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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 14-0184	PERIOD FROM 5/ 1/2009 TO 4/30/2010	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 9/21/2010 TIME 13:34

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 IMPRISIONMENT 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:
MARION MEMORIAL HOSPITAL 14-0184
FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 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	TITLE XVIII		TITLE XIX
			A	B	
		1	2	3	4
1	HOSPITAL	0	254,139	50,580	0
3	SWING BED - SNF	0	0	0	0
100	TOTAL	0	254,139	50,580	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 917 WEST MAIN ST P.O. BOX:
1.01 CITY: MARION STATE: IL ZIP CODE: 62959- COUNTY: WILLIAMSON

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	MARION MEMORIAL HOSPITAL	14-0184		7/ 1/1996	N	P	O
04.00 SWING BED - SNF	MARION MEMORIAL HOSPITAL	14-U184		3/23/1999	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2009 TO: 4/30/2010

		1	2
18	TYPE OF CONTROL	4	

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.	2	Y		
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 AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y	N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION 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 OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.	Y			
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)	N			
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.	3	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	N			
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N			
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.			/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.			/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)				/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).				/ /

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-I, CHAPTER 4?	N	
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-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	N	
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N	
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
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.	Y	3/23/1999
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		

		1	2	3	4
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)	0	0.0000	0.0000	
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	0		

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

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

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE 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 ELIBIBLE 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)?		
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?		N	
	TITLE XIX INPATIENT SERVICES			
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	Y		
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	N		
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N		
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	N		
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	N		
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).	Y	449008	
40.01	NAME: COMMUNITY HEALTH SYSTEMS, INC FI/CONTRACTOR NAME WICSONSIN PHYSICIAN SERVICES FI/CONTRACTOR # 52280			
40.02	STREET: 4000 MERIDIAN BLVD. P.O. BOX:			
40.03	CITY: FRANKLIN STATE: TN ZIP CODE: 37067 6325			
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?	Y		
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	Y		
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N		
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	N		
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000	
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).			

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

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

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.	3		
53.01	MDH PERIOD: BEGINNING: 5/ 1/2009 ENDING: 4/30/2010			
53.02	MDH PERIOD: BEGINNING: / / ENDING: / /			
53.03	MDH PERIOD: BEGINNING: / / ENDING: / /			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 143,970 PAID LOSSES: 862,221 AND/OR SELF INSURANCE: 0			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N		

		DATE	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

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. 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 8/12/2010

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0184 PERIOD: FROM 5/ 1/2009 TO 4/30/2010 PREPARED 9/21/2010

WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	80	29,200			10,894		2,548
2	HMO							2,072
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF					84		
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	80	29,200			10,978		2,548
6	INTENSIVE CARE UNIT	12	4,380			2,087		171
11	NURSERY							1,499
12	TOTAL	92	33,580			13,065		4,218
13	RPCH VISITS							
15	SKILLED NURSING FACILITY							
18	HOME HEALTH AGENCY							
25	TOTAL	92						
26	OBSERVATION BED DAYS							163
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS TITLE XIX OBSERVATION BEDS ADMITTED	NOT ADMITTED	TOTAL ALL PATS	TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			19,711				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF			131				
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			19,842				
6	INTENSIVE CARE UNIT			3,673				
11	NURSERY			1,970				
12	TOTAL			25,485				
13	RPCH VISITS							
15	SKILLED NURSING FACILITY							
18	HOME HEALTH AGENCY							
25	TOTAL							
26	OBSERVATION BED DAYS	19	144	343	48	295		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28 01	EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES NET	FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					3,013	1,744	7,034
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		455.14			3,013	1,744	7,034
13	RPCH VISITS							
15	SKILLED NURSING FACILITY							
18	HOME HEALTH AGENCY							
25	TOTAL		455.14					
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

