COSTS-NEW					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-NEW					
003 02 NEW CAP REL COSTS-NEW					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 CASHIERING/ACCOUNTS R					
006 05 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION	49,995				
015 CENTRAL SERVICES & SUPPLY		5,422,177			
017 MEDICAL RECORDS & LIBRARY			285,254,032		
018 SOCIAL SERVICE				28,044	
020 NONPHYSICIAN ANESTHETIST INPAT ROUTINE SRVC CN					100
025 ADULTS & PEDIATRICS	22,085	305,850	17,508,311	18,349	
026 INTENSIVE CARE UNIT	6,775	20,394	3,041,323	2,313	
031 SUBPROVIDER	4,195	14,996	9,322,440	7,382	
ANCILLARY SRVC COST CENTER					
037 OPERATING ROOM	210	4,921,413	33,455,981		
038 RECOVERY ROOM	570	606	2,184,869		
040 ANESTHESIOLOGY		46,450	3,865,224		100
041 RADIOLOGY-DIAGNOSTIC		16,563	30,872,829		
042 RADIOLOGY-THERAPEUTIC		195	33,863,038		
043 RADIOISOTOPE			9,583,569		
044 LABORATORY		5,681	44,207,857		
049 RESPIRATORY THERAPY		79,813	6,491,498		
050 PHYSICAL THERAPY		44	13,598,219		
053 ELECTROCARDIOLOGY		282	9,504,227		
055 MEDICAL SUPPLIES CHARGED TO		2,212	26,209,530		
055 30 IMPL. DEV. CHARGED TO					
056 DRUGS CHARGED TO PATIENT	330	664	23,300,985		
059 97 CARDIAC REHABILITATION OUTPAT SERVICE COST CENTER					
060 CLINIC		115	539,944		
061 EMERGENCY	15,830	6,899	17,704,188		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)					
095 SUBTOTALS	49,995	5,422,177	285,254,032	28,044	100
NONREIMBURS COST CENTER					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
098 01 COMMUNITY EDUCATION					
098 02 VACANT BUILDING					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	2,347,979	497,910	562,548	141,914	
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II))	46,964,276	.091828	.001972	5,060,405	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III))	22,123	30,772	2,043	4,961	
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT IV))	.442504	.005675	.000007	.176901	
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT V))	115,234	33,647	25,035	2,253	
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT VI))	2,304,910	.006205	.000088	.080338	

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	16,514,509		16,514,509	404	16,514,913
26	INTENSIVE CARE UNIT	3,745,172		3,745,172		3,745,172
31	SUBPROVIDER	7,669,716		7,669,716		7,669,716
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,005,530		8,005,530	15,494	8,021,024
38	RECOVERY ROOM	462,839		462,839		462,839
40	ANESTHESIOLOGY	397,468		397,468		397,468
41	RADIOLOGY-DIAGNOSTIC	8,111,507		8,111,507		8,111,507
42	RADIOLOGY-THERAPEUTIC	1,957,860		1,957,860		1,957,860
43	RADIOISOTOPE	2,150,799		2,150,799		2,150,799
44	LABORATORY	5,565,883		5,565,883	10,700	5,576,583
49	RESPIRATORY THERAPY	2,483,242		2,483,242	6,668	2,489,910
50	PHYSICAL THERAPY	4,592,350		4,592,350		4,592,350
53	ELECTROCARDIOLOGY	742,768		742,768	874	743,642
55	MEDICAL SUPPLIES CHARGED	3,974,587		3,974,587		3,974,587
55	30 IMPL. DEV. CHARGED TO PAT	2,560,126		2,560,126		2,560,126
56	DRUGS CHARGED TO PATIENTS	8,027,772		8,027,772		8,027,772
59	97 CARDIAC REHABILITATION	448,588		448,588		448,588
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	445,435		445,435		445,435
61	EMERGENCY	7,241,633		7,241,633		7,241,633
62	OBSERVATION BEDS (NON-DIS)	2,231,038		2,231,038		2,231,038
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	87,328,822		87,328,822	34,140	87,362,962
102	LESS OBSERVATION BEDS	2,231,038		2,231,038		2,231,038
103	TOTAL	85,097,784		85,097,784	34,140	85,131,924

