

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		14-0160		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/ 2/2011 TIME 9:20

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:  
 FHN MEMORIAL HOSPITAL 14-0160

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	95,058	-70,283	0	
5	HOSPITAL-BASED SNF	0	5,583	0	0	
100	TOTAL	0	100,641	-70,283	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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1405 WEST STEPHENSON STREET      P. O. BOX:  
 1.01 CITY: FREEPORT      STATE: IL      ZIP CODE: 64032-4899      COUNTY: STEPHENSON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	FHN MEMORIAL HOSPITAL	14-0160		7/ 1/1966	N	P	O
06.00 HOSPITAL-BASED SNF	FHN MEMORIAL - SNF	14-5531		9/13/1985	N	P	N
12.00 HOSP-BASED HOSPICE	FHN MEMORIAL - HOSPICE	14-1560		8/12/1993			

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

18 TYPE OF CONTROL      1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL      1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.      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.      N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)      N      N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.      2      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).      / /

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

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

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

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) N 1 2 3 4  
-----  
100 0.8312 0.8343

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 9914 99914

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

28.03 STAFFING % Y/N 100.00% Y

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX INF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y

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

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. Y 10/01/2010
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? Y
- 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 NHC MQ 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
49.00 SNF	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: 4/11/2010 ENDING: 12/31/2010
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 1,979,592  
 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

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

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	3/30/2011
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MI SCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0160  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/2/2011  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	92	33,580				8,281	2,667
2 HMO						2,336	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	92	33,580				8,281	2,667
6 INTENSIVE CARE UNIT	8	2,920				812	125
11 NURSERY							736
12 TOTAL	100	36,500				9,093	3,528
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	23	8,395				3,886	
21 HOSPICE							
25 TOTAL	123						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							104

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,412				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,412				
6 INTENSIVE CARE UNIT			1,410				
11 NURSERY			986				
12 TOTAL			18,808				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,729				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			2,333				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			133				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,193	1,286	5,391
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		530.47			2,193	1,286	5,391
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		37.08					
21 HOSPICE		17.87					
25 TOTAL		585.42					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	30,410,777		30,410,777	1,212,939.00	25.07	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,674,303		1,674,303	77,124.00	21.71	
8.01 EXCLUDED AREA SALARIES	862,590	37,493	900,083	40,677.00	22.13	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	614,187		614,187	9,772.00	62.85	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	24,817		24,817	502.00	49.44	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,528,340		4,528,340	151,069.00	29.98	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,666,169		7,666,169			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	771,380		771,380			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	60,858		60,858	2,372.00	25.66	
22 ADMINISTRATIVE & GENERAL	2,109,850	-17,820	2,092,030	100,196.00	20.88	
22.01 A & G UNDER CONTRACT	16,200		16,200	105.00	154.29	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	209,030		209,030	14,158.00	14.76	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT	1,674,728		1,674,728	88,663.00	18.89	
27 DIETARY						
27.01 DIETARY UNDER CONTRACT	1,870,682		1,870,682	74,107.00	25.24	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	676,668		676,668	17,982.00	37.63	
31 CENTRAL SERVICE AND SUPPLY	69,123		69,123	6,127.00	11.28	
32 PHARMACY	983,165		983,165	32,989.00	29.80	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	874,563		874,563	41,286.00	21.18	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,972,387		33,972,387	1,375,814.00	24.69	
2 EXCLUDED AREA SALARIES	2,536,893	37,493	2,574,386	117,801.00	21.85	
3 SUBTOTAL SALARIES	31,435,494	-37,493	31,398,001	1,258,013.00	24.96	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,167,344		5,167,344	161,343.00	32.03	
5 SUBTOTAL WAGE-RELATED COSTS	7,666,169		7,666,169		24.42	
6 TOTAL	44,269,007	-37,493	44,231,514	1,419,356.00	31.16	
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	8,544,867	-17,820	8,527,047	377,985.00	22.56	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0160  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/2/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		104				
5	RVB		250				
6	RVA		86				
6.01	RVX						
6.02	RVL		92				
7	RHC		389				
8	RHB		541				
9	RHA		264				
9.01	RHX						
9.02	RHL		64				
10	RMC		71				
11	RMB		131				
12	RMA		100				
12.01	RMX		454				
12.02	RML		765				
13	RLB		5				
14	RLA						
14.01	RLX						
15	SE3		89				
16	SE2		195				
17	SE1		6				
18	SSC		7				
19	SSB		34				
20	SSA		50				
21	CC2						
22	CC1		4				
23	CB2						
24	CB1		32				
25	CA2						
26	CA1		28				
27	IB2		3				
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1		5				
43	PA2						
44	PA1						
45	AAA		14				
45.01	ES3						
45.02	ES2						
45.03	ES1		79				
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1		4				
45.10	HB2						
45.11	HB1		7				
45.12	LE2						
45.13	LE1						
45.14	LD2		6				
45.15	LD1						
45.16	LC2		7				
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		3,886				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.



PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0160  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/2/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8312  
 Wage Index Factor (after 10/01): 0.8343  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 9914  
 SNF CBSA Code : 99914

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
	TO 12/31/2010	WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	5	
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL					

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8312
Wage Index Factor (after 10/01):	:	0.8343
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	RURAL
SNF MSA Code	:	9914
SNF CBSA Code	:	99914

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
14-1560		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	13,775	310		
3 INPATIENT RESPIRE CARE	10			
4 GENERAL INPATIENT CARE	6			
5 TOTAL HOSPICE DAYS	13,791	310		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	605	14,690
3 INPATIENT RESPIRE CARE		10
4 GENERAL INPATIENT CARE		6
5 TOTAL HOSPICE DAYS	605	14,706

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	258	5		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	53.45	62.00		
9 UNDUPLICATED CENSUS COUNT	258	5		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	10	273
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	60.50	53.87
9 UNDUPLICATED CENSUS COUNT	10	273

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	9,382,662
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,382,662
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.315747
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	39,145,231

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,359,989
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,237,657
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,126,991
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,359,989

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0160  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/2/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1,826,178	1,826,178
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				-1,781,474	2,898,764
5	0500 EMPLOYEE BENEFITS	60,858	4,680,238	5,962,264		5,962,264
6	0600 ADMINISTRATIVE & GENERAL	2,109,850	5,901,406	19,204,264	-26,723	19,177,541
8	0800 OPERATION OF PLANT	209,030	3,365,532	3,574,562		3,574,562
9	0900 LAUNDRY & LINEN SERVICE		521,489	521,489		521,489
10	1000 HOUSEKEEPING		1,768,456	1,768,456		1,768,456
11	1100 DIETARY		2,594,815	2,594,815	-1,245,403	1,349,412
12	1200 CAFETERIA				1,245,403	1,245,403
14	1400 NURSING ADMINISTRATION	676,668	79,907	756,575		756,575
15	1500 CENTRAL SERVICES & SUPPLY	69,123	1,330,227	1,399,350	-533,896	865,454
16	1600 PHARMACY	983,165	3,361,330	4,344,495	-2,780,556	1,563,939
17	1700 MEDICAL RECORDS & LIBRARY	874,563	223,771	1,098,334		1,098,334
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,661,208	1,864,176	10,525,384	-23,535	10,501,849
26	2600 INTENSIVE CARE UNIT	1,138,452	309,440	1,447,892		1,447,892
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,674,303	237,934	1,912,237		1,912,237
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,880,654	3,936,292	5,816,946		5,816,946
37.01	3701 GI LAB	948,369	889,839	1,838,208		1,838,208
37.02	3702 AMBULATORY CARE UNIT	939,670	181,750	1,121,420		1,121,420
38	3800 RECOVERY ROOM	379,928	40,413	420,341		420,341
40	4000 ANESTHESIOLOGY		512,536	512,536		512,536
41	4100 RADIOLOGY-DIAGNOSTIC	1,727,737	4,983,896	6,711,633		6,711,633
44	4400 LABORATORY	1,410,494	2,965,602	4,376,096		4,376,096
49	4900 RESPIRATORY THERAPY	682,585	341,167	1,023,752		1,023,752
50	5000 PHYSICAL THERAPY	1,694,771	599,552	2,294,323		2,294,323
53	5300 ELECTROCARDIOLOGY	157,851	123,905	281,756		281,756
53.01	5301 CATH LAB	520,553	1,680,298	2,200,851		2,200,851
54	5400 ELECTROENCEPHALOGRAPHY	81,479	13,889	95,368		95,368
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				533,896	533,896
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS				2,780,556	2,780,556
59	3950 DIABETIC EDUCATION	5,821	121,284	127,105		127,105
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,661,055	4,977,273	7,638,328		7,638,328
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		44,704	44,704	-44,704	
93	9300 HOSPICE	835,645	959,127	1,794,772		1,794,772
95	SUBTOTALS	30,383,832	65,704,662	96,088,494	-50,258	96,038,236
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,945	121,372	148,317		148,317
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 JANE ADDAMS BLDG					
98.02	9802 SENIOR PROGRAM					
98.03	9803 NA VOLUNTEER SERVICES				26,723	26,723
98.04	9804 SMART STEPS					
98.05	9805 RESPIRE CARE				23,535	23,535
99	9900 NONPAID WORKERS					
101	TOTAL	30,410,777	65,826,034	96,236,811	-0-	96,236,811

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/ 2/2011  
I 14-0160 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-44,704	1,781,474
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-23,306	2,875,458
5	0500 EMPLOYEE BENEFITS		5,962,264
6	0600 ADMINISTRATIVE & GENERAL	-1,637,457	17,540,084
8	0800 OPERATION OF PLANT		3,574,562
9	0900 LAUNDRY & LINEN SERVICE		521,489
10	1000 HOUSEKEEPING		1,768,456
11	1100 DIETARY	-483,722	865,690
12	1200 CAFETERIA	-8,960	1,236,443
14	1400 NURSING ADMINISTRATION		756,575
15	1500 CENTRAL SERVICES & SUPPLY		865,454
16	1600 PHARMACY	-5,483	1,558,456
17	1700 MEDICAL RECORDS & LIBRARY	-25,436	1,072,898
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-393,470	10,108,379
26	2600 INTENSIVE CARE UNIT	-140,125	1,307,767
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-3,000	1,909,237
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,816,946
37.01	3701 GI LAB		1,838,208
37.02	3702 AMBULATORY CARE UNIT		1,121,420
38	3800 RECOVERY ROOM		420,341
40	4000 ANESTHESIOLOGY	-324,450	188,086
41	4100 RADIOLOGY-DIAGNOSTIC	-2,024,120	4,687,513
44	4400 LABORATORY	-487,726	3,888,370
49	4900 RESPIRATORY THERAPY	-65,577	958,175
50	5000 PHYSICAL THERAPY	-6,000	2,288,323
53	5300 ELECTROCARDIOLOGY	-90,463	191,293
53.01	5301 CATH LAB	-36,000	2,164,851
54	5400 ELECTROENCEPHALOGRAPHY		95,368
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		533,896
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS		2,780,556
59	3950 DIABETIC EDUCATION	-5,525	121,580
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-4,282,693	3,355,635
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-10,000	1,784,772
95	SUBTOTALS	-10,098,217	85,940,019
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		148,317
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 JANE ADDAMS BLDG		
98.02	9802 SENIOR PROGRAM		
98.03	9803 NA VOLUNTEER SERVICES		26,723
98.04	9804 SMART STEPS		
98.05	9805 RESPIRE CARE		23,535
99	9900 NONPAID WORKERS		
101	TOTAL	-10,098,217	86,138,594