I PROVIDER NO: 14-0184 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/21/2010 I WORKSHEET S-3 I 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	22,759,413		22,759,413	946,686.00	24.04	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	84,572	23,285	107,857	4,096.00	26.33	
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	962,485		962,485	15,587.00	61.75	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10	CONTRACT LABOR: PHYS PART A	194,000		194,000	2,351.00	82.52	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	2,033,721		2,033,721	37,407.00	54.37	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	5,333,059		5,333,059			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	25,000		25,000			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	157,370		157,370	5,055.00	31.13	
22	ADMINISTRATIVE & GENERAL	2,413,092	482,042	2,895,134	134,000.00	21.61	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	340,774		340,774	14,090.00	24.19	
25	LAUNDRY & LINEN SERVICE	37,150		37,150	3,166.00	11.73	
26	HOUSEKEEPING	787,454		787,454	71,777.00	10.97	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY						
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,155,864	-664,113	491,751	16,115.00	30.52	
31	CENTRAL SERVICE AND SUPPLY	125,050		125,050	10,183.00	12.28	
32	PHARMACY	1,206,521		1,206,521	29,718.00	40.60	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	470,286		470,286	32,193.00	14.61	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES	22,759,413		22,759,413	946,686.00	24.04
2	EXCLUDED AREA SALARIES	84,572	23,285	107,857	4,096.00	26.33
3	SUBTOTAL SALARIES	22,674,841	-23,285	22,651,556	942,590.00	24.03
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,190,206		3,190,206	55,345.00	57.64
5	SUBTOTAL WAGE-RELATED COSTS	5,333,059		5,333,059		23.54
6	TOTAL	31,198,106	-23,285	31,174,821	997,935.00	31.24
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	6,693,561	-182,071	6,511,490	316,297.00	20.59

PROSPECTIVE PAYMENT FOR SNF | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET S-7

STATISTICAL DATA

	M3PI	SERVICES PRIOR TO 10/1		SERVICES ON/AFTER 10/1		SRVCS 4/1/01 T0 9/30/01	
GROUP(1)	REVENUE CODE	RATE	DAYS	RATE	DAYS	RATE	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						
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	Default						
46	TOTAL						

(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.

Worksheet S-2 reference data:

Transition Period	:	0
Wage Index Factor (before 10/01)	:	0.0000
Wage Index Factor (after 10/01)	:	0.0000
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	NOT SPECIFIED
SNF MSA Code	:	NOT SPECIFIED
SNF CBSA Code	:	NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET S-7

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	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			2	
9	.01	RHX				
9	.02	RHL				
10		RMC				
11		RMB				
12		RMA				
12	.01	RMX			31	
12	.02	RML			37	
13		RLB				
14		RLA				
14	.01	RLX				
15		SE3				
16		SE2			14	
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		Default				
46		TOTAL			84	

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(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.

Worksheet S-2 reference data:

Transition Period	0
Wage Index Factor (before 10/01)	0.0000
Wage Index Factor (after 10/01)	0.0000
SNF Facility Specific Rate	0.00
Urban/Rural Designation	NOT SPECIFIED
SNF MSA Code	NOT SPECIFIED
SNF CBSA Code	NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | 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	2,722,768
17.01	GROSS MEDICAID REVENUES	10,614,686
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	50,000
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	13,387,454
	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)	.158308
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	77,965,902

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET S-10

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	12,342,626
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,426,403
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,600,431
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,342,626