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	15,180,524		15,180,524			
26	INTENSIVE CARE UNIT	3,041,323		3,041,323			
31	SUBPROVIDER	9,322,440		9,322,440			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	13,165,149	19,968,606	33,133,755	.241613	.241613	.242080
38	RECOVERY ROOM	1,196,259	901,970	2,098,229	.220586	.220586	.220586
40	ANESTHESIOLOGY	1,965,166	1,870,966	3,836,132	.103612	.103612	.103612
41	RADIOLOGY-DIAGNOSTIC	4,455,958	26,001,582	30,457,540	.266322	.266322	.266322
42	RADIOLOGY-THERAPEUTIC	7,423,610	26,193,598	33,617,208	.058240	.058240	.058240
43	RADIOISOTOPE	1,305,067	8,194,729	9,499,796	.226405	.226405	.226405
44	LABORATORY	16,705,587	26,981,743	43,687,330	.127403	.127403	.127648
49	RESPIRATORY THERAPY	4,239,699	1,288,841	5,528,540	.449168	.449168	.450374
50	PHYSICAL THERAPY	7,025,213	6,267,274	13,292,487	.345485	.345485	.345485
53	ELECTROCARDIOLOGY	2,931,955	6,507,329	9,439,284	.078689	.078689	.078782
55	MEDICAL SUPPLIES CHARGED	10,589,714	8,488,580	19,078,294	.208330	.208330	.208330
55	30 IMPL. DEV. CHARGED TO PAT	5,467,236	1,565,829	7,033,065	.364013	.364013	.364013
56	DRUGS CHARGED TO PATIENTS	17,480,471	5,747,730	23,228,201	.345605	.345605	.345605
59	97 CARDIAC REHABILITATION	1,940	937,837	939,777	.477335	.477335	.477335
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,479	537,093	539,572	.825534	.825534	.825534
61	EMERGENCY	3,899,874	13,677,025	17,576,899	.411997	.411997	.411997
62	OBSERVATION BEDS (NON-DIS)	183,962	2,118,647	2,302,609	.968917	.968917	.968917
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	125,583,626	157,249,379	282,833,005			
102	LESS OBSERVATION BEDS						
103	TOTAL	125,583,626	157,249,379	282,833,005			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0011
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 3/1/2012
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	16,514,509		16,514,509	404	16,514,913
26	INTENSIVE CARE UNIT	3,745,172		3,745,172		3,745,172
31	SUBPROVIDER	7,669,716		7,669,716		7,669,716
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,005,530		8,005,530	15,494	8,021,024
38	RECOVERY ROOM	462,839		462,839		462,839
40	ANESTHESIOLOGY	397,468		397,468		397,468
41	RADIOLOGY-DIAGNOSTIC	8,111,507		8,111,507		8,111,507
42	RADIOLOGY-THERAPEUTIC	1,957,860		1,957,860		1,957,860
43	RADIOISOTOPE	2,150,799		2,150,799		2,150,799
44	LABORATORY	5,565,883		5,565,883	10,700	5,576,583
49	RESPIRATORY THERAPY	2,483,242		2,483,242	6,668	2,489,910
50	PHYSICAL THERAPY	4,592,350		4,592,350		4,592,350
53	ELECTROCARDIOLOGY	742,768		742,768	874	743,642
55	MEDICAL SUPPLIES CHARGED	3,974,587		3,974,587		3,974,587
55	30 IMPL. DEV. CHARGED TO PAT	2,560,126		2,560,126		2,560,126
56	DRUGS CHARGED TO PATIENTS	8,027,772		8,027,772		8,027,772
59	97 CARDIAC REHABILITATION	448,588		448,588		448,588
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	445,435		445,435		445,435
61	EMERGENCY	7,241,633		7,241,633		7,241,633
62	OBSERVATION BEDS (NON-DIS	2,231,038		2,231,038		2,231,038
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	87,328,822		87,328,822	34,140	87,362,962
102	LESS OBSERVATION BEDS	2,231,038		2,231,038		2,231,038
103	TOTAL	85,097,784		85,097,784	34,140	85,131,924

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	15,180,524		15,180,524			
26	INTENSIVE CARE UNIT	3,041,323		3,041,323			
31	SUBPROVIDER	9,322,440		9,322,440			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	13,165,149	19,968,606	33,133,755	.241613	.241613	.242080
38	RECOVERY ROOM	1,196,259	901,970	2,098,229	.220586	.220586	.220586
40	ANESTHESIOLOGY	1,965,166	1,870,966	3,836,132	.103612	.103612	.103612
41	RADIOLOGY-DIAGNOSTIC	4,455,958	26,001,582	30,457,540	.266322	.266322	.266322
42	RADIOLOGY-THERAPEUTIC	7,423,610	26,193,598	33,617,208	.058240	.058240	.058240
43	RADIOISOTOPE	1,305,067	8,194,729	9,499,796	.226405	.226405	.226405
44	LABORATORY	16,705,587	26,981,743	43,687,330	.127403	.127403	.127648
49	RESPIRATORY THERAPY	4,239,699	1,288,841	5,528,540	.449168	.449168	.450374
50	PHYSICAL THERAPY	7,025,213	6,267,274	13,292,487	.345485	.345485	.345485
53	ELECTROCARDIOLOGY	2,931,955	6,507,329	9,439,284	.078689	.078689	.078782
55	MEDICAL SUPPLIES CHARGED	10,589,714	8,488,580	19,078,294	.208330	.208330	.208330
55	30 IMPL. DEV. CHARGED TO PAT	5,467,236	1,565,829	7,033,065	.364013	.364013	.364013
56	DRUGS CHARGED TO PATIENTS	17,480,471	5,747,730	23,228,201	.345605	.345605	.345605
59	97 CARDIAC REHABILITATION	1,940	937,837	939,777	.477335	.477335	.477335
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,479	537,093	539,572	.825534	.825534	.825534
61	EMERGENCY	3,899,874	13,677,025	17,576,899	.411997	.411997	.411997
62	OBSERVATION BEDS (NON-DIS)	183,962	2,118,647	2,302,609	.968917	.968917	.968917
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	125,583,626	157,249,379	282,833,005			
102	LESS OBSERVATION BEDS						
103	TOTAL	125,583,626	157,249,379	282,833,005			