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	GI LAB	3701	OPERATING ROOM
37.02	AMBULATORY CARE UNIT	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
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	DIABETIC EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	JANE ADDAMS BLDG	9801	PHYSICIANS' PRIVATE OFFICES
98.02	SENIOR PROGRAM	9802	PHYSICIANS' PRIVATE OFFICES
98.03	NA VOLUNTEER SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	SMART STEPS	9804	PHYSICIANS' PRIVATE OFFICES
98.05	RESPIRE CARE	9805	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	



RECLASSIFICATIONS

PROVIDER NO:  
140160

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

PREPARED 5/ 2/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CHARGEABLE SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		533,896
2 CHARGEABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		2,780,556
3 SHARED DIETARY EXPENSES	C	CAFETERIA	12		1,245,403
4 RESPITE CARE	E	RESPITE CARE	98.05	19,673	3,862
5 NON PATIENT VOLUNTEER ADMIN	F	NA VOLUNTEER SERVICES	98.03	17,820	8,903
6 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		44,704
7 BUILDING DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,781,474
36 TOTAL RECLASSIFICATIONS				37,493	6,398,798

(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:  
140160

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

PREPARED 5/ 2/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CHARGEABLE SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		533,896	
2 CHARGEABLE DRUGS	B	PHARMACY	16		2,780,556	
3 SHARED DIETARY EXPENSES	C	DIETARY	11		1,245,403	
4 RESPITE CARE	E	ADULTS & PEDIATRICS	25	19,673	3,862	
5 NON PATIENT VOLUNTEER ADMIN	F	ADMINISTRATIVE & GENERAL	6	17,820	8,903	
6 INTEREST EXPENSE	G	INTEREST EXPENSE	88		44,704	11
7 BUILDING DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		1,781,474	9
36 TOTAL RECLASSIFICATIONS				37,493	6,398,798	

(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:  
140160

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

PREPARED 5/ 2/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	533,896
TOTAL RECLASSIFICATIONS FOR CODE A			533,896

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	533,896	
			533,896

RECLASS CODE: B  
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,780,556
TOTAL RECLASSIFICATIONS FOR CODE B			2,780,556

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,780,556	
			2,780,556

RECLASS CODE: C  
EXPLANATION : SHARED DIETARY EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,245,403
TOTAL RECLASSIFICATIONS FOR CODE C			1,245,403

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,245,403	
			1,245,403

RECLASS CODE: E  
EXPLANATION : RESPIRE CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RESPIRE CARE	98.05	23,535
TOTAL RECLASSIFICATIONS FOR CODE E			23,535

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	23,535	
			23,535

RECLASS CODE: F  
EXPLANATION : NON PATIENT VOLUNTEER ADMIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NA VOLUNTEER SERVICES	98.03	26,723
TOTAL RECLASSIFICATIONS FOR CODE F			26,723

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	26,723	
			26,723

RECLASS CODE: G  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,704
TOTAL RECLASSIFICATIONS FOR CODE G			44,704

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	44,704	
			44,704

RECLASS CODE: H  
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,781,474
TOTAL RECLASSIFICATIONS FOR CODE H			1,781,474

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	1,781,474	
			1,781,474

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	945,058					945,058	
2 LAND IMPROVEMENTS	1,326,622	32,035		32,035	444	1,358,213	
3 BUILDINGS & FIXTURE	44,532,432	936,597		936,597	33,841	45,435,188	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	1,442,466	40,296		40,296	46,658	1,436,104	
6 MOVABLE EQUIPMENT	23,148,338	1,856,160		1,856,160	962,162	24,042,336	
7 SUBTOTAL	71,394,916	2,865,088		2,865,088	1,043,105	73,216,899	
8 RECONCILING ITEMS							
9 TOTAL	71,394,916	2,865,088		2,865,088	1,043,105	73,216,899	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	49,174,563		49,174,563	.671629				
4	NEW CAP REL COSTS-MV	24,042,336		24,042,336	.328371				
5	TOTAL	73,216,899		73,216,899	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,781,474						1,781,474
4	NEW CAP REL COSTS-MV	2,875,458						2,875,458
5	TOTAL	4,656,932						4,656,932

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	4,680,238						4,680,238
5	TOTAL	4,680,238						4,680,238

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	A	-44,704	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-21,933	ADMINISTRATIVE & GENERAL	6	
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	-7,726,107			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,424,754			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-439,520	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-5,483	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-25,436	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-8,960	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DIETARY REVENUE	B	-1,056	DIETARY	11	
38 PHYSICIAN COLLECTIONS EXPENSES	A	-126,312	ADMINISTRATIVE & GENERAL	6	
39 DIETARY CONSULTING	B	-80	DIETARY	11	
40 TELEPHONE CAPITAL COSTS	A	-10,831	NEW CAP REL COSTS-MVBLE E	4	9
41 TV CAPITAL COSTS	A	-8,526	NEW CAP REL COSTS-MVBLE E	4	9
42 ASSOC LOBBYING COSTS	A	-26,363	ADMINISTRATIVE & GENERAL	6	
43 MEALS ON WHEELS	B	-31,054	DIETARY	11	
44 HBP - HOSPICE	A	-10,000	HOSPICE	93	
45 OTHER REVENUE MISC	B	-2,380	ADMINISTRATIVE & GENERAL	6	
46 OB MISC INCOME	B	-56	ADULTS & PEDIATRICS	25	
47 LIFELINE EXPENSE	A	-25,577	ADMINISTRATIVE & GENERAL	6	
48 OP FINANCE MISC INCOME	B	-10,138	ADMINISTRATIVE & GENERAL	6	
49 OTHER MISC DIETARY REVENUE	B	-12,012	DIETARY	11	
49.01 NONPATIENT DIABETIC REVENUE	B	-5,525	DIABETIC EDUCATION	59	
49.02 RADIOLOGY MED RECORD REVENUE	B	-299	RADIOLOGY-DIAGNOSTIC	41	
49.03 EMERGENCY ROOM MISCELLANEOUS	B	-58	EMERGENCY	61	
49.04 HOSPITALIST OTHER EXPENSES	A	-127,104	ADULTS & PEDIATRICS	25	
49.05 LIFELINE DEPRECIATION	A	-3,949	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,098,217			

(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		
1	6	ADMINISTRATIVE & GENERAL	CORPORATE ALLOCATION	8,493,758	9,918,512	-1,424,754	
2							
3							
4							
5		TOTALS		8,493,758	9,918,512	-1,424,754	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	A	0.00	FREEPORT MEMORIAL HOSP	100.00	HEALTH CARE PARENT CO
2		0.00	FREEPORT HEALTH NETWORK	0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 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	ADULTS & PEDIATRICS	266,310	266,310					
2 26	INTENSIVE CARE UNIT	140,125	140,125					
3 34	SKILLED NURSING FACILITY	3,000	3,000					
4 40	ANESTHESIOLOGY	324,450	324,450					
5 41	RADIOLOGY-DIAGNOSTIC	2,023,821	2,023,821					
6 44	LABORATORY	487,726	487,726					
7 49	RESPIRATORY THERAPY	65,577	65,577					
8 50	PHYSICAL THERAPY	6,000	6,000					
9 53	ELECTROCARDIOLOGY	90,463	90,463					
10 53 1	CATH LAB	36,000	36,000					
11 61	EMERGENCY	4,282,635	4,282,635					
12 6	ADMINISTRATIVE & GENERAL	24,817		24,817	502	159,800	38,567	1,928
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,750,924	7,726,107	24,817		159,800	38,567	1,928



PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							266,310
2 26	INTENSIVE CARE UNIT							140,125
3 34	SKILLED NURSING FACILITY							3,000
4 40	ANESTHESIOLOGY							324,450
5 41	RADIOLOGY-DIAGNOSTIC							2,023,821
6 44	LABORATORY							487,726
7 49	RESPIRATORY THERAPY							65,577
8 50	PHYSICAL THERAPY							6,000
9 53	ELECTROCARDIOLOGY							90,463
10 53 1	CATH LAB							36,000
11 61	EMERGENCY							4,282,635
12 6	ADMINISTRATIVE & GENERAL					38,567		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					38,567		7,726,107