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 14-0184 I
I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I
I PREPARED 9/21/2010 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2,122,099	2,122,099	1,057,897	3,179,996
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		2,560,124	2,560,124	1,200,928	3,761,052
5	0500	EMPLOYEE BENEFITS	157,370	236,550	393,920	3,447,083	3,841,003
6	0600	ADMINISTRATIVE & GENERAL	2,413,092	30,823,671	33,236,763	-4,262,693	28,974,070
8	0800	OPERATION OF PLANT	340,774	1,542,608	1,883,382		1,883,382
9	0900	LAUNDRY & LINEN SERVICE	37,150	296,793	333,943		333,943
10	1000	HOUSEKEEPING	787,454	213,369	1,000,823	162	1,000,985
11	1100	DIETARY		1,506,052	1,506,052		1,506,052
12	1200	CAFETERIA					
14	1400	NURSING ADMINISTRATION	1,155,864	460,171	1,616,035	-858,868	757,167
15	1500	CENTRAL SERVICES & SUPPLY	125,050	5,345,708	5,470,758	-5,040,387	430,371
16	1600	PHARMACY	1,206,521	3,973,131	5,179,652	-3,818,801	1,360,851
17	1700	MEDICAL RECORDS & LIBRARY	470,286	852,859	1,323,145		1,323,145
18	1800	SOCIAL SERVICE					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	4,740,594	1,865,356	6,605,950	-323,926	6,282,024
26	2600	INTENSIVE CARE UNIT	2,063,080	530,529	2,593,609	-15,510	2,578,099
33	3300	NURSERY	374,757	72,710	447,467	260,141	707,608
34	3400	SKILLED NURSING FACILITY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,487,166	4,659,347	6,146,513	-758,918	5,387,595
38	3800	RECOVERY ROOM	397,969	42,055	440,024	-440,024	
39	3900	DELIVERY ROOM & LABOR ROOM	683,343	436,137	1,119,480	-34,026	1,085,454
40	4000	ANESTHESIOLOGY		4,456,915	4,456,915	-620	4,456,295
41	4100	RADIOLOGY-DIAGNOSTIC	1,576,023	1,441,706	3,017,729	-187,884	2,829,845
41.01	4101	ULTRASOUND	159,533	49,222	208,755	-6,600	202,155
41.02	4102	CT SCAN	179,670	390,425	570,095	-337,121	232,974
41.03	4103	MRI	52,881	113,320	166,201		166,201
43	4300	RADIOISOTOPE	154,981	287,664	442,645		442,645
44	4400	LABORATORY	1,099,042	2,391,534	3,490,576	-511,433	2,979,143
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS				1,016,025	1,016,025
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	461,645	297,637	759,282	-164,563	594,719
49.01	4901	SLEEP LAB		244,930	244,930		244,930
50	5000	PHYSICAL THERAPY	409,612	88,785	498,397	-12,687	485,710
51	5100	OCCUPATIONAL THERAPY	61,934	6,072	68,006		68,006
52	5200	SPEECH PATHOLOGY	63,016	5,034	68,050		68,050
53	5300	ELECTROCARDIOLOGY	785,635	1,312,751	2,098,386	-94,920	2,003,466
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				6,119,646	6,119,646
56	5600	DRUGS CHARGED TO PATIENTS				3,753,149	3,753,149
57	5700	RENAL DIALYSIS		516,592	516,592	-516,592	
59	3020	OTHER		162	162	-162	
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC		133	133	-133	
61	6100	EMERGENCY	1,230,399	1,747,330	2,977,729	193,691	3,171,420
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	33,860	5,492	39,352	-39,352	
71	7100	HOME HEALTH AGENCY		10	10	-10	
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	22,708,701	70,894,983	93,603,684	-376,508	93,227,176
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
100	7950	OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951	NON-REIMBURSABLE - SENIOR CIRCLE	50,712	16,060	66,772	-265	66,507
100.02	7952	NON-REIMBURSABLE - MARKETING				376,773	376,773
101		TOTAL	22,759,413	70,911,043	93,670,456	-0-	93,670,456

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES | I PROVIDER NO: 14-0184 | I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 | I PREPARED 9/21/2010 | WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	629,532	3,809,528
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-37,533	3,723,519
5	0500	EMPLOYEE BENEFITS	-2,174	3,838,829
6	0600	ADMINISTRATIVE & GENERAL	-19,290,843	9,683,227
8	0800	OPERATION OF PLANT	-3,095	1,880,287
9	0900	LAUNDRY & LINEN SERVICE		333,943
10	1000	HOUSEKEEPING		1,000,985
11	1100	DIETARY		1,506,052
12	1200	CAFETERIA		
14	1400	NURSING ADMINISTRATION		757,167
15	1500	CENTRAL SERVICES & SUPPLY		430,371
16	1600	PHARMACY		1,360,851
17	1700	MEDICAL RECORDS & LIBRARY	-1,905	1,321,240
18	1800	SOCIAL SERVICE		
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-559,830	5,722,194
26	2600	INTENSIVE CARE UNIT		2,578,099
33	3300	NURSERY		707,608
34	3400	SKILLED NURSING FACILITY		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-800,000	4,587,595
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM		1,085,454
40	4000	ANESTHESIOLOGY	-4,306,202	150,093
41	4100	RADIOLOGY-DIAGNOSTIC	-459,374	2,370,471
41.01	4101	ULTRASOUND		202,155
41.02	4102	CT SCAN		232,974
41.03	4103	MRI		166,201
43	4300	RADIOISOTOPE		442,645
44	4400	LABORATORY		2,979,143
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,016,025
48	4800	INTRAVENOUS THERAPY		
49	4900	RESPIRATORY THERAPY		594,719
49.01	4901	SLEEP LAB		244,930
50	5000	PHYSICAL THERAPY		485,710
51	5100	OCCUPATIONAL THERAPY		68,006
52	5200	SPEECH PATHOLOGY		68,050
53	5300	ELECTROCARDIOLOGY		2,003,466
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,119,646
56	5600	DRUGS CHARGED TO PATIENTS		3,753,149
57	5700	RENAL DIALYSIS		
59	3020	OTHER		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
61	6100	EMERGENCY	-1,385,290	1,786,130
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-26,216,714	67,010,462
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		
100	7950	OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951	NON-REIMBURSABLE - SENIOR CIRCLE		66,507
100.02	7952	NON-REIMBURSABLE - MARKETING		376,773
101		TOTAL	-26,216,714	67,453,742