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	8,005,530	1,069,856	6,935,674			8,005,530
38	RECOVERY ROOM	462,839	36,246	426,593			462,839
40	ANESTHESIOLOGY	397,468	108,616	288,852			397,468
41	RADIOLOGY-DIAGNOSTIC	8,111,507	2,007,186	6,104,321			8,111,507
42	RADIOLOGY-THERAPEUTIC	1,957,860	154,099	1,803,761			1,957,860
43	RADIOISOTOPE	2,150,799	337,307	1,813,492			2,150,799
44	LABORATORY	5,565,883	335,387	5,230,496			5,565,883
49	RESPIRATORY THERAPY	2,483,242	251,516	2,231,726			2,483,242
50	PHYSICAL THERAPY	4,592,350	235,697	4,356,653			4,592,350
53	ELECTROCARDIOLOGY	742,768	75,077	667,691			742,768
55	MEDICAL SUPPLIES CHARGED	3,974,587	42,038	3,932,549			3,974,587
55	30 IMPL. DEV. CHARGED TO PAT	2,560,126	25,091	2,535,035			2,560,126
56	DRUGS CHARGED TO PATIENTS	8,027,772	138,561	7,889,211			8,027,772
59	97 CARDIAC REHABILITATION	448,588	4,375	444,213			448,588
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	445,435	18,926	426,509			445,435
61	EMERGENCY	7,241,633	408,610	6,833,023			7,241,633
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,231,038	154,399	2,076,639			2,231,038
101	SUBTOTAL	59,399,425	5,402,987	53,996,438			59,399,425
102	LESS OBSERVATION BEDS	2,231,038	154,399	2,076,639			2,231,038
103	TOTAL	57,168,387	5,248,588	51,919,799			57,168,387

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	33,133,755	.241613	.241613
38	RECOVERY ROOM	2,098,229	.220586	.220586
40	ANESTHESIOLOGY	3,836,132	.103612	.103612
41	RADIOLOGY-DIAGNOSTIC	30,457,540	.266322	.266322
42	RADIOLOGY-THERAPEUTIC	33,617,208	.058240	.058240
43	RADIOISOTOPE	9,499,796	.226405	.226405
44	LABORATORY	43,687,330	.127403	.127403
49	RESPIRATORY THERAPY	5,528,540	.449168	.449168
50	PHYSICAL THERAPY	13,292,487	.345485	.345485
53	ELECTROCARDIOLOGY	9,439,284	.078689	.078689
55	MEDICAL SUPPLIES CHARGED	19,078,294	.208330	.208330
55	30 IMPL. DEV. CHARGED TO PAT	7,033,065	.364013	.364013
56	DRUGS CHARGED TO PATIENTS	23,228,201	.345605	.345605
59	97 CARDIAC REHABILITATION	939,777	.477335	.477335
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	539,572	.825534	.825534
61	EMERGENCY	17,576,899	.411997	.411997
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,302,609	.968917	.968917
101	SUBTOTAL	255,288,718		
102	LESS OBSERVATION BEDS	2,302,609		
103	TOTAL	252,986,109		

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	8,005,530	1,069,856	6,935,674	106,986	402,269	7,496,275
38	RECOVERY ROOM	462,839	36,246	426,593	3,625	24,742	434,472
40	ANESTHESIOLOGY	397,468	108,616	288,852	10,862	16,753	369,853
41	RADIOLOGY-DIAGNOSTIC	8,111,507	2,007,186	6,104,321	200,719	354,051	7,556,737
42	RADIOLOGY-THERAPEUTIC	1,957,860	154,099	1,803,761	15,410	104,618	1,837,832
43	RADIOISOTOPE	2,150,799	337,307	1,813,492	33,731	105,183	2,011,885
44	LABORATORY	5,565,883	335,387	5,230,496	33,539	303,369	5,228,975
49	RESPIRATORY THERAPY	2,483,242	251,516	2,231,726	25,152	129,440	2,328,650
50	PHYSICAL THERAPY	4,592,350	235,697	4,356,653	23,570	252,686	4,316,094
53	ELECTROCARDIOLOGY	742,768	75,077	667,691	7,508	38,726	696,534
55	MEDICAL SUPPLIES CHARGED	3,974,587	42,038	3,932,549	4,204	228,088	3,742,295
55	30 IMPL. DEV. CHARGED TO PAT	2,560,126	25,091	2,535,035	2,509	147,032	2,410,585
56	DRUGS CHARGED TO PATIENTS	8,027,772	138,561	7,889,211	13,856	457,574	7,556,342
59	97 CARDIAC REHABILITATION	448,588	4,375	444,213	438	25,764	422,386
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	445,435	18,926	426,509	1,893	24,738	418,804
61	EMERGENCY	7,241,633	408,610	6,833,023	40,861	396,315	6,804,457
62	OBSERVATION BEDS (NON-DIS	2,231,038	154,399	2,076,639	15,440	120,445	2,095,153
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	59,399,425	5,402,987	53,996,438	540,303	3,131,793	55,727,329
102	LESS OBSERVATION BEDS	2,231,038	154,399	2,076,639	15,440	120,445	2,095,153
103	TOTAL	57,168,387	5,248,588	51,919,799	524,863	3,011,348	53,632,176