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT		
	0	3	4	5		5a.00	6	8
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &	1,781,474	1,781,474						
005 NEW CAP REL COSTS-MVBLE E	2,875,458		2,875,458					
006 EMPLOYEE BENEFITS	5,962,264	11,205	316	5,973,785				
008 ADMINISTRATIVE & GENERAL	17,540,084	296,559	523,617	407,098	18,767,358	18,767,358		
009 OPERATION OF PLANT	3,574,562	201,284	38,345	41,143	3,855,334	1,073,965	4,929,299	
010 LAUNDRY & LINEN SERVICE	521,489	13,486			534,975	149,026	52,245	
011 HOUSEKEEPING	1,768,456	29,588	9,351		1,807,395	503,479	114,624	
012 DIETARY	865,690	66,601	32,084		964,375	268,642	258,007	
014 CAFETERIA	1,236,443	56,842			1,293,285	360,265	220,200	
015 NURSING ADMINISTRATIVE	756,575	2,150	102,808	133,189	994,722	277,096	8,330	
016 CENTRAL SERVICES & SUPPLY	865,454	5,142	155	13,605	884,356	246,352	19,921	
017 PHARMACY	1,558,456	13,982	40,463	193,516	1,806,417	503,206	54,165	
025 MEDICAL RECORDS & LIBRARY	1,072,898	25,199	8,575	172,140	1,278,812	356,234	97,617	
026 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	10,108,379	328,057	255,110	1,702,844	12,394,390	3,452,678	1,270,877	
033 INTENSIVE CARE UNIT	1,307,767	24,858	87,665	224,082	1,644,372	458,066	96,299	
034 NURSERY								
037 SKILLED NURSING FACILITY	1,909,237	84,095	21,467	329,553	2,344,352	653,057	325,777	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	5,816,946	124,607	347,318	370,169	6,659,040	1,854,982	482,719	
037 01 GI LAB	1,838,208	40,196	66,246	186,667	2,131,317	593,712	155,716	
037 02 AMBULATORY CARE UNIT	1,121,420	54,010	26,154	184,955	1,386,539	386,243	209,233	
038 RECOVERY ROOM	420,341	9,610	517	74,781	505,249	140,745	37,228	
040 ANESTHESIOLOGY	188,086	4,957	33,295		226,338	63,050	19,204	
041 RADIOLOGY-DIAGNOSTIC	4,687,513	100,788	784,131	340,070	5,912,502	1,647,022	390,447	
044 LABORATORY	3,888,370	51,048	141,816	277,628	4,358,862	1,214,231	197,757	
049 RESPIRATORY THERAPY	958,175	41,940	51,194	134,353	1,185,662	330,285	162,472	
050 PHYSICAL THERAPY	2,288,323	89,894	46,367	333,582	2,758,166	768,331	348,244	
053 ELECTROCARDIOLOGY	191,293	3,775	32,769	31,070	258,907	72,123	14,623	
053 01 CATH LAB	2,164,851	3,584	102,115	102,460	2,373,010	661,040	13,883	
054 ELECTROENCEPHALOGRAPHY	95,368	6,994	14,695	16,038	133,095	37,076	27,094	
055 MEDICAL SUPPLIES CHARGED	533,896				533,896	148,725		
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS	2,780,556				2,780,556	774,568		
059 DIABETIC EDUCATION	121,580	2,425		1,146	125,151	34,863	9,394	
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	3,355,635	78,922	105,410	523,775	4,063,742	1,132,020	305,740	
093 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS								
093 HOSPICE	1,784,772	5,107	3,475	164,480	1,957,834	545,386	19,783	
095 SUBTOTALS	85,940,019	1,776,905	2,875,458	5,958,344	85,920,009	18,706,468	4,911,599	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP	148,317	4,569		5,304	158,190	44,066	17,700	
098 PHYSICIANS' PRIVATE OFFIC								
098 01 JANE ADDAMS BLDG								
098 02 SENIOR PROGRAM				4,676	4,676	1,303		
098 03 NA VOLUNTEER SERVICES	26,723			3,508	30,231	8,421		
098 04 SMART STEPS								
098 05 RESPIRE CARE	23,535			1,953	25,488	7,100		
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	86,138,594	1,781,474	2,875,458	5,973,785	86,138,594	18,767,358	4,929,299	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	11	12	14	15	16
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	736,246							
011 HOUSEKEEPING		2,425,498						
012 DIETARY		131,403	1,622,427					
014 CAFETERIA		112,148			1,985,898			
015 NURSING ADMINISTRATION		4,242			30,251	1,314,641		
016 CENTRAL SERVICES & SUPPLY		10,146			11,597		1,172,372	
017 PHARMACY		27,586			64,009			2,455,383
025 MEDICAL RECORDS & LIBRARY		49,716			79,607			
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	312,457	647,256	1,203,173		627,280	662,544	87,289	11,729
034 INTENSIVE CARE UNIT	23,402	49,045	65,423		63,874	67,549	28,416	939
037 NURSERY								
037 SKILLED NURSING FACILITY	49,423	165,918	353,831		147,302	154,570	12,302	1,154
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	29,267	245,848			146,627	155,955	18,711	52,060
037 01 GI LAB	36,145	79,306			68,369		419	386
037 02 AMBULATORY CARE UNIT	60,281	106,562			62,930	66,739	992	3,289
038 RECOVERY ROOM	18,804	18,960			16,227	17,998	419	158
040 ANESTHESIOLOGY		9,781					7,183	49,918
041 RADIOLOGY-DIAGNOSTIC	71,163	198,854			158,404		7,441	49,188
044 LABORATORY		100,717			126,490		637	
049 RESPIRATORY THERAPY		82,747			52,682		97	13,331
050 PHYSICAL THERAPY	6,513	177,360			99,834		202	62,398
053 ELECTROCARDIOLOGY		7,447			8,046		43,572	
053 01 CATH LAB		7,070			31,915			
054 ELECTROENCEPHALOGRAPHY		13,799			6,383			
055 MEDICAL SUPPLIES CHARGED							900,612	699
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS							24	2,041,820
059 DIABETIC EDUCATION		4,784			584			
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	128,791	155,713			179,486	189,286	26,119	6,720
093 OBSERVATION BEDS (NON-DIS								
095 SPEC PURPOSE COST CENTERS		10,075					37,937	161,594
096 HOSPICE								
095 SUBTOTALS	736,246	2,416,483	1,622,427		1,981,897	1,314,641	1,172,372	2,455,383
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		9,015			4,001			
098 PHYSICIANS' PRIVATE OFFIC								
098 01 JANE ADDAMS BLDG								
098 02 SENIOR PROGRAM								
098 03 NA VOLUNTEER SERVICES								
098 04 SMART STEPS								
098 05 RESPITE CARE								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	736,246	2,425,498	1,622,427		1,985,898	1,314,641	1,172,372	2,455,383

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
MEDICAL RECORDS & LIBRARY	1,861,986			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	156,753	20,826,426		20,826,426
033 INTENSIVE CARE UNIT	20,177	2,517,562		2,517,562
034 NURSERY				
SKILLED NURSING FACILITY	15,454	4,223,140		4,223,140
037 ANCILLARY SRVC COST CNTRS				
OPERATING ROOM	261,304	9,906,513		9,906,513
037 01 GI LAB	111,798	3,177,168		3,177,168
037 02 AMBULATORY CARE UNIT	6,081	2,288,889		2,288,889
038 RECOVERY ROOM	11,905	767,693		767,693
040 ANESTHESIOLOGY	40,692	416,166		416,166
041 RADIOLOGY-DIAGNOSTIC	315,093	8,750,114		8,750,114
044 LABORATORY	230,936	6,229,630		6,229,630
049 RESPIRATORY THERAPY	62,679	1,889,955		1,889,955
050 PHYSICAL THERAPY	55,732	4,276,780		4,276,780
053 ELECTROCARDIOLOGY	25,852	430,570		430,570
053 01 CATH LAB	107,233	3,194,151		3,194,151
054 ELECTROENCEPHALOGRAPHY	7,658	225,105		225,105
055 MEDICAL SUPPLIES CHARGED	91,647	1,675,579		1,675,579
055 30 IMPL. DEV. CHARGED TO PAT				
056 DRUGS CHARGED TO PATIENTS	176,792	5,773,760		5,773,760
059 DIABETIC EDUCATION	557	175,333		175,333
061 OUTPAT SERVICE COST CNTRS				
EMERGENCY	128,257	6,315,874		6,315,874
062 OBSERVATION BEDS (NON-DIS				
SPEC PURPOSE COST CENTERS				
093 HOSPICE	35,386	2,767,995		2,767,995
095 SUBTOTALS	1,861,986	85,828,403		85,828,403
096 NONREIMBURS COST CENTERS				
GIFT, FLOWER, COFFEE SHOP		232,972		232,972
098 PHYSICIANS' PRIVATE OFFIC				
098 01 JANE ADDAMS BLDG				
098 02 SENIOR PROGRAM		5,979		5,979
098 03 NA VOLUNTEER SERVICES		38,652		38,652
098 04 SMART STEPS				
098 05 RESPIRE CARE		32,588		32,588
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,861,986	86,138,594		86,138,594

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		11,205	316	11,521	11,521		
008 ADMINISTRATIVE & GENERAL		296,559	523,617	820,176	786	820,962	
009 OPERATION OF PLANT		201,284	38,345	239,629	79	46,981	286,689
010 LAUNDRY & LINEN SERVICE		13,486		13,486		6,519	3,039
011 HOUSEKEEPING		29,588	9,351	38,939		22,025	6,667
012 DIETARY		66,601	32,084	98,685		11,752	15,006
014 CAFETERIA		56,842		56,842		15,760	12,807
015 NURSING ADMINISTRATION		2,150	102,808	104,958	257	12,122	484
016 CENTRAL SERVICES & SUPPLY		5,142	155	5,297	26	10,777	1,159
017 PHARMACY		13,982	40,463	54,445	374	22,013	3,150
025 MEDICAL RECORDS & LIBRARY		25,199	8,575	33,774	332	15,584	5,677
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		328,057	255,110	583,167	3,276	151,015	73,916
034 INTENSIVE CARE UNIT		24,858	87,665	112,523	433	20,038	5,601
037 NURSERY							
037 SKILLED NURSING FACILITY		84,095	21,467	105,562	636	28,568	18,947
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		124,607	347,318	471,925	715	81,147	28,075
037 01 GI LAB		40,196	66,246	106,442	360	25,972	9,056
037 02 AMBULATORY CARE UNIT		54,010	26,154	80,164	357	16,896	12,169
038 RECOVERY ROOM		9,610	517	10,127	144	6,157	2,165
040 ANESTHESIOLOGY		4,957	33,295	38,252		2,758	1,117
041 RADIOLOGY-DIAGNOSTIC		100,788	784,131	884,919	657	72,050	22,708
044 LABORATORY		51,048	141,816	192,864	536	53,117	11,502
049 RESPIRATORY THERAPY		41,940	51,194	93,134	259	14,448	9,449
050 PHYSICAL THERAPY		89,894	46,367	136,261	644	33,611	20,254
053 ELECTROCARDIOLOGY		3,775	32,769	36,544	60	3,155	850
053 01 CATH LAB		3,584	102,115	105,699	198	28,917	807
054 ELECTROENCEPHALOGRAPHY		6,994	14,695	21,689	31	1,622	1,576
055 MEDICAL SUPPLIES CHARGED						6,506	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						33,884	
059 DIABETIC EDUCATION		2,425		2,425	2	1,525	546
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		78,922	105,410	184,332	1,011	49,521	17,782
093 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE		5,107	3,475	8,582	318	23,858	1,151
095 SUBTOTALS		1,776,905	2,875,458	4,652,363	11,491	818,298	285,660
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		4,569		4,569	10	1,928	1,029
098 PHYSICIANS' PRIVATE OFFIC							
098 01 JANE ADDAMS BLDG							
098 02 SENIOR PROGRAM					9	57	
098 03 NA VOLUNTEER SERVICES					7	368	
098 04 SMART STEPS							
098 05 RESPIRE CARE					4	311	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,781,474	2,875,458	4,656,932	11,521	820,962	286,689