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I 14-0184 I
I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I
I PREPARED 9/21/2010 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
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	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	OTHER	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	NON-REIMBURSABLE - SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	NON-REIMBURSABLE - MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	RECLASS OF EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		3,447,083
2			HOUSEKEEPING	10		162
3	RECLASS OF OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		71,114
4	RECLASS OF LEASE AND RENTS EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		333,432
5			NEW CAP REL COSTS-MVBLE EQUIP	4		1,197,055
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	RECLASS OF OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3		724,465
22			NEW CAP REL COSTS-MVBLE EQUIP	4		6,126
23	RECLASS OF MARKETING DEPT	E	NON-REIMBURSABLE - MARKETING	100.02	57,145	319,628
24	RECLASS OF MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,048,532
25						
26						
27	RECLASS OF DRUGS/IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56		3,753,149
28	RECLASS OF LABOR AND DELIVERY COSTS	H	NURSERY	33	63,140	197,001
29						
30	RECLASS OF NURSING ADMIN COSTS	I	ADMINISTRATIVE & GENERAL	6	664,113	194,334
31	UPDATE OF MISC. DEPARTMENTS	J	OPERATING ROOM	37	397,969	42,055
32			WHOLE BLOOD & PACKED RED BLOOD CELLS	46	59,041	956,984
33			EMERGENCY	61	33,860	5,492
34	RECLASS OF DIALYSIS	K	LABORATORY	44		516,592
35	RECLASS OF ER CLERK SALARY	L	EMERGENCY	61	124,926	29,413
1	RECLASS OF HHA COSTS	M	CENTRAL SERVICES & SUPPLY	15		305
2						
3						
36	TOTAL RECLASSIFICATIONS				1,400,194	17,842,922

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	RECLASS OF EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		3,447,245	
2							
3	RECLASS OF OXYGEN COSTS	B	RESPIRATORY THERAPY	49		71,114	
4	RECLASS OF LEASE AND RENTS EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2,253	10
5			ADMINISTRATIVE & GENERAL	6		412,192	10
6			NURSING ADMINISTRATION	14		421	
7			CENTRAL SERVICES & SUPPLY	15		400	
8			PHARMACY	16		65,652	
9			ADULTS & PEDIATRICS	25		97,811	
10			INTENSIVE CARE UNIT	26		15,510	
11			OPERATING ROOM	37		256,857	
12			ANESTHESIOLOGY	40		620	
13			RADIOLOGY-DIAGNOSTIC	41		187,884	
14			ULTRASOUND	41.01		6,600	
15			CT SCAN	41.02		337,121	
16			LABORATORY	44		12,000	
17			RESPIRATORY THERAPY	49		93,449	
18			PHYSICAL THERAPY	50		12,687	
19			ELECTROCARDIOLOGY	53		28,765	
20			NON-REIMBURSABLE - SENIOR CIRCLE	100.01		265	
21	RECLASS OF OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6		730,591	9
22							9
23	RECLASS OF MARKETING DEPT	E	ADMINISTRATIVE & GENERAL	6	57,145	319,628	
24	RECLASS OF MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		5,040,292	
25			OPERATING ROOM	37		942,085	
26			ELECTROCARDIOLOGY	53		66,155	
27	RECLASS OF DRUGS/IV SOLUTIONS	G	PHARMACY	16		3,753,149	
28	RECLASS OF LABOR AND DELIVERY COSTS	H	ADULTS & PEDIATRICS	25	51,520	174,595	
29			DELIVERY ROOM & LABOR ROOM	39	11,620	22,406	
30	RECLASS OF NURSING ADMIN COSTS	I	NURSING ADMINISTRATION	14	664,113	194,334	
31	UPDATE OF MISC. DEPARTMENTS	J	RECOVERY ROOM	38	397,969	42,055	
32			LABORATORY	44	59,041	956,984	
33			AMBULANCE SERVICES	65	33,860	5,492	
34	RECLASS OF DIALYSIS	K	RENAL DIALYSIS	57		516,592	
35	RECLASS OF ER CLERK SALARY	L	ADMINISTRATIVE & GENERAL	6	124,926	29,413	
1	RECLASS OF HHA COSTS	M	OTHER	59		162	
2			CLINIC	60		133	
3			HOME HEALTH AGENCY	71		10	
36	TOTAL RECLASSIFICATIONS				1,400,194	17,842,922	

(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.