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	33,133,755	.226243	.238384
38	RECOVERY ROOM	2,098,229	.207066	.218858
40	ANESTHESIOLOGY	3,836,132	.096413	.100780
41	RADIOLOGY-DIAGNOSTIC	30,457,540	.248107	.259732
42	RADIOLOGY-THERAPEUTIC	33,617,208	.054669	.057781
43	RADIOISOTOPE	9,499,796	.211782	.222854
44	LABORATORY	43,687,330	.119691	.126635
49	RESPIRATORY THERAPY	5,528,540	.421205	.444618
50	PHYSICAL THERAPY	13,292,487	.324702	.343711
53	ELECTROCARDIOLOGY	9,439,284	.073791	.077894
55	MEDICAL SUPPLIES CHARGED	19,078,294	.196155	.208110
55	30 IMPL. DEV. CHARGED TO PAT	7,033,065	.342750	.363656
56	DRUGS CHARGED TO PATIENTS	23,228,201	.325309	.345008
59	97 CARDIAC REHABILITATION	939,777	.449453	.476868
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	539,572	.776178	.822026
61	EMERGENCY	17,576,899	.387125	.409672
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,302,609	.909904	.962212
101	SUBTOTAL	255,288,718		
102	LESS OBSERVATION BEDS	2,302,609		
103	TOTAL	252,986,109		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0011 PERIOD: FROM 4/1/2010 TO 3/31/2011 PREPARED 3/1/2012 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	260,334		260,334	882,570		882,570
26	INTENSIVE CARE UNIT	30,451		30,451	226,371		226,371
31	SUBPROVIDER	291,493		291,493	331,861		331,861
101	TOTAL	582,278		582,278	1,440,802		1,440,802

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-0011 I FROM 4/ 1/2010 I WORKSHEET D
 I I TO 3/31/2011 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	21,215	12,330	12.27	151,289	41.60	512,928
26	INTENSIVE CARE UNIT	2,313	1,299	13.17	17,108	97.87	127,133
31	SUBPROVIDER	7,382	5,344	39.49	211,035	44.96	240,266
101	TOTAL	30,910	18,973		379,432		880,327

PROVIDER NO: 14-0011
 COMPONENT NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	92,938	976,918	33,133,755	6,525,223	.002805	18,303
38	RECOVERY ROOM	4,762	31,484	2,098,229	616,807	.002270	1,400
40	ANESTHESIOLOGY	1,369	107,247	3,836,132	968,691	.000357	346
41	RADIOLOGY-DIAGNOSTIC	54,438	1,952,748	30,457,540	3,704,680	.001787	6,620
42	RADIOLOGY-THERAPEUTIC	8,913	145,186	33,617,208	4,756,980	.000265	1,261
43	RADIOISOTOPE	10,500	326,807	9,499,796	1,089,649	.001105	1,204
44	LABORATORY	57,946	277,441	43,687,330	10,566,080	.001326	14,011
49	RESPIRATORY THERAPY	30,621	220,895	5,528,540	2,869,810	.005539	15,896
50	PHYSICAL THERAPY	34,589	201,108	13,292,487	904,471	.002602	2,353
53	ELECTROCARDIOLOGY	2,958	72,119	9,439,284	1,413,471	.000313	442
55	MEDICAL SUPPLIES CHARGED	10,544	31,494	19,078,294	5,478,109	.000553	3,029
55	30 IMPL. DEV. CHARGED TO PAT	6,698	18,393	7,033,065	3,527,751	.000952	3,358
56	DRUGS CHARGED TO PATIENTS	53,308	85,253	23,228,201	10,191,028	.002295	23,388
59	97 CARDIAC REHABILITATION	1,252	3,123	939,777	1,642	.001332	2
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,229	15,697	539,572	2,204	.005984	13
61	EMERGENCY	57,945	350,665	17,576,899	2,415,251	.003297	7,963
62	OBSERVATION BEDS (NON-DIS	35,170	119,229	2,302,609	172,337	.015274	2,632
	OTHER REIMBURS COST CNTRS						
101	TOTAL	467,180	4,935,807	255,288,718	55,204,184		102,221

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-0011 I FROM 4/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2011 I PART II
 I 14-0011 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.029484	192,390
38	RECOVERY ROOM	.015005	9,255
40	ANESTHESIOLOGY	.027957	27,082
41	RADIOLOGY-DIAGNOSTIC	.064114	237,522
42	RADIOLOGY-THERAPEUTIC	.004319	20,545
43	RADIOISOTOPE	.034401	37,485
44	LABORATORY	.006351	67,105
49	RESPIRATORY THERAPY	.039955	114,663
50	PHYSICAL THERAPY	.015129	13,684
53	ELECTROCARDIOLOGY	.007640	10,799
55	MEDICAL SUPPLIES CHARGED	.001651	9,044
55 30	IMPL. DEV. CHARGED TO PAT	.002615	9,225
56	DRUGS CHARGED TO PATIENTS	.003670	37,401
59 97	CARDIAC REHABILITATION	.003323	5
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.029092	64
61	EMERGENCY	.019950	48,184
62	OBSERVATION BEDS (NON-DIS	.051780	8,924
	OTHER REIMBURS COST CNTRS		
101	TOTAL		843,377