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	23,044						
011 HOUSEKEEPING		67,631					
012 DIETARY		3,664	129,107				
014 CAFETERIA		3,127		88,536			
015 NURSING ADMINISTRATION		118		1,349	119,288		
016 CENTRAL SERVICES & SUPPLY		283		517		18,059	
017 PHARMACY		769		2,854			83,605
025 MEDICAL RECORDS & LIBRARY		1,386		3,549			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	9,780	18,049	95,744	27,964	60,119	1,345	399
034 INTENSIVE CARE UNIT	732	1,368	5,206	2,848	6,129	438	32
037 NURSERY							
037 SKILLED NURSING FACILITY	1,547	4,626	28,157	6,567	14,025	189	39
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		916		6,537	14,151	288	1,773
037 01 GI LAB	1,131	2,211		3,048		6	13
037 02 AMBULATORY CARE UNIT	1,887	2,971		2,806	6,056	15	112
038 RECOVERY ROOM	589	529		723	1,633	6	5
040 ANESTHESIOLOGY		273				111	1,700
041 RADIOLOGY-DIAGNOSTIC	2,227	5,545		7,062		115	1,675
044 LABORATORY		2,808		5,639		10	
049 RESPIRATORY THERAPY		2,307		2,349		1	454
050 PHYSICAL THERAPY	204	4,945		4,451		3	2,125
053 ELECTROCARDIOLOGY		208		359		671	
053 01 CATH LAB		197		1,423			
054 ELECTROENCEPHALOGRAPHY		385		285			
055 MEDICAL SUPPLIES CHARGED						13,875	24
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							69,523
059 DIABETIC EDUCATION		133		26			
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,031	4,342		8,002	17,175	402	229
093 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE		281				584	5,502
095 SUBTOTALS	23,044	67,380	129,107	88,358	119,288	18,059	83,605
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		251		178			
098 PHYSICIANS' PRIVATE OFFIC							
098 01 JANE ADDAMS BLDG							
098 02 SENIOR PROGRAM							
098 03 NA VOLUNTEER SERVICES							
098 04 SMART STEPS							
098 05 RESPIRE CARE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,044	67,631	129,107	88,536	119,288	18,059	83,605

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	60,302			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	5,079	1,029,853		1,029,853
033 INTENSIVE CARE UNIT	654	156,002		156,002
034 NURSERY				
037 SKILLED NURSING FACILITY	501	209,364		209,364
037 ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM	8,467	620,849		620,849
037 01 GI LAB	3,623	151,862		151,862
037 02 AMBULATORY CARE UNIT	197	123,630		123,630
038 RECOVERY ROOM	386	22,464		22,464
040 ANESTHESIOLOGY	1,319	45,530		45,530
041 RADIOLOGY-DIAGNOSTIC	10,176	1,007,134		1,007,134
044 LABORATORY	7,483	273,959		273,959
049 RESPIRATORY THERAPY	2,031	124,432		124,432
050 PHYSICAL THERAPY	1,806	204,304		204,304
053 ELECTROCARDIOLOGY	838	42,685		42,685
053 01 CATH LAB	3,475	140,716		140,716
054 ELECTROENCEPHALOGRAPHY	248	25,836		25,836
055 MEDICAL SUPPLIES CHARGED	2,970	23,375		23,375
055 30 IMPL. DEV. CHARGED TO PAT				
056 DRUGS CHARGED TO PATIENTS	5,728	109,135		109,135
059 DIABETIC EDUCATION	18	4,675		4,675
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	4,156	290,983		290,983
093 OBSERVATION BEDS (NON-DIS				
095 SPEC PURPOSE COST CENTERS				
093 HOSPICE	1,147	41,423		41,423
095 SUBTOTALS	60,302	4,648,211		4,648,211
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		7,965		7,965
098 PHYSICIANS' PRIVATE OFFIC				
098 01 JANE ADDAMS BLDG				
098 02 SENIOR PROGRAM		66		66
098 03 NA VOLUNTEER SERVICES		375		375
098 04 SMART STEPS				
098 05 RESPIRE CARE		315		315
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	60,302	4,656,932		4,656,932



COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	298,273					
005 NEW CAP REL COSTS-MVB		2,894,820				
006 EMPLOYEE BENEFITS	1,876	318	30,349,919			
008 ADMINISTRATIVE & GENE	49,653	527,143	2,068,273	-18,767,358	67,371,236	
009 OPERATION OF PLANT	33,701	38,603	209,030		3,855,334	213,043
010 LAUNDRY & LINEN SERVI	2,258				534,975	2,258
011 HOUSEKEEPING	4,954	9,414			1,807,395	4,954
012 DIETARY	11,151	32,300			964,375	11,151
014 CAFETERIA	9,517				1,293,285	9,517
015 NURSING ADMINISTRATION	360	103,500	676,668		994,722	360
016 CENTRAL SERVICES & SU	861	156	69,123		884,356	861
017 PHARMACY	2,341	40,735	983,165		1,806,417	2,341
025 MEDICAL RECORDS & LIB	4,219	8,633	874,563		1,278,812	4,219
026 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	54,927	256,828	8,651,285		12,394,390	54,927
034 INTENSIVE CARE UNIT	4,162	88,255	1,138,452		1,644,372	4,162
037 NURSERY						
037 SKILLED NURSING FACIL	14,080	21,612	1,674,303		2,344,352	14,080
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,863	349,656	1,880,654		6,659,040	20,863
037 01 GI LAB	6,730	66,692	948,369		2,131,317	6,730
037 02 AMBULATORY CARE UNIT	9,043	26,330	939,670		1,386,539	9,043
038 RECOVERY ROOM	1,609	520	379,928		505,249	1,609
040 ANESTHESIOLOGY	830	33,519			226,338	830
041 RADIOLOGY-DIAGNOSTIC	16,875	789,412	1,727,737		5,912,502	16,875
044 LABORATORY	8,547	142,771	1,410,494		4,358,862	8,547
049 RESPIRATORY THERAPY	7,022	51,539	682,585		1,185,662	7,022
050 PHYSICAL THERAPY	15,051	46,679	1,694,771		2,758,166	15,051
053 ELECTROCARDIOLOGY	632	32,990	157,851		258,907	632
053 01 CATH LAB	600	102,803	520,553		2,373,010	600
054 ELECTROENCEPHALOGRAPH	1,171	14,794	81,479		133,095	1,171
055 MEDICAL SUPPLIES CHAR					533,896	
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI					2,780,556	
059 DIABETIC EDUCATION	406		5,821		125,151	406
061 OUTPAT SERVICE COST C						
061 EMERGENCY	13,214	106,120	2,661,055		4,063,742	13,214
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
093 HOSPICE	855	3,498	835,645		1,957,834	855
095 SUBTOTALS	297,508	2,894,820	30,271,474	-18,767,358	67,152,651	212,278
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	765		26,945		158,190	765
098 PHYSICIANS' PRIVATE O						
098 01 JANE ADDAMS BLDG						
098 02 SENIOR PROGRAM			23,757		4,676	
098 03 NA VOLUNTEER SERVICES			17,820		30,231	
098 04 SMART STEPS						
098 05 RESPIRE CARE			9,923		25,488	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,781,474	2,875,458	5,973,785		18,767,358	4,929,299
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.972629		.196830		.278566	23.137578
105 (WRKSHT B, PT I)		.993312				
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			11,521		820,962	286,689
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000380		.012186	1.345686
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FTE'S)	(DIRECT)	(COSTED) EQUI S.	R(COSTED) EQUI S.	
GENERAL SERVICE COST	9	10	11	12	14	15	16	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	470,126							
010 HOUSEKEEPING		205,831						
011 DIETARY		11,151	79,679					
012 CAFETERIA		9,517		44,180				
014 NURSING ADMINISTRATION		360		673	655,951			
015 CENTRAL SERVICES & SUPPLY		861		258		145,430		
016 PHARMACY		2,341		1,424			3,170,653	
017 MEDICAL RECORDS & LIBRARY		4,219		1,771				
025 INPAT ROUTINE SRVC CNTR								
025 ADULTS & PEDIATRICS	199,518	54,927	59,089	13,955	330,582	10,828	15,146	
026 INTENSIVE CARE UNIT	14,943	4,162	3,213	1,421	33,704	3,525	1,213	
033 NURSERY								
034 SKILLED NURSING FACILITY	31,559	14,080	17,377	3,277	77,124	1,526	1,490	
037 ANCILLARY SRVC COST CENTER								
037 01 OPERATING ROOM	18,688	20,863		3,262	77,815	2,321	67,225	
037 01 GI LAB	23,080	6,730		1,521		52	499	
037 02 AMBULATORY CARE UNIT	38,492	9,043		1,400	33,300	123	4,247	
038 RECOVERY ROOM	12,007	1,609		361	8,980	52	204	
040 ANESTHESIOLOGY		830				891	64,460	
041 RADIOLOGY-DIAGNOSTIC	45,441	16,875		3,524		923	63,517	
044 LABORATORY		8,547		2,814		79		
049 RESPIRATORY THERAPY		7,022		1,172		12	17,215	
050 PHYSICAL THERAPY	4,159	15,051		2,221		25	80,575	
053 ELECTROCARDIOLOGY		632		179		5,405		
053 01 CATH LAB		600		710				
054 ELECTROENCEPHALOGRAPHY		1,171		142				
055 MEDICAL SUPPLIES CHARGE						111,719	902	
055 30 IMPL. DEV. CHARGED TO PATIENT								
056 DRUGS CHARGED TO PATIENT						3	2,636,614	
059 DIABETIC EDUCATION		406		13				
061 OUTPAT SERVICE COST CENTER								
061 EMERGENCY	82,239	13,214		3,993	94,446	3,240	8,678	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)								
093 HOSPICE		855				4,706	208,668	
095 SUBTOTALS	470,126	205,066	79,679	44,091	655,951	145,430	3,170,653	
096 NONREIMBURS COST CENTER								
096 GIFT, FLOWER, COFFEE		765		89				
098 PHYSICIANS' PRIVATE OFFICE								
098 01 JANE ADDAMS BLDG								
098 02 SENIOR PROGRAM								
098 03 NA VOLUNTEER SERVICES								
098 04 SMART STEPS								
098 05 RESPIRE CARE								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	736,246	2,425,498	1,622,427	1,985,898	1,314,641	1,172,372	2,455,383	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.566061	11.783930	20.362040	44.950158	2.004176	8.061418	.774409	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	23,044	67,631	129,107	88,536	119,288	18,059	83,605	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.049017	.328575	1.620339	2.003984	.181855	.124177	.026368	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENERAL	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVICE	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SUPPLY	
017 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	268,156,082
025 INPATIENT ROUTINE SERVICE CENTER	
025 ADULTS & PEDIATRICS	22,573,899
026 INTENSIVE CARE UNIT	2,905,679
033 NURSERY	
034 SKILLED NURSING FACILITY	2,225,510
037 ANCILLARY SERVICE COST CENTER	
037 OPERATING ROOM	37,630,139
037 01 GI LAB	16,100,011
037 02 AMBULATORY CARE UNIT	875,768
038 RECOVERY ROOM	1,714,500
040 ANESTHESIOLOGY	5,860,032
041 RADIOLOGY-DIAGNOSTIC	45,388,917
044 LABORATORY	33,256,950
049 RESPIRATORY THERAPY	9,026,308
050 PHYSICAL THERAPY	8,025,907
053 ELECTROCARDIOLOGY	3,722,912
053 01 CATH LAB	15,442,526
054 ELECTROENCEPHALOGRAPHY	1,102,878
055 MEDICAL SUPPLIES CHARITABLE	13,197,980
055 30 IMPL. DEV. CHARGED TO PATIENT	
056 DRUGS CHARGED TO PATIENT	25,459,745
059 DIABETIC EDUCATION	80,250
061 OUTPATIENT SERVICE COST CENTER	
061 EMERGENCY	18,470,256
062 OBSERVATION BEDS (NON-SPECIFIC PURPOSE COST CENTER)	
093 HOSPICE	5,095,915
095 SUBTOTALS	268,156,082
096 NONREIMBURSABLE COST CENTER	
096 GIFT, FLOWER, COFFEE	
098 PHYSICIANS' PRIVATE OFFICE	
098 01 JANE ADDAMS BLDG	
098 02 SENIOR PROGRAM	
098 03 NA VOLUNTEER SERVICES	
098 04 SMART STEPS	
098 05 RESPIRE CARE	
099 NONPAID WORKERS	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	1,861,986
(PER WORKSHEET B, PART I)	
104 UNIT COST MULTIPLIER	
(WORKSHEET B, PT I)	.006944
105 COST TO BE ALLOCATED	
(PER WORKSHEET B, PART I)	
106 UNIT COST MULTIPLIER	
(WORKSHEET B, PT I I)	
107 COST TO BE ALLOCATED	60,302
(PER WORKSHEET B, PART I I)	
108 UNIT COST MULTIPLIER	
(WORKSHEET B, PT I I I)	.000225

## COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
	TO 12/31/2010	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,826,426		20,826,426		20,826,426
26	INTENSIVE CARE UNIT	2,517,562		2,517,562		2,517,562
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,223,140		4,223,140		4,223,140
37	OPERATING ROOM	9,906,513		9,906,513		9,906,513
37 01	GI LAB	3,177,168		3,177,168		3,177,168
37 02	AMBULATORY CARE UNIT	2,288,889		2,288,889		2,288,889
38	RECOVERY ROOM	767,693		767,693		767,693
40	ANESTHESIOLOGY	416,166		416,166		416,166
41	RADIOLOGY-DIAGNOSTIC	8,750,114		8,750,114		8,750,114
44	LABORATORY	6,229,630		6,229,630		6,229,630
49	RESPIRATORY THERAPY	1,889,955		1,889,955		1,889,955
50	PHYSICAL THERAPY	4,276,780		4,276,780		4,276,780
53	ELECTROCARDIOLOGY	430,570		430,570		430,570
53 01	CATH LAB	3,194,151		3,194,151		3,194,151
54	ELECTROENCEPHALOGRAPHY	225,105		225,105		225,105
55	MEDICAL SUPPLIES CHARGED	1,675,579		1,675,579		1,675,579
55 30	IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	5,773,760		5,773,760		5,773,760
59	DIABETIC EDUCATION	175,333		175,333		175,333
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,315,874		6,315,874		6,315,874
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,592,056		2,592,056		2,592,056
101	SUBTOTAL	85,652,464		85,652,464		85,652,464
102	LESS OBSERVATION BEDS	2,592,056		2,592,056		2,592,056
103	TOTAL	83,060,408		83,060,408		83,060,408

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	19,637,282		19,637,282			
26	INTENSIVE CARE UNIT	2,905,679		2,905,679			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,225,510		2,225,510			
37	OPERATING ROOM	15,253,095	22,377,044	37,630,139	.263260	.263260	.263260
37 01	GI LAB	2,780,417	13,319,594	16,100,011	.197339	.197339	.197339
37 02	AMBULATORY CARE UNIT	194,595	681,173	875,768	2.613579	2.613579	2.613579
38	RECOVERY ROOM	676,046	1,038,454	1,714,500	.447765	.447765	.447765
40	ANESTHESIOLOGY	1,861,905	3,998,127	5,860,032	.071018	.071018	.071018
41	RADIOLOGY-DIAGNOSTIC	7,724,661	37,664,256	45,388,917	.192781	.192781	.192781
44	LABORATORY	7,684,087	25,572,863	33,256,950	.187318	.187318	.187318
49	RESPIRATORY THERAPY	7,027,049	1,999,259	9,026,308	.209383	.209383	.209383
50	PHYSICAL THERAPY	2,647,707	5,378,200	8,025,907	.532872	.532872	.532872
53	ELECTROCARDIOLOGY	1,305,576	2,417,336	3,722,912	.115654	.115654	.115654
53 01	CATH LAB	6,934,625	8,507,901	15,442,526	.206841	.206841	.206841
54	ELECTROENCEPHALOGRAPHY	45,905	1,056,973	1,102,878	.204107	.204107	.204107
55	MEDICAL SUPPLIES CHARGED	9,717,739	3,480,241	13,197,980	.126957	.126957	.126957
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	17,065,642	8,394,103	25,459,745	.226780	.226780	.226780
59	DIABETIC EDUCATION		80,250	80,250	2.184835	2.184835	2.184835
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,001,380	14,468,876	18,470,256	.341948	.341948	.341948
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	50,323	2,886,294	2,936,617	.882667	.882667	.882667
101	SUBTOTAL	109,739,223	153,320,944	263,060,167			
102	LESS OBSERVATION BEDS						
103	TOTAL	109,739,223	153,320,944	263,060,167			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0160  
PERIOD: FROM 1/ 1/2010 TO 12/31/2010  
PREPARED 5/ 2/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,826,426		20,826,426		20,826,426
26	INTENSIVE CARE UNIT	2,517,562		2,517,562		2,517,562
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,223,140		4,223,140		4,223,140
37	OPERATING ROOM	9,906,513		9,906,513		9,906,513
37 01	GI LAB	3,177,168		3,177,168		3,177,168
37 02	AMBULATORY CARE UNIT	2,288,889		2,288,889		2,288,889
38	RECOVERY ROOM	767,693		767,693		767,693
40	ANESTHESIOLOGY	416,166		416,166		416,166
41	RADIOLOGY-DIAGNOSTIC	8,750,114		8,750,114		8,750,114
44	LABORATORY	6,229,630		6,229,630		6,229,630
49	RESPIRATORY THERAPY	1,889,955		1,889,955		1,889,955
50	PHYSICAL THERAPY	4,276,780		4,276,780		4,276,780
53	ELECTROCARDIOLOGY	430,570		430,570		430,570
53 01	CATH LAB	3,194,151		3,194,151		3,194,151
54	ELECTROENCEPHALOGRAPHY	225,105		225,105		225,105
55	MEDICAL SUPPLIES CHARGED	1,675,579		1,675,579		1,675,579
55 30	IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	5,773,760		5,773,760		5,773,760
59	DIABETIC EDUCATION	175,333		175,333		175,333
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,315,874		6,315,874		6,315,874
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,592,056		2,592,056		2,592,056
101	SUBTOTAL	85,652,464		85,652,464		85,652,464
102	LESS OBSERVATION BEDS	2,592,056		2,592,056		2,592,056
103	TOTAL	83,060,408		83,060,408		83,060,408

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	19,637,282		19,637,282			
26	INTENSIVE CARE UNIT	2,905,679		2,905,679			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,225,510		2,225,510			
37	OPERATING ROOM	15,253,095	22,377,044	37,630,139	.263260	.263260	.263260
37	01 GI LAB	2,780,417	13,319,594	16,100,011	.197339	.197339	.197339
37	02 AMBULATORY CARE UNIT	194,595	681,173	875,768	2.613579	2.613579	2.613579
38	RECOVERY ROOM	676,046	1,038,454	1,714,500	.447765	.447765	.447765
40	ANESTHESIOLOGY	1,861,905	3,998,127	5,860,032	.071018	.071018	.071018
41	RADIOLOGY-DIAGNOSTIC	7,724,661	37,664,256	45,388,917	.192781	.192781	.192781
44	LABORATORY	7,684,087	25,572,863	33,256,950	.187318	.187318	.187318
49	RESPIRATORY THERAPY	7,027,049	1,999,259	9,026,308	.209383	.209383	.209383
50	PHYSICAL THERAPY	2,647,707	5,378,200	8,025,907	.532872	.532872	.532872
53	ELECTROCARDIOLOGY	1,305,576	2,417,336	3,722,912	.115654	.115654	.115654
53	01 CATH LAB	6,934,625	8,507,901	15,442,526	.206841	.206841	.206841
54	ELECTROENCEPHALOGRAPHY	45,905	1,056,973	1,102,878	.204107	.204107	.204107
55	MEDICAL SUPPLIES CHARGED	9,717,739	3,480,241	13,197,980	.126957	.126957	.126957
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	17,065,642	8,394,103	25,459,745	.226780	.226780	.226780
59	DIABETIC EDUCATION		80,250	80,250	2.184835	2.184835	2.184835
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,001,380	14,468,876	18,470,256	.341948	.341948	.341948
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	50,323	2,886,294	2,936,617	.882667	.882667	.882667
101	SUBTOTAL	109,739,223	153,320,944	263,060,167			
102	LESS OBSERVATION BEDS						
103	TOTAL	109,739,223	153,320,944	263,060,167			

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	9,906,513	620,849	9,285,664			9,906,513
37 01	GI LAB	3,177,168	151,862	3,025,306			3,177,168
37 02	AMBULATORY CARE UNIT	2,288,889	123,630	2,165,259			2,288,889
38	RECOVERY ROOM	767,693	22,464	745,229			767,693
40	ANESTHESIOLOGY	416,166	45,530	370,636			416,166
41	RADIOLOGY-DIAGNOSTIC	8,750,114	1,007,134	7,742,980			8,750,114
44	LABORATORY	6,229,630	273,959	5,955,671			6,229,630
49	RESPIRATORY THERAPY	1,889,955	124,432	1,765,523			1,889,955
50	PHYSICAL THERAPY	4,276,780	204,304	4,072,476			4,276,780
53	ELECTROCARDIOLOGY	430,570	42,685	387,885			430,570
53 01	CATH LAB	3,194,151	140,716	3,053,435			3,194,151
54	ELECTROENCEPHALOGRAPHY	225,105	25,836	199,269			225,105
55	MEDICAL SUPPLIES CHARGED	1,675,579	23,375	1,652,204			1,675,579
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	5,773,760	109,135	5,664,625			5,773,760
59	DIABETIC EDUCATION	175,333	4,675	170,658			175,333
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,315,874	290,983	6,024,891			6,315,874
62	OBSERVATION BEDS (NON-DIS	2,592,056	128,175	2,463,881			2,592,056
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	58,085,336	3,339,744	54,745,592			58,085,336
102	LESS OBSERVATION BEDS	2,592,056	128,175	2,463,881			2,592,056
103	TOTAL	55,493,280	3,211,569	52,281,711			55,493,280