RECLASS CODE: A
EXPLANATION : RECLASS OF EMPLOYEE BENEFITS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	3,447,083	ADMINISTRATIVE & GENERAL	6	3,447,245
2.00	HOUSEKEEPING	10	162			0
TOTAL RECLASSIFICATIONS FOR CODE A			3,447,245			3,447,245

RECLASS CODE: B
EXPLANATION : RECLASS OF OXYGEN COSTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	71,114	RESPIRATORY THERAPY	49	71,114
TOTAL RECLASSIFICATIONS FOR CODE B			71,114			71,114

RECLASS CODE: C
EXPLANATION : RECLASS OF LEASE AND RENTS EXPENSE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	333,432	NEW CAP REL COSTS-MVBLE EQUIP	4	2,253
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,197,055	ADMINISTRATIVE & GENERAL	6	412,192
3.00			0	NURSING ADMINISTRATION	14	421
4.00			0	CENTRAL SERVICES & SUPPLY	15	400
5.00			0	PHARMACY	16	65,652
6.00			0	ADULTS & PEDIATRICS	25	97,811
7.00			0	INTENSIVE CARE UNIT	26	15,510
8.00			0	OPERATING ROOM	37	256,857
9.00			0	ANESTHESIOLOGY	40	620
10.00			0	RADIOLOGY-DIAGNOSTIC	41	187,884
11.00			0	ULTRASOUND	41.01	6,600
12.00			0	CT SCAN	41.02	337,121
13.00			0	LABORATORY	44	12,000
14.00			0	RESPIRATORY THERAPY	49	93,449
15.00			0	PHYSICAL THERAPY	50	12,687
16.00			0	ELECTROCARDIOLOGY	53	28,765
17.00			0	NON-REIMBURSABLE - SENIOR CIRC	100.01	265
TOTAL RECLASSIFICATIONS FOR CODE C			1,530,487			1,530,487

RECLASS CODE: D
EXPLANATION : RECLASS OF OTHER CAPITAL COSTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	724,465	ADMINISTRATIVE & GENERAL	6	730,591
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,126			0
TOTAL RECLASSIFICATIONS FOR CODE D			730,591			730,591

RECLASS CODE: E
EXPLANATION : RECLASS OF MARKETING DEPT

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NON-REIMBURSABLE - MARKETING	100.02	376,773	ADMINISTRATIVE & GENERAL	6	376,773
TOTAL RECLASSIFICATIONS FOR CODE E			376,773			376,773

RECLASS CODE: F
EXPLANATION : RECLASS OF MEDICAL SUPPLIES

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,048,532	CENTRAL SERVICES & SUPPLY	15	5,040,292
2.00			0	OPERATING ROOM	37	942,085
3.00			0	ELECTROCARDIOLOGY	53	66,155
TOTAL RECLASSIFICATIONS FOR CODE F			6,048,532			6,048,532

RECLASS CODE: G
EXPLANATION : RECLASS OF DRUGS/IV SOLUTIONS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,753,149	PHARMACY	16	3,753,149
TOTAL RECLASSIFICATIONS FOR CODE G			3,753,149			3,753,149

RECLASS CODE: H
EXPLANATION : RECLASS OF LABOR AND DELIVERY COSTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	260,141	ADULTS & PEDIATRICS	25	226,115
2.00			0	DELIVERY ROOM & LABOR ROOM	39	34,026
TOTAL RECLASSIFICATIONS FOR CODE H			260,141			260,141

RECLASS CODE: I
EXPLANATION : RECLASS OF NURSING ADMIN COSTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	858,447	NURSING ADMINISTRATION	14	858,447
TOTAL RECLASSIFICATIONS FOR CODE I			858,447			858,447

RECLASS CODE: J
EXPLANATION : UPDATE OF MISC. DEPARTMENTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	440,024	RECOVERY ROOM	38	440,024
2.00	WHOLE BLOOD & PACKED RED BLOOD	46	1,016,025	LABORATORY	44	1,016,025
3.00	EMERGENCY	61	39,352	AMBULANCE SERVICES	65	39,352
TOTAL RECLASSIFICATIONS FOR CODE J			1,495,401			1,495,401