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

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 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					21,215	
26	INTENSIVE CARE UNIT					2,313	
31	SUBPROVIDER					7,382	
101	TOTAL					30,910	

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

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-0011 I FROM 4/ 1/2010 I WORKSHEET D
 I TO 3/31/2011 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,330	
26	INTENSIVE CARE UNIT	1,299	
31	SUBPROVIDER	5,344	
101	TOTAL	18,973	

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,133,755			6,525,223	
38	RECOVERY ROOM			2,098,229			616,807	
40	ANESTHESIOLOGY			3,836,132			968,691	
41	RADIOLOGY-DIAGNOSTIC			30,457,540			3,704,680	
42	RADIOLOGY-THERAPEUTIC			33,617,208			4,756,980	
43	RADIOISOTOPE			9,499,796			1,089,649	
44	LABORATORY			43,687,330			10,566,080	
49	RESPIRATORY THERAPY			5,528,540			2,869,810	
50	PHYSICAL THERAPY			13,292,487			904,471	
53	ELECTROCARDIOLOGY			9,439,284			1,413,471	
55	MEDICAL SUPPLIES CHARGED			19,078,294			5,478,109	
55	30 IMPL. DEV. CHARGED TO PAT			7,033,065			3,527,751	
56	DRUGS CHARGED TO PATIENTS			23,228,201			10,191,028	
59	97 CARDIAC REHABILITATION			939,777			1,642	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			539,572			2,204	
61	EMERGENCY			17,576,899			2,415,251	
62	OBSERVATION BEDS (NON-DIS			2,302,609			172,337	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			255,288,718			55,204,184	

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	6,103,977					
38	RECOVERY ROOM	248,994					
40	ANESTHESIOLOGY	585,473					
41	RADIOLOGY-DIAGNOSTIC	8,518,478					
42	RADIOLOGY-THERAPEUTIC	8,304,335					
43	RADIOISOTOPE	4,803,976					
44	LABORATORY	1,401,290					
49	RESPIRATORY THERAPY	516,924					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	2,193,187					
55	MEDICAL SUPPLIES CHARGED	1,122,816					
55	30 IMPL. DEV. CHARGED TO PAT	538,941					
56	DRUGS CHARGED TO PATIENTS	2,698,053					
59	97 CARDIAC REHABILITATION	436,803					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	232,786					
61	EMERGENCY	3,916,869					
62	OBSERVATION BEDS (NON-DIS	1,516,125					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	43,139,027					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0011 | PERIOD: FROM 4/1/2010 TO 3/31/2011 | PREPARED 3/1/2012
 | COMPONENT NO: 14-0011 | | WORKSHEET D
 | | | PART V

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	.241613	.241613			
38 RECOVERY ROOM	.220586	.220586			
40 ANESTHESIOLOGY	.103612	.103612			
41 RADIOLOGY-DIAGNOSTIC	.266322	.266322			
42 RADIOLOGY-THERAPEUTIC	.058240	.058240			
43 RADIOISOTOPE	.226405	.226405			
44 LABORATORY	.127403	.127403			
49 RESPIRATORY THERAPY	.449168	.449168			
50 PHYSICAL THERAPY	.345485	.345485			
53 ELECTROCARDIOLOGY	.078689	.078689			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.208330	.208330			
55 30 IMPL. DEV. CHARGED TO PATIENT	.364013	.364013			
56 DRUGS CHARGED TO PATIENTS	.345605	.345605			
59 97 CARDIAC REHABILITATION	.477335	.477335			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.825534	.825534			
61 EMERGENCY	.411997	.411997			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.968917	.968917			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/1/2012
 | 14-0011 | FROM 4/1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2011 | PART V
 | 14-0011 | |

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		6,103,977			
38 RECOVERY ROOM		248,994			
40 ANESTHESIOLOGY		585,473			
41 RADIOLOGY-DIAGNOSTIC		8,518,478			
42 RADIOLOGY-THERAPEUTIC		8,304,335			
43 RADIOISOTOPE		4,803,976			
44 LABORATORY		1,401,290			
49 RESPIRATORY THERAPY		516,924			
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		2,193,187			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,122,816			
55 30 IMPL. DEV. CHARGED TO PATIENT		538,941			
56 DRUGS CHARGED TO PATIENTS		2,698,053			
59 97 CARDIAC REHABILITATION		436,803			
59 OUTPAT SERVICE COST CNTRS					
60 CLINIC		232,786			
61 EMERGENCY		3,916,869			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,516,125			
101 SUBTOTAL		43,139,027			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		43,139,027			

(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 3/1/2012
 | 14-0011 | FROM 4/1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2011 | PART V
 | 14-0011 | |

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				1,474,800	
38 RECOVERY ROOM				54,925	
40 ANESTHESIOLOGY				60,662	
41 RADIOLOGY-DIAGNOSTIC				2,268,658	
42 RADIOLOGY-THERAPEUTIC				483,644	
43 RADIOISOTOPE				1,087,644	
44 LABORATORY				178,529	
49 RESPIRATORY THERAPY				232,186	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				172,580	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				233,916	
55 30 IMPL. DEV. CHARGED TO PATIENT				196,182	
56 DRUGS CHARGED TO PATIENTS				932,461	
59 97 CARDIAC REHABILITATION				208,501	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				192,173	
61 EMERGENCY				1,613,738	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,468,999	
101 SUBTOTAL				10,859,598	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				10,859,598	