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	37,630,139	.263260	.263260
37 01	GI LAB	16,100,011	.197339	.197339
37 02	AMBULATORY CARE UNIT	875,768	2.613579	2.613579
38	RECOVERY ROOM	1,714,500	.447765	.447765
40	ANESTHESIOLOGY	5,860,032	.071018	.071018
41	RADIOLOGY-DIAGNOSTIC	45,388,917	.192781	.192781
44	LABORATORY	33,256,950	.187318	.187318
49	RESPIRATORY THERAPY	9,026,308	.209383	.209383
50	PHYSICAL THERAPY	8,025,907	.532872	.532872
53	ELECTROCARDIOLOGY	3,722,912	.115654	.115654
53 01	CATH LAB	15,442,526	.206841	.206841
54	ELECTROENCEPHALOGRAPHY	1,102,878	.204107	.204107
55	MEDICAL SUPPLIES CHARGED	13,197,980	.126957	.126957
55 30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	25,459,745	.226780	.226780
59	DIABETIC EDUCATION	80,250	2.184835	2.184835
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,470,256	.341948	.341948
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,936,617	.882667	.882667
101	SUBTOTAL	238,291,696		
102	LESS OBSERVATION BEDS	2,936,617		
103	TOTAL	235,355,079		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	9,906,513	620,849	9,285,664	62,085	538,569	9,305,859
37 01	GI LAB	3,177,168	151,862	3,025,306	15,186	175,468	2,986,514
37 02	AMBULATORY CARE UNIT	2,288,889	123,630	2,165,259	12,363	125,585	2,150,941
38	RECOVERY ROOM	767,693	22,464	745,229	2,246	43,223	722,224
40	ANESTHESIOLOGY	416,166	45,530	370,636	4,553	21,497	390,116
41	RADIOLOGY-DIAGNOSTIC	8,750,114	1,007,134	7,742,980	100,713	449,093	8,200,308
44	LABORATORY	6,229,630	273,959	5,955,671	27,396	345,429	5,856,805
49	RESPIRATORY THERAPY	1,889,955	124,432	1,765,523	12,443	102,400	1,775,112
50	PHYSICAL THERAPY	4,276,780	204,304	4,072,476	20,430	236,204	4,020,146
53	ELECTROCARDIOLOGY	430,570	42,685	387,885	4,269	22,497	403,804
53 01	CATH LAB	3,194,151	140,716	3,053,435	14,072	177,099	3,002,980
54	ELECTROENCEPHALOGRAPHY	225,105	25,836	199,269	2,584	11,558	210,963
55	MEDICAL SUPPLIES CHARGED	1,675,579	23,375	1,652,204	2,338	95,828	1,577,413
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	5,773,760	109,135	5,664,625	10,914	328,548	5,434,298
59	DIABETIC EDUCATION	175,333	4,675	170,658	468	9,898	164,967
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,315,874	290,983	6,024,891	29,098	349,444	5,937,332
62	OBSERVATION BEDS (NON-DIS	2,592,056	128,175	2,463,881	12,818	142,905	2,436,333
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	58,085,336	3,339,744	54,745,592	333,976	3,175,245	54,576,115
102	LESS OBSERVATION BEDS	2,592,056	128,175	2,463,881	12,818	142,905	2,436,333
103	TOTAL	55,493,280	3,211,569	52,281,711	321,158	3,032,340	52,139,782

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	37,630,139	.247298	.261610
37 01	GI LAB	16,100,011	.185498	.196396
37 02	AMBULATORY CARE UNIT	875,768	2.456063	2.599462
38	RECOVERY ROOM	1,714,500	.421245	.446455
40	ANESTHESIOLOGY	5,860,032	.066572	.070241
41	RADIOLOGY-DIAGNOSTIC	45,388,917	.180668	.190562
44	LABORATORY	33,256,950	.176108	.186494
49	RESPIRATORY THERAPY	9,026,308	.196660	.208004
50	PHYSICAL THERAPY	8,025,907	.500896	.530326
53	ELECTROCARDIOLOGY	3,722,912	.108465	.114507
53 01	CATH LAB	15,442,526	.194462	.205930
54	ELECTROENCEPHALOGRAPHY	1,102,878	.191284	.201764
55	MEDICAL SUPPLIES CHARGED	13,197,980	.119519	.126780
55 30	IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	25,459,745	.213447	.226351
59	DIABETIC EDUCATION	80,250	2.055664	2.179003
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,470,256	.321454	.340373
62	OBSERVATION BEDS (NON-DIS)	2,936,617	.829639	.878302
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	238,291,696		
102	LESS OBSERVATION BEDS	2,936,617		
103	TOTAL	235,355,079		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS  
 TITLE XVIII, PART A

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011 WORKSHEET D PART I  
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,029,853		1,029,853
26	INTENSIVE CARE UNIT				156,002		156,002
33	NURSERY						
101	TOTAL				1,185,855		1,185,855

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS  
 TITLE XVIII, PART A

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET D  
 PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	18,745	8,281			54.94	454,958
26	INTENSIVE CARE UNIT	1,410	812			110.64	89,840
33	NURSERY	986					
101	TOTAL	21,141	9,093				544,798

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160  
 COMPONENT NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		620,849	37,630,139	6,131,062		
37 01	GI LAB		151,862	16,100,011	1,542,617		
37 02	AMBULATORY CARE UNIT		123,630	875,768	134,355		
38	RECOVERY ROOM		22,464	1,714,500	218,617		
40	ANESTHESIOLOGY		45,530	5,860,032	638,320		
41	RADIOLOGY-DIAGNOSTIC		1,007,134	45,388,917	4,428,696		
44	LABORATORY		273,959	33,256,950	4,138,640		
49	RESPIRATORY THERAPY		124,432	9,026,308	3,802,918		
50	PHYSICAL THERAPY		204,304	8,025,907	796,884		
53	ELECTROCARDIOLOGY		42,685	3,722,912	837,867		
53 01	CATH LAB		140,716	15,442,526	3,748,311		
54	ELECTROENCEPHALOGRAPHY		25,836	1,102,878	18,728		
55	MEDICAL SUPPLIES CHARGED		23,375	13,197,980	4,417,397		
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		109,135	25,459,745	7,478,932		
59	DIABETIC EDUCATION		4,675	80,250			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		290,983	18,470,256	2,078,759		
62	OBSERVATION BEDS (NON-DIS		128,175	2,936,617	39,660		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,339,744	238,291,696	40,451,763		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-0160  
 PREPARED 5/2/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.016499	101,156
37 01	GI LAB	.009432	14,550
37 02	AMBULATORY CARE UNIT	.141168	18,967
38	RECOVERY ROOM	.013102	2,864
40	ANESTHESIOLOGY	.007770	4,960
41	RADIOLOGY-DIAGNOSTIC	.022189	98,268
44	LABORATORY	.008238	34,094
49	RESPIRATORY THERAPY	.013785	52,423
50	PHYSICAL THERAPY	.025456	20,285
53	ELECTROCARDIOLOGY	.011465	9,606
53 01	CATH LAB	.009112	34,155
54	ELECTROENCEPHALOGRAPHY	.023426	439
55	MEDICAL SUPPLIES CHARGED	.001771	7,823
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS	.004287	32,062
59	DIABETIC EDUCATION	.058255	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015754	32,749
62	OBSERVATION BEDS (NON-DIS	.043647	1,731
	OTHER REIMBURS COST CNTRS		
101	TOTAL		466,132

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

PROVIDER NO:	PERIOD:	PREPARED 5/ 2/2011
14-0160	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	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					18,745	
26	INTENSIVE CARE UNIT					1,410	
33	NURSERY					986	
34	SKILLED NURSING FACILITY					5,729	
101	TOTAL					26,870	



PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET D  
 PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,281	
26	INTENSIVE CARE UNIT	812	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,886	
101	TOTAL	12,979	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 GI LAB						
37	02 AMBULATORY CARE UNIT						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			37,630,139			6,131,062	
37 01	GI LAB			16,100,011			1,542,617	
37 02	AMBULATORY CARE UNIT			875,768			134,355	
38	RECOVERY ROOM			1,714,500			218,617	
40	ANESTHESIOLOGY			5,860,032			638,320	
41	RADIOLOGY-DIAGNOSTIC			45,388,917			4,428,696	
44	LABORATORY			33,256,950			4,138,640	
49	RESPIRATORY THERAPY			9,026,308			3,802,918	
50	PHYSICAL THERAPY			8,025,907			796,884	
53	ELECTROCARDIOLOGY			3,722,912			837,867	
53 01	CATH LAB			15,442,526			3,748,311	
54	ELECTROENCEPHALOGRAPHY			1,102,878			18,728	
55	MEDICAL SUPPLIES CHARGED			13,197,980			4,417,397	
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			25,459,745			7,478,932	
59	DIABETIC EDUCATION			80,250				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,470,256			2,078,759	
62	OBSERVATION BEDS (NON-DIS			2,936,617			39,660	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			238,291,696			40,451,763	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES 8	OUTPUT PROG D, V COL 5.03 8.01	OUTPUT PROG D, V COL 5.04 8.02	OUTPUT 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	1,844,023					
37 01	GI LAB	1,219,124					
37 02	AMBULATORY CARE UNIT	86,144					
38	RECOVERY ROOM	47,705					
40	ANESTHESIOLOGY	303,772					
41	RADIOLOGY-DIAGNOSTIC	2,591,102					
44	LABORATORY	173,106					
49	RESPIRATORY THERAPY	211,892					
50	PHYSICAL THERAPY	123,637					
53	ELECTROCARDIOLOGY	252,793					
53 01	CATH LAB	1,014,907					
54	ELECTROENCEPHALOGRAPHY	69,282					
55	MEDICAL SUPPLIES CHARGED	269,998					
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	616,493					
59	DIABETIC EDUCATION	130					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	820,242					
62	OBSERVATION BEDS (NON-DIS	405,318					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	10,049,668					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0160		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	.263260	.263260			
37 01 GI LAB	.197339	.197339			
37 02 AMBULATORY CARE UNIT	2.613579	2.613579			
38 RECOVERY ROOM	.447765	.447765			
40 ANESTHESIOLOGY	.071018	.071018			
41 RADIOLOGY-DIAGNOSTIC	.192781	.192781			
44 LABORATORY	.187318	.187318			
49 RESPIRATORY THERAPY	.209383	.209383			
50 PHYSICAL THERAPY	.532872	.532872			
53 ELECTROCARDIOLOGY	.115654	.115654			
53 01 CATH LAB	.206841	.206841			
54 ELECTROENCEPHALOGRAPHY	.204107	.204107			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.126957	.126957			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS	.226780	.226780			
59 DIABETIC EDUCATION	2.184835	2.184835			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.341948	.341948			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.882667	.882667			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