RECLASS CODE: K
EXPLANATION : RECLASS OF DIALYSIS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LABORATORY	44	516,592	RENAL DIALYSIS	57	516,592
TOTAL RECLASSIFICATIONS FOR CODE K			516,592			516,592

RECLASS CODE: L
EXPLANATION : RECLASS OF ER CLERK SALARY

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	154,339	ADMINISTRATIVE & GENERAL	6	154,339
TOTAL RECLASSIFICATIONS FOR CODE L			154,339			154,339

RECLASS CODE: M
EXPLANATION : RECLASS OF HHA COSTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	305	OTHER	59	162
2.00			0	CLINIC	60	133
3.00			0	HOME HEALTH AGENCY	71	10
TOTAL RECLASSIFICATIONS FOR CODE M			305			305

Health Financial Systems MCRIF32 FOR MARION MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)
ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET A-7 | PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	1,386,860					1,386,860	
2	LAND IMPROVEMENTS	506,261				32,433	473,828	
3	BUILDINGS & FIXTURE	42,023,914	109,360		109,360		42,133,274	
4	BUILDING IMPROVEMEN	2,012,939	380,713		380,713		2,393,652	
5	FIXED EQUIPMENT	1,930,519	4,487		4,487		1,935,006	
6	MOVABLE EQUIPMENT	20,191,877	2,695,889		2,695,889	1,256,419	21,631,347	
7	SUBTOTAL	68,052,370	3,190,449		3,190,449	1,288,852	69,953,967	
8	RECONCILING ITEMS							
9	TOTAL	68,052,370	3,190,449		3,190,449	1,288,852	69,953,967	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	46,387,614		46,387,614	.663116				
4	NEW CAP REL COSTS-MV	23,566,353		23,566,353	.336884				
5	TOTAL	69,953,967		69,953,967	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
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,189,701	303,343	316,484				3,809,528
4	NEW CAP REL COSTS-MV	2,291,702	1,217,871	213,946				3,723,519
5	TOTAL	5,481,403	1,521,214	530,430				7,533,047

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
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,122,099						2,122,099
4	NEW CAP REL COSTS-MV	2,537,055	23,069					2,560,124
5	TOTAL	4,659,154	23,069					4,682,223

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: 14-0184 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/21/2010 I WORKSHEET A-8

	DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF.
		1	2	3	4	5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-30,089	NEW CAP REL COSTS-BLDG &	3	10
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,395,603			
13	SALE OF SCRAP, WASTE, ETC.	B	-2,054	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-515,348			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-89	ADMINISTRATIVE & GENERAL	6	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,905	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	4,789	ADMINISTRATIVE & GENERAL	6	
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A	343,137	NEW CAP REL COSTS-BLDG &	3	9
32	DEPRECIATION-NEW MOVABLE EQUIP	A	-229,738	NEW CAP REL COSTS-MVBLE E	4	9
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	SATELLITE TV EXPENSE	A	-3,095	OPERATION OF PLANT	8	
38	MISC REVENUE	B	-2,488	ADMINISTRATIVE & GENERAL	6	
39	BAD DEBT EXPENSE	A	-14,247,317	ADMINISTRATIVE & GENERAL	6	
40	OTHER MARKETING COSTS	A	-252,321	ADMINISTRATIVE & GENERAL	6	
41	CRNA	A	-132,052	ANESTHESIOLOGY	40	
42	PHYSICIAN RECRUITING	A	-8,096	ADMINISTRATIVE & GENERAL	6	
43	LOBBYING	A	-26,586	ADMINISTRATIVE & GENERAL	6	
44	CHARITABLE CONTRIBUTIONS	A	-25,766	ADMINISTRATIVE & GENERAL	6	
45	PHYSICIAN GUARANTEES	A	-677,081	ADMINISTRATIVE & GENERAL	6	
46	COUNTRY CLUB/SOCIAL DUES	A	-161	ADMINISTRATIVE & GENERAL	6	
47	GIFTS TO NONPATIENTS	A	-13,101	ADMINISTRATIVE & GENERAL	6	
48	GIFT SHOP	A	-35,873	ADMINISTRATIVE & GENERAL	6	
49	PATIENT PHONE WAGE COST	A	-9,234	ADMINISTRATIVE & GENERAL	6	
49.01	PATIENT PHONE BENEFIT COST	A	-2,174	EMPLOYEE BENEFITS	5	
49.02	PATIENT PHONE EXPENSE	A	-33,026	ADMINISTRATIVE & GENERAL	6	
49.03	PATIENT PHONE DEPRECIATION	A	-8,833	NEW CAP REL COSTS-MVBLE E	4	9
49.04	PATIENT TV DEPRECIATION	A	-12,908	NEW CAP REL COSTS-MVBLE E	4	9
49.05	ILLINOIS PROVIDER TAX	A	-2,248,438	ADMINISTRATIVE & GENERAL	6	
49.06	PENALTIES	A	-4	ADMINISTRATIVE & GENERAL	6	
49.07	LEGAL FEES	A	-651,260	ADMINISTRATIVE & GENERAL	6	
49.08						
49.09						
49.10						
50	TOTAL (SUM OF LINES 1 THRU 49)		-26,216,714			