(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 3/1/2012
 | 14-0011 | FROM 4/1/2010 | WORKSHEET D
 | COMPONENT NO: | TO 3/31/2011 | PART V
 | 14-0011 | |

TITLE XVIII, PART B HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 59 97 CARDIAC REHABILITATION
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0011	FROM 4/ 1/2010	3/ 1/2012
COMPONENT NO:	TO 3/31/2011	WORKSHEET D
14-0011		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	.345605
	80,607
	27,858

PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2012
14-0011	FROM 4/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 3/31/2011	PART II
14-T011		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	92,938	976,918	33,133,755	13,256	.002805	37
38	RECOVERY ROOM	4,762	31,484	2,098,229	1,757	.002270	4
40	ANESTHESIOLOGY	1,369	107,247	3,836,132	2,126	.000357	1
41	RADIOLOGY-DIAGNOSTIC	54,438	1,952,748	30,457,540	129,801	.001787	232
42	RADIOLOGY-THERAPEUTIC	8,913	145,186	33,617,208	118,668	.000265	31
43	RADIOISOTOPE	10,500	326,807	9,499,796	3,210	.001105	4
44	LABORATORY	57,946	277,441	43,687,330	907,573	.001326	1,203
49	RESPIRATORY THERAPY	30,621	220,895	5,528,540	138,029	.005539	765
50	PHYSICAL THERAPY	34,589	201,108	13,292,487	4,172,339	.002602	10,856
53	ELECTROCARDIOLOGY	2,958	72,119	9,439,284	20,830	.000313	7
55	MEDICAL SUPPLIES CHARGED	10,544	31,494	19,078,294	6,252	.000553	3
55	30 IMPL. DEV. CHARGED TO PAT	6,698	18,393	7,033,065		.000952	
56	DRUGS CHARGED TO PATIENTS	53,308	85,253	23,228,201	1,488,756	.002295	3,417
59	97 CARDIAC REHABILITATION	1,252	3,123	939,777		.001332	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,229	15,697	539,572		.005984	
61	EMERGENCY	57,945	350,665	17,576,899		.003297	
62	OBSERVATION BEDS (NON-DIS	35,170	119,229	2,302,609		.015274	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	467,180	4,935,807	255,288,718	7,002,597		16,560

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-0011 I FROM 4/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2011 I PART II
 I 14-T011 I
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.029484	391
38	RECOVERY ROOM	.015005	26
40	ANESTHESIOLOGY	.027957	59
41	RADIOLOGY-DIAGNOSTIC	.064114	8,322
42	RADIOLOGY-THERAPEUTIC	.004319	513
43	RADIOISOTOPE	.034401	110
44	LABORATORY	.006351	5,764
49	RESPIRATORY THERAPY	.039955	5,515
50	PHYSICAL THERAPY	.015129	63,123
53	ELECTROCARDIOLOGY	.007640	159
55	MEDICAL SUPPLIES CHARGED	.001651	10
55	30 IMPL. DEV. CHARGED TO PAT	.002615	
56	DRUGS CHARGED TO PATIENTS	.003670	5,464
59	97 CARDIAC REHABILITATION	.003323	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.029092	
61	EMERGENCY	.019950	
62	OBSERVATION BEDS (NON-DIS	.051780	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		89,456

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,133,755			13,256	
38	RECOVERY ROOM			2,098,229			1,757	
40	ANESTHESIOLOGY			3,836,132			2,126	
41	RADIOLOGY-DIAGNOSTIC			30,457,540			129,801	
42	RADIOLOGY-THERAPEUTIC			33,617,208			118,668	
43	RADIOISOTOPE			9,499,796			3,210	
44	LABORATORY			43,687,330			907,573	
49	RESPIRATORY THERAPY			5,528,540			138,029	
50	PHYSICAL THERAPY			13,292,487			4,172,339	
53	ELECTROCARDIOLOGY			9,439,284			20,830	
55	MEDICAL SUPPLIES CHARGED			19,078,294			6,252	
55	30 IMPL. DEV. CHARGED TO PAT			7,033,065				
56	DRUGS CHARGED TO PATIENTS			23,228,201			1,488,756	
59	97 CARDIAC REHABILITATION			939,777				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			539,572				
61	EMERGENCY			17,576,899				
62	OBSERVATION BEDS (NON-DIS			2,302,609				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			255,288,718			7,002,597	

TITLE XVIII, PART A

SUBPROVIDER 1

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						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

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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)	21,215
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,215
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,215
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)	12,330
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,514,913
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,514,913

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,289,787
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,289,787
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.343792
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	579.30
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,514,913

COMPUTATION OF INPATIENT OPERATING COST

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 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					778.45
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,598,289
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					9,598,289

	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	3,745,172	2,313	1,619.18	1,299	2,103,315
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				808,458
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				945,598
52	TOTAL PROGRAM EXCLUDABLE COST				1,754,056
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				23,451,182