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				485,457	
37 01 GI LAB				240,581	
37 02 AMBULATORY CARE UNIT				225,144	
38 RECOVERY ROOM				21,361	
40 ANESTHESIOLOGY				21,573	
41 RADIOLOGY-DIAGNOSTIC				499,515	
44 LABORATORY				32,426	
49 RESPIRATORY THERAPY				44,367	
50 PHYSICAL THERAPY				65,883	
53 ELECTROCARDIOLOGY				29,237	
53 01 CATH LAB				209,924	
54 ELECTROENCEPHALOGRAPHY				14,141	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				34,278	
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				139,808	
59 DIABETIC EDUCATION				284	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				280,480	
62 OBSERVATION BEDS (NON-DISTINCT PART)				357,761	
101 SUBTOTAL				2,702,220	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,702,220	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-0160		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	1,344,798		
37 01 GI LAB	666,449		
37 02 AMBULATORY CARE UNIT	623,684		
38 RECOVERY ROOM	59,173		
40 ANESTHESIOLOGY	59,762		
41 RADIOLOGY-DIAGNOSTIC	1,383,740		
44 LABORATORY	89,825		
49 RESPIRATORY THERAPY	122,903		
50 PHYSICAL THERAPY	182,507		
53 ELECTROCARDIOLOGY	80,990		
53 01 CATH LAB	581,525		
54 ELECTROENCEPHALOGRAPHY	39,173		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	94,956		
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS	387,292		
59 DIABETIC EDUCATION	787		
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY	776,977		
62 OBSERVATION BEDS (NON-DISTINCT PART)	991,057		
101 SUBTOTAL	7,485,598		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	7,485,598		



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	PROVIDER NO: 14-0160	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/ 2/2011 WORKSHEET D PART VI
TITLE XVIII, PART B	COMPONENT NO: 14-0160		

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.226780
2	PROGRAM VACCINE CHARGES		39,034
3	PROGRAM COSTS		8,852

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160  
 COMPONENT NO: 14-5531  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 GI LAB						
37	02 AMBULATORY CARE UNIT						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-5531  
 PREPARED 5/2/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
	OPERATING ROOM	
37	01 GI LAB	
37	02 AMBULATORY CARE UNIT	
38	RECOVERY ROOM	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
53	ELECTROCARDIOLOGY	
53	01 CATH LAB	
54	ELECTROENCEPHALOGRAPHY	
55	MEDICAL SUPPLIES CHARGED	
55	30 IMPL. DEV. CHARGED TO PAT	
56	DRUGS CHARGED TO PATIENTS	
59	DIABETIC EDUCATION	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			37,630,139			871	
37	01 GI LAB			16,100,011			1,169	
37	02 AMBULATORY CARE UNIT			875,768			1,284	
38	RECOVERY ROOM			1,714,500				
40	ANESTHESIOLOGY			5,860,032				
41	RADIOLOGY-DIAGNOSTIC			45,388,917			34,205	
44	LABORATORY			33,256,950			211,737	
49	RESPIRATORY THERAPY			9,026,308			747,828	
50	PHYSICAL THERAPY			8,025,907			930,548	
53	ELECTROCARDIOLOGY			3,722,912			3,597	
53	01 CATH LAB			15,442,526				
54	ELECTROENCEPHALOGRAPHY			1,102,878			3,950	
55	MEDICAL SUPPLIES CHARGED			13,197,980			646,397	
55	30 IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			25,459,745			1,631,824	
59	DIABETIC EDUCATION			80,250				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,470,256				
62	OBSERVATION BEDS (NON-DIS			2,936,617				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			238,291,696			4,213,410	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 GI LAB						
37	02 AMBULATORY CARE UNIT						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0160		PART I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,745
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,745
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,745
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)	8,281
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	20,826,426
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	20,826,426

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,637,282
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,637,282
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.060555
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,047.60
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	20,826,426





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0160		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,333
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,111.04
85	OBSERVATION BED COST	2,592,056

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	20,826,426		2,592,056	
87	NEW CAPITAL-RELATED COST	1,029,853	.049449	2,592,056	128,175
88	NON PHYSICIAN ANESTHETIST	20,826,426		2,592,056	
89	MEDICAL EDUCATION	20,826,426		2,592,056	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	4,223,140
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	737.15	
68	PROGRAM ROUTINE SERVICE COST	2,864,565	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,864,565	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	209,364	
72	PER DIEM CAPITAL-RELATED COSTS	36.54	
73	PROGRAM CAPITAL-RELATED COSTS	141,994	
74	INPATIENT ROUTINE SERVICE COST	2,722,571	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,722,571	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,864,565	
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,155,869	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,020,434	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0160  
 COMPONENT NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,846,691	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,627,876	
37	OPERATING ROOM	.263260	6,131,062	1,614,063
37 01	GI LAB	.197339	1,542,617	304,418
37 02	AMBULATORY CARE UNIT	2.613579	134,355	351,147
38	RECOVERY ROOM	.447765	218,617	97,889
40	ANESTHESIOLOGY	.071018	638,320	45,332
41	RADIOLOGY-DIAGNOSTIC	.192781	4,428,696	853,768
44	LABORATORY	.187318	4,138,640	775,242
49	RESPIRATORY THERAPY	.209383	3,802,918	796,266
50	PHYSICAL THERAPY	.532872	796,884	424,637
53	ELECTROCARDIOLOGY	.115654	837,867	96,903
53 01	CATH LAB	.206841	3,748,311	775,304
54	ELECTROENCEPHALOGRAPHY	.204107	18,728	3,823
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.126957	4,417,397	560,819
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.226780	7,478,932	1,696,072
59	DIABETIC EDUCATION OUTPAT SERVICE COST CNTRS	2.184835		
61	EMERGENCY	.341948	2,078,759	710,827
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.882667	39,660	35,007
101	TOTAL		40,451,763	9,141,517
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		40,451,763	

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.263260	871	229
37 01	GI LAB	.197339	1,169	231
37 02	AMBULATORY CARE UNIT	2.613579	1,284	3,356
38	RECOVERY ROOM	.447765		
40	ANESTHESIOLOGY	.071018		
41	RADIOLOGY-DIAGNOSTIC	.192781	34,205	6,594
44	LABORATORY	.187318	211,737	39,662
49	RESPIRATORY THERAPY	.209383	747,828	156,582
50	PHYSICAL THERAPY	.532872	930,548	495,863
53	ELECTROCARDIOLOGY	.115654	3,597	416
53 01	CATH LAB	.206841		
54	ELECTROENCEPHALOGRAPHY	.204107	3,950	806
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.126957	646,397	82,065
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.226780	1,631,824	370,065
59	DIABETIC EDUCATION	2.184835		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.341948		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.882667		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,213,410	1,155,869
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,213,410	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0160  
 COMPONENT NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	6,939,630	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,096,899	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		4,294,308
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)	77,442	31,891
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	93.61	
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)		3.86
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.18
4.02 SUM OF LINES 4 AND 4.01		23.04
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.22
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	825,003	352,992
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0160  
 COMPONENT NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	10,938,974	4,679,191
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	11,160,237	
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)	15,784,112	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,176,501	
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	16,960,613	
17 PRIMARY PAYER PAYMENTS	2,911	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	16,957,702	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,746,157	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,575	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	360,988	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	252,692	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	329,455	
22 SUBTOTAL	15,460,662	
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	15,460,662	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,365,604	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	95,058	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
14-0160		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,852	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,702,220	7,485,598
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	2,287,975	6,250,128
1.04	LINE 1.01 TIMES LINE 1.03.		.822
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		6,153,162
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
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)	8,852	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	39,034	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	39,034	

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)	39,034	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	30,182	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8,852	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,538,103	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,125,454	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)	6,421,501	
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	6,421,501	
24	PRIMARY PAYER PAYMENTS	753	
25	SUBTOTAL	6,420,748	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	406,114	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	284,280	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	388,739	
28	SUBTOTAL	6,705,028	
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	6,705,028	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	6,775,311	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-70,283	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0160  
 COMPONENT NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 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		15,203,669		6,760,084
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/13/2010	161,935	8/13/2010	15,227
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		161,935		15,227
4 TOTAL INTERIM PAYMENTS		15,365,604		6,775,311
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		95,058		70,283
7 TOTAL MEDICARE PROGRAM LIABILITY		15,460,662		6,705,028

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: 14-0160  
 COMPONENT NO: 14-5531  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET E-1

TITLE XVIII SNF

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		1,271,705		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,271,705		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		5,583		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,277,288		

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
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5531		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-5531		PART III

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	19,870,845			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	92,124,957			
5	OTHER RECEIVABLES	363,949			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-70,660,739			
7	INVENTORY	1,493,497			
8	PREPAID EXPENSES	2,349,091			
9	OTHER CURRENT ASSETS	1,171,128			
10	DUE FROM OTHER FUNDS	1,987,724			
11	TOTAL CURRENT ASSETS	48,700,452			
FIXED ASSETS					
12	LAND	945,058			
12.01	LAND IMPROVEMENTS	1,358,213			
13.01	LESS ACCUMULATED DEPRECIATION	-1,048,744			
14	BUILDINGS	45,435,188			
14.01	LESS ACCUMULATED DEPRECIATION	-30,824,432			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	1,436,104			
16.01	LESS ACCUMULATED DEPRECIATION	-978,378			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	24,042,336			
18.01	LESS ACCUMULATED DEPRECIATION	-15,980,835			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	24,384,510			
OTHER ASSETS					
22	INVESTMENTS	1,600,990			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	318,051			
26	TOTAL OTHER ASSETS	1,919,041			
27	TOTAL ASSETS	75,004,003			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,375,104			
29 SALARIES, WAGES & FEES PAYABLE	3,427,292			
30 PAYROLL TAXES PAYABLE	824,013			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	365,692			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	11,879,137			
36 TOTAL CURRENT LIABILITIES	17,871,238			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	9,260,785			
42 TOTAL LONG-TERM LIABILITIES	9,260,785			
43 TOTAL LIABILITIES	27,132,023			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	47,871,980			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	47,871,980			
52 TOTAL LIABILITIES AND FUND BALANCES	75,004,003			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		28,154,461		
	OF PERIOD				
2	NET INCOME (LOSS)		19,717,518		
3	TOTAL		47,871,979		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	ROUNDING	1			
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS		1		
11	SUBTOTAL		47,871,980		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF		47,871,980		
	PERIOD PER BALANCE SHEET				