(1) Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32 FOR MARION MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)
STATEMENT OF COSTS OF SERVICES I PROVIDER NO: I PERIOD: I PREPARED 9/21/2010
FROM RELATED ORGANIZATIONS AND I 14-0184 I FROM 5/ 1/2009 I
HOME OFFICE COSTS I I TO 4/30/2010 I WORKSHEET A-8-1

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* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1 3	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-BLDG &	31,172		31,172	11
2 3	NEW CAP REL COSTS-BLDG &	CAPITAL RELATED INTEREST	285,312		285,312	11
3 4	NEW CAP REL COSTS-MVBLE E	NEW CAPITAL REL COSTS-MVB	213,946		213,946	11
4 6	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	860,074		860,074	
4.01 6	ADMINISTRATIVE & GENERAL	PASI CAPITAL COSTS	64,525		64,525	11
4.02 6	ADMINISTRATIVE & GENERAL	NON-CAPITAL A&G	1,817,522		1,817,522	
4.03 6	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE		101,455	-101,455	
4.04 6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES		1,120,109	-1,120,109	
4.05 6	ADMINISTRATIVE & GENERAL	401K FEES		2,868	-2,868	
4.06 6	ADMINISTRATIVE & GENERAL	AUDIT FEES		48,175	-48,175	
4.07 6	ADMINISTRATIVE & GENERAL	MIS FEES		382,050	-382,050	
4.08 6	ADMINISTRATIVE & GENERAL	MANAGED CARE		35,855	-35,855	
4.09 6	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT		86,563	-86,563	
4.10 6	ADMINISTRATIVE & GENERAL	PURCHASE & ANCILLARY		10,074	-10,074	
4.11 6	ADMINISTRATIVE & GENERAL	EMERGENCY ROOM		47,394	-47,394	
4.12 6	ADMINISTRATIVE & GENERAL	PPSI FEES		12,250	-12,250	
4.13 6	ADMINISTRATIVE & GENERAL	COMPLIANCE/HIM/CCA FEES		23,057	-23,057	
4.14 6	ADMINISTRATIVE & GENERAL	SENIOR CIRCLE		25,327	-25,327	
4.15 6	ADMINISTRATIVE & GENERAL	PASI COLLECTION FEES		568,746	-568,746	
4.16 6	ADMINISTRATIVE & GENERAL	EBOS FEES		292,934	-292,934	
4.17 6	ADMINISTRATIVE & GENERAL	PASI LIEN UNIT COLLECTION		113,968	-113,968	
4.18 6	ADMINISTRATIVE & GENERAL	MALPRACTICE	1,006,191		1,006,191	
4.19 6	ADMINISTRATIVE & GENERAL	MALPRACTICE		1,923,265	-1,923,265	
5	TOTALS		4,278,742	4,794,090	-515,348	

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	B	COMMUNITY HEALTH SYSTEMS	100.00		0.00	HOSPITAL CORPORATION
2	B	PASI	0.00		0.00	COLLECTION AGENCY
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 14-0184 I
I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I
I PREPARED 9/21/2010 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	6	GENERAL AND ADMINISTRATIV	19,013	19,013		159,800			
2	25	ADULTS & PEDS	679,830	559,830	120,000	159,800	2,288	175,780	8,789
3	37	OPERATING ROOM	800,000	800,000		182,900			
4	40	ANESTHESIA	4,174,150	4,174,150		167,500			
5	41	RADIOLOGY	457,320	457,320		217,600			
6	61	EMERGENCY ROOM	1,416,482	1,366,482	50,000	159,800	406	31,192	1,560
7									
8									
9									
10									
11									
12									
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28									
29									
30									
101		TOTAL	7,546,795	7,376,795	170,000		2,694	206,972	10,349