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

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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	2,866
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	778.45
85	OBSERVATION BED COST	2,231,038

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	260,334	16,514,913	.015764	2,231,038	35,170
87	NEW CAPITAL-RELATED COST	882,570	16,514,913	.053441	2,231,038	119,229
88	NON PHYSICIAN ANESTHETIST		16,514,913		2,231,038	
89	MEDICAL EDUCATION		16,514,913		2,231,038	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,382
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,382
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,382
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)	5,344
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	7,669,716
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	7,669,716

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,322,440
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,322,440
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.822716
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,262.86
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	7,669,716

COMPUTATION OF INPATIENT OPERATING COST

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 COMPONENT NO: 14-T011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
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 PART II

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,038.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,552,309
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5,552,309

	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				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					2,182,985
					7,735,294

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	451,301
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	106,016
52	TOTAL PROGRAM EXCLUDABLE COST	557,317
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	7,177,977

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

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TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,038.98
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	291,493	7,669,716	.038006	
87	NEW CAPITAL-RELATED COST	331,861	7,669,716	.043269	
88	NON PHYSICIAN ANESTHETIST		7,669,716		
89	MEDICAL EDUCATION		7,669,716		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PROVIDER NO: 14-0011
 COMPONENT NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET D-4

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,332,538	
26	INTENSIVE CARE UNIT		1,785,930	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.242080	6,525,223	1,579,626
38	RECOVERY ROOM	.220586	616,807	136,059
40	ANESTHESIOLOGY	.103612	968,691	100,368
41	RADIOLOGY-DIAGNOSTIC	.266322	3,704,680	986,638
42	RADIOLOGY-THERAPEUTIC	.058240	4,756,980	277,047
43	RADIOISOTOPE	.226405	1,089,649	246,702
44	LABORATORY	.127648	10,566,080	1,348,739
49	RESPIRATORY THERAPY	.450374	2,869,810	1,292,488
50	PHYSICAL THERAPY	.345485	904,471	312,481
53	ELECTROCARDIOLOGY	.078782	1,413,471	111,356
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.208330	5,478,109	1,141,254
55	30 IMPL. DEV. CHARGED TO PATIENT	.364013	3,527,751	1,284,147
56	DRUGS CHARGED TO PATIENTS	.345605	10,191,028	3,522,070
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.477335	1,642	784
60	CLINIC	.825534	2,204	1,819
61	EMERGENCY	.411997	2,415,251	995,076
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.968917	172,337	166,980
101	TOTAL		55,204,184	13,503,634
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		55,204,184	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0011
 COMPONENT NO: 14-T011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		6,709,646	
37	OPERATING ROOM	.242080	13,256	3,209
38	RECOVERY ROOM	.220586	1,757	388
40	ANESTHESIOLOGY	.103612	2,126	220
41	RADIOLOGY-DIAGNOSTIC	.266322	129,801	34,569
42	RADIOLOGY-THERAPEUTIC	.058240	118,668	6,911
43	RADIOISOTOPE	.226405	3,210	727
44	LABORATORY	.127648	907,573	115,850
49	RESPIRATORY THERAPY	.450374	138,029	62,165
50	PHYSICAL THERAPY	.345485	4,172,339	1,441,481
53	ELECTROCARDIOLOGY	.078782	20,830	1,641
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.208330	6,252	1,302
55	30 IMPL. DEV. CHARGED TO PATIENT	.364013		
56	DRUGS CHARGED TO PATIENTS	.345605	1,488,756	514,522
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.477335		
60	CLINIC	.825534		
61	EMERGENCY	.411997		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.968917		
101	TOTAL		7,002,597	2,182,985
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,002,597	

PROVIDER NO: 14-0011
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 PREPARED 3/1/2012
 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		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	17,468,999	
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)	213,126	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	67.15	
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.		
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)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
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)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
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		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
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)		
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)		
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).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.66
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		12.01
4.02 SUM OF LINES 4 AND 4.01		17.67
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.24
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		740,686
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 COMPONENT NO: 14-0011
 PREPARED 3/1/2012
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	18,422,811	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	21,398,382	
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)	20,654,489	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,437,033	
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)		
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	22,091,522	
17 PRIMARY PAYER PAYMENTS	4,386	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	22,087,136	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,117,738	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	59,493	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	546,641	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	382,649	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	450,692	
22 SUBTOTAL	20,292,554	
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		
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	20,292,554	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	18,963,287	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,329,267	
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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	27,858
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,859,598
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,619,500
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.804
1.04	LINE 1.01 TIMES LINE 1.03.	8,731,117
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	87.27
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	944,874
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)	27,858
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	80,607
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	80,607
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)	80,607
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	52,749
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	27,858
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,564,374
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,912,697
19	SUBTOTAL (SEE INSTRUCTIONS)	6,679,535
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,679,535
24	PRIMARY PAYER PAYMENTS	1,073
25	SUBTOTAL	6,678,462
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	432,336
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	302,635
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	379,070
28	SUBTOTAL	6,981,097
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	6,981,097
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,702,601
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	278,496
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	116,772
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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0011
 COMPONENT NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		19,087,590		6,702,601
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	3/4/2011	464,339		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	10/29/2010	588,642		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-124,303		NONE
4 TOTAL INTERIM PAYMENTS		18,963,287		6,702,601
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,329,267		278,496
7 TOTAL MEDICARE PROGRAM LIABILITY		20,292,554		6,981,097