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





STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0160  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	295,468,745
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	185,555,114
3	NET PATIENT REVENUES	109,913,631
4	LESS: TOTAL OPERATING EXPENSES	96,236,811
5	NET INCOME FROM SERVICE TO PATIENTS	13,676,820
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	97,391
7	INCOME FROM INVESTMENTS	291,885
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	21,933
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	483,642
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	5,483
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	25,436
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	156,209
21	RENTAL OF VENDING MACHINES	8,960
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MEDICAID ASSESSMENT REVENUE	4,854,073
24.01	FEDERAL GRANT REVENUE	34,392
24.02	RADIOLOGY MED RECORD COPY REVENUE	299
24.03	VOLUNTEER SERVICES INCOME	48,871
24.04	OTHER NONOPERATING REVENUE	12,124
25	TOTAL OTHER INCOME	6,040,698
26	TOTAL	19,717,518
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	19,717,518

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1560		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	835,193	67,471	22,945	517,554
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			121	
12 OCCUPATIONAL THERAPY	86	7		
13 SPEECH/LANGUAGE PATHOLOGY	366	30		
14 MEDICAL SOCIAL SERVICES			6,199	
15 SPIRITUAL COUNSELING			1,081	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			18,605	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	835,645	67,508	48,951	517,554

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1560		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	325,114	1,768,277		1,768,277
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		121		121
12 OCCUPATIONAL THERAPY		93		93
13 SPEECH/LANGUAGE PATHOLOGY		396		396
14 MEDICAL SOCIAL SERVICES		6,199		6,199
15 SPIRITUAL COUNSELING		1,081		1,081
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		18,605		18,605
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	325,114	1,794,772		1,794,772

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 5/ 2/2011
14-0160	FROM 1/ 1/2010	WORKSHEET K
HOSPICE NO:	TO 12/31/2010	
14-1560		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE	-10,000	1,758,277
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		121
12 OCCUPATIONAL THERAPY		93
13 SPEECH/LANGUAGE PATHOLOGY		396
14 MEDICAL SOCIAL SERVICES		6,199
15 SPIRITUAL COUNSELING		1,081
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		18,605
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-10,000	1,784,772

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1560		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
10.20	VISITING SERVICES		
11	PHYSICIAN SERVICES		
12	NURSING CARE		
13	NURSING CARE-CONTINUOUS HOME CARE	101,366	
14	PHYSICAL THERAPY		
15	OCCUPATIONAL THERAPY		
16	SPEECH/LANGUAGE PATHOLOGY		
17	MEDICAL SOCIAL SERVICES		
18	SPIRITUAL COUNSELING		
19	DIETARY COUNSELING		
20	COUNSELING - OTHER		
20.30	HOME HEALTH AIDE AND HOMEMAKER		
21	HH AIDE & HOMEMAKER-CONT. HOME CARE		
22	OTHER HOSPICE SERVICE COSTS		
23	OTHER		
24	DRUGS BIOLOGICAL AND INFUSION THERAPY		
25	ANALGESICS		
26	SEDATIVES / HYPNOTICS		
27	OTHER - SPECIFY		
28	DURABLE MEDICAL EQUIPMENT/OXYGEN		
29	PATIENT TRANSPORTATION		
30	IMAGING SERVICES		
31	LABS AND DIAGNOSTICS		
32	MEDICAL SUPPLIES		
33	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
34	RADIATION THERAPY		
	CHEMOTHERAPY		
	OTHER		
	BEREAVEMENT PROGRAM COSTS		
	VOLUNTEER PROGRAM COSTS		
	FUNDRAISING		
	OTHER PROGRAM COSTS		
	TOTAL (SUM OF LINES 1 THRU 33)	101,366	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1560		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	453,217		108,648	171,962
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY		86		
13 SPEECH/LANGUAGE PATHOLOGY		366		
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	453,217	452	108,648	171,962

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1560		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	835,193
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	86
17	SPEECH/LANGUAGE PATHOLOGY	366
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	835,645

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1560		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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



COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1560		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	36,613		8,777	13,892
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY		7		
13 SPEECH/LANGUAGE PATHOLOGY		30		
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	36,613	37	8,777	13,892

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1560		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	67,471
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	7
17	SPEECH/LANGUAGE PATHOLOGY	30
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	67,508

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1560		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1560		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	517,554			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	517,554			

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1560		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	517,554
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	517,554

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1560		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	1,758,277		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY	121		
16	OCCUPATIONAL THERAPY	93		
17	SPEECH/LANGUAGE PATHOLOGY	396		
18	MEDICAL SOCIAL SERVICES	6,199		
19	SPIRITUAL COUNSELING	1,081		
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	18,605		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	1,784,772		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1560		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			1,758,277	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			121	
12 OCCUPATIONAL THERAPY			93	
13 SPEECH/LANGUAGE PATHOLOGY			396	
14 MEDICAL SOCIAL SERVICES			6,199	
15 SPIRITUAL COUNSELING			1,081	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			18,605	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			1,784,772	

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1560		PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,758,277
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	121
16	OCCUPATIONAL THERAPY	93
17	SPEECH/LANGUAGE PATHOLOGY	396
18	MEDICAL SOCIAL SERVICES	6,199
19	SPIRITUAL COUNSELING	1,081
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	18,605
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,784,772



COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1560		PART II

HOSPICE 1

CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET)	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATION & MAINT. (SQUARE FEET)	TRANSPORTATION (MILEAGE)
1	2	3	4

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

.000000	.000000	.000000	.000000
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COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1560		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	1,784,772
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,758,277
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	121
16	OCCUPATIONAL THERAPY	93
17	SPEECH/LANGUAGE PATHOLOGY	396
18	MEDICAL SOCIAL SERVICES	6,199
19	SPIRITUAL COUNSELING	1,081
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	18,605
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39		
40		
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	COST TO BE ALLOCATED (PER WKST K-4, PART I)	
44	UNIT COST MULTIPLIER	.000000
45		.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE  
COST CENTERS

PROVIDER NO: 14-0160  
HOSPI CE NO: 14-1560  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/2/2011  
WORKSHEET K-5  
PART I

HOSPI CE 1

HOSPI CE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPI CE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUI P	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		5,107	3,475	
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPI TE CARE	8				
4.00 PHYSI CI AN SERVI CES	9				
5.00 NURSI NG CARE	10	1,758,277			89,207
5.20 NURSI NG CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSI CAL THERAPY	11	121			
7.00 OCCUPATIONAL THERAPY	12	93			17
8.00 SPEECH/LANGUAGE PATHOLOGY	13	396			72
9.00 MEDI CAL SOCI AL SERVI CES	14	6,199			19,952
10.00 SPI RI TUAL COUNSELING	15	1,081			
11.00 DI ETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	18,605			21,385
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BI OLOGI CAL AND INFUSI ON THERAPY	20				
15.30 ANALGESI CS	20.30				
15.31 SEDATI VES / HYPNOTI CS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN	21				
17.00 PATI ENT TRANSPORTATI ON	22				
18.00 IMAGI NG SERVI CES	23				
19.00 LABS AND DI AGNOSTI CS	24				
20.00 MEDI CAL SUPPLI ES	25				
21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)	26				
22.00 RADI ATI ON THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAI SI NG	32				
28.00 OTHER PROGRAM COSTS	33				33,847
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,784,772	5,107	3,475	164,480
30.00 UNIT COST MULI PLI ER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATI ON OF PLANT LAUNDRY & LI NEN SERVI CE

HOSPI CE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL	8,582	2,391	19,783	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE	1,847,484	514,645		
5.20 NURSI NG CARE-CONTINUOUS HOME CARE				
6.00 PHYSI CAL THERAPY	121	34		
7.00 OCCUPATIONAL THERAPY	110	31		
8.00 SPEECH/LANGUAGE PATHOLOGY	468	130		
9.00 MEDI CAL SOCI AL SERVI CES	26,151	7,285		
10.00 SPI RI TUAL COUNSELING	1,081	301		
11.00 DI ETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	39,990	11,140		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND INFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 IMAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPLI ES				
21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS	33,847	9,429		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,957,834	545,386	19,783	
30.00 UNIT COST MULI PLI ER				



ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1560		PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		275,748		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		2,362,129	261,352	2,623,481
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		155	17	172
7.00 OCCUPATIONAL THERAPY		141	16	157
8.00 SPEECH/LANGUAGE PATHOLOGY		598	66	664
9.00 MEDICAL SOCIAL SERVICES		33,436	3,699	37,135
10.00 SPIRITUAL COUNSELING		1,382	153	1,535
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		51,130	5,657	56,787
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS		43,276	4,788	48,064
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,767,995		2,767,995
30.00 UNIT COST MULTIPLIER			.110642	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.  
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

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

PROVIDER NO: 14-0160  
HOSPICE NO: 14-1560  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/2/2011  
WORKSHEET K-5  
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL	855	3,498		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			453,217	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY			86	
8.00 SPEECH/LANGUAGE PATHOLOGY			366	
9.00 MEDICAL SOCIAL SERVICES			101,366	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			108,648	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS			171,962	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	855	3,498	835,645	
30.00 TOTAL COST TO BE ALLOCATED	5,107	3,475	164,480	
31.00 UNIT COST MULTIPLIER	5.973099	.993425	.196830	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10
1.00 ADMINISTRATIVE AND GENERAL	8,582	855		855
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,847,484			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	121			
7.00 OCCUPATIONAL THERAPY	110			
8.00 SPEECH/LANGUAGE PATHOLOGY	468			
9.00 MEDICAL SOCIAL SERVICES	26,151			
10.00 SPIRITUAL COUNSELING	1,081			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	39,990			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS	33,847			

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

PROVIDER NO: 14-0160  
 HOSPICE NO: 14-1560  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/2/2011  
 WORKSHEET K-5  
 PART II

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,957,834	855		855
30.00 TOTAL COST TO BE ALLOCATED	545,386	19,783		10,075
31.00 UNIT COST MULTIPLIER	.278566	23.138012	.000000	11.783626

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				4,706
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				4,706
30.00 TOTAL COST TO BE ALLOCATED				37,937
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	8.061411





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

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1560		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	. 532872	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	. 226780	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	. 187318	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 126957	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30		
8	EMERGENCY	61	. 341948	
9	RADIOLOGY-DIAGNOSTIC	41	. 192781	
10	DIABETIC EDUCATION	59	2. 184835	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2010	5/ 2/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
14-1560		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,719,931
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				14,706
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				184.95
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	13,791			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,550,645			
6 UNDUPLICATED MEDICAID DAYS		310		
7 AGGREGATE MEDICAID COST		57,335		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			605	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			111,895	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/ 2/2011
14-0160	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
14-0160		

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	1,175,964
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	537
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	48.83
	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	1,176,501
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)	