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 14-0184 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/21/2010 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6	GENERAL AND ADMINISTRATIV							19,013
2	25	ADULTS & PEDS					175,780		559,830
3	37	OPERATING ROOM							800,000
4	40	ANESTHESIA							4,174,150
5	41	RADIOLOGY							457,320
6	61	EMERGENCY ROOM					31,192	18,808	1,385,290
7									
8									
9									
10									
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12									
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29									
30									
101		TOTAL					206,972	18,808	7,395,603

COST ALLOCATION STATISTICS

I PROVIDER NO: I 14-0184 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/21/2010 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED 1	ENTERED
12	CAFETERIA	8	FTE'S		ENTERED
14	NURSING ADMINISTRATION	9	NURSING	WAGES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS 1	ENTERED
16	PHARMACY	11	COSTED	REQUIS 2	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	13	PATIENT	DAYS	NOT ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL
			0	1	2	3	4	5	5a.00
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &	3,809,528			3,809,528			
004		NEW CAP REL COSTS-MVBLE E	3,723,519				3,723,519		
005		EMPLOYEE BENEFITS	3,838,829			21,399	20,916	3,881,144	
006		ADMINISTRATIVE & GENERAL	9,683,227			422,405	412,868	518,596	11,037,096
008		OPERATION OF PLANT	1,880,287			907,804	887,312	58,517	3,733,920
009		LAUNDRY & LINEN SERVICE	333,943			8,786	8,588	6,379	357,696
010		HOUSEKEEPING	1,000,985			31,869	31,149	135,219	1,199,222
011		DIETARY	1,506,052			64,924	63,458		1,634,434
012		CAFETERIA				73,374	71,717		145,091
014		NURSING ADMINISTRATION	757,167			101,150	98,867	84,442	1,041,626
015		CENTRAL SERVICES & SUPPLY	430,371			41,293	40,360	21,473	533,497
016		PHARMACY	1,360,851			37,183	36,343	207,180	1,641,557
017		MEDICAL RECORDS & LIBRARY	1,321,240			60,761	59,389	80,756	1,522,146
018		SOCIAL SERVICE							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	5,722,194			655,299	640,504	805,182	7,823,179
026		INTENSIVE CARE UNIT	2,578,099			140,282	137,115	354,266	3,209,762
033		NURSERY	707,608			35,181	34,387	75,195	852,371
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	4,587,595			363,663	355,453	323,710	5,630,421
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	1,085,454			84,853	82,937	115,346	1,368,590
040		ANESTHESIOLOGY	150,093			10,540	10,302		170,935
041		RADIOLOGY-DIAGNOSTIC	2,370,471			129,140	126,224	270,630	2,896,465
041	01	ULTRASOUND	202,155			36,953	36,118	27,395	302,621
041	02	CT SCAN	232,974			21,293	20,812	30,852	305,931
041	03	MRI	166,201			22,622	22,111	9,081	220,015
043		RADIOISOTOPE	442,645			12,241	11,964	26,613	493,463
044		LABORATORY	2,979,143			80,991	79,163	178,586	3,317,883
046		WHOLE BLOOD & PACKED RED	1,016,025			4,464	4,363	10,138	1,034,990
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	594,719			19,238	18,804	79,272	712,033
049	01	SLEEP LAB	244,930			41,736	40,793		327,459
050		PHYSICAL THERAPY	485,710			115,942	113,324	70,337	785,313
051		OCCUPATIONAL THERAPY	68,006			2,923	2,857	10,635	84,421
052		SPEECH PATHOLOGY	68,050			1,647	1,610	10,821	82,128
053		ELECTROCARDIOLOGY	2,003,466			74,224	72,548	134,907	2,285,145
055		MEDICAL SUPPLIES CHARGED	6,119,646						6,119,646
056		DRUGS CHARGED TO PATIENTS	3,753,149						3,753,149
057		RENAL DIALYSIS							
059		OTHER							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY	1,786,130			168,962	165,147	217,095	2,337,334
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	67,010,462			3,793,142	3,707,503	3,862,623	66,959,539
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				11,975	11,705		23,680
098		PHYSICIANS