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0011
 COMPONENT NO: 14-T011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,563,918		
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	10/29/2010	64,672		
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		64,672		NONE
4 TOTAL INTERIM PAYMENTS		7,628,590		
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		24,404		
7 TOTAL MEDICARE PROGRAM LIABILITY		7,604,186		

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
14-0011	FROM 4/ 1/2010	3/ 1/2012
COMPONENT NO:	TO 3/31/2011	WORKSHEET E-3
14-T011		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	7,211,683
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0474
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	408,239
1.05	OUTLIER PAYMENTS	115,642
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	7,735,564
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	20.224658
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	7,735,564
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	7,735,564
7	DEDUCTIBLES	109,636
8	SUBTOTAL	7,625,928
9	COINSURANCE	38,225
10	SUBTOTAL	7,587,703
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	23,547
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	16,483
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	7,604,186
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2012
14-0011	FROM 4/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 3/31/2011	PART I
14-T011		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	7,604,186
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	7,628,590
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-24,404
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR 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).	

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	2,365,953		111,959	
2	TEMPORARY INVESTMENTS	5,138,616			
3	NOTES RECEIVABLE	595,988			
4	ACCOUNTS RECEIVABLE	44,266,387			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-27,028,721			
7	INVENTORY	1,117,079			
8	PREPAID EXPENSES	522,702			
9	OTHER CURRENT ASSETS	165,788			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	27,143,792		111,959	
FIXED ASSETS					
12	LAND	3,523,594			
12.01	LAND IMPROVEMENTS	4,037,908			
13.01	LESS ACCUMULATED DEPRECIATION	-1,512,301			
14	BUILDINGS	60,537,317			
14.01	LESS ACCUMULATED DEPRECIATION	-23,341,204			
15	LEASEHOLD IMPROVEMENTS	4,220			
15.01	LESS ACCUMULATED DEPRECIATION	-164			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	157,787			
17.01	LESS ACCUMULATED DEPRECIATION	-113,657			
18	MAJOR MOVABLE EQUIPMENT	21,914,429			
18.01	LESS ACCUMULATED DEPRECIATION	-12,558,747			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	656,029			
21	TOTAL FIXED ASSETS	53,305,211			
OTHER ASSETS					
22	INVESTMENTS	72,744,011			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	219,699			
26	TOTAL OTHER ASSETS	72,963,710			
27	TOTAL ASSETS	153,412,713		111,959	

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,653,385			
29 SALARIES, WAGES & FEES PAYABLE	3,877,383			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	714,015			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,954,611			
35 OTHER CURRENT LIABILITIES	4,126,972			
36 TOTAL CURRENT LIABILITIES	13,326,366			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	48,150,230			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	186,953			
42 TOTAL LONG-TERM LIABILITIES	48,337,183			
43 TOTAL LIABILITIES	61,663,549			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	91,749,164			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			111,959	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	91,749,164		111,959	
52 TOTAL LIABILITIES AND FUND BALANCES	153,412,713		111,959	

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		71,436,137		
2	NET INCOME (LOSS)		20,312,990		
3	TOTAL		91,749,127		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ROUNDING	37			
6	DONATIONS				
7	TRANSFERS				
8					
9					
10	TOTAL ADDITIONS		37		
11	SUBTOTAL		91,749,164		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		91,749,164		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		7,228		
2	NET INCOME (LOSS)				
3	TOTAL		7,228		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ROUNDING				
6	DONATIONS	102,500			
7	TRANSFERS	2,231			
8					
9					
10	TOTAL ADDITIONS		104,731		
11	SUBTOTAL		111,959		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		111,959		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 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	17,262,790		17,262,790
2 00 SUBPROVIDER	10,860,972		10,860,972
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	28,123,762		28,123,762
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,041,323		3,041,323
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,041,323		3,041,323
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,165,085		31,165,085
17 00 ANCILLARY SERVICES	98,318,708	157,970,369	256,289,077
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	129,483,793	157,970,369	287,454,162

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		83,032,044	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		83,032,044	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0011
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	287,454,162
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	190,845,394
3	NET PATIENT REVENUES	96,608,768
4	LESS: TOTAL OPERATING EXPENSES	83,032,044
5	NET INCOME FROM SERVICE TO PATIENTS	13,576,724
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	125
7	INCOME FROM INVESTMENTS	9,140,236
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	18,846
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	182,501
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	949
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	69,750
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	117,763
23	GOVERNMENTAL APPROPRIATIONS	18,356
24	MISC. INCOME	2,430
25	TOTAL OTHER INCOME	9,550,956
26	TOTAL	23,127,680
	OTHER EXPENSES	
27	CORPORATE ALLOCATION	2,802,200
28	LOSS ON DISPOSAL OF EQUIPMENT	12,465
29	ROUNDING	25
30	TOTAL OTHER EXPENSES	2,814,690
31	NET INCOME (OR LOSS) FOR THE PERIOD	20,312,990

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,406,873
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	30,160
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.61
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,437,033
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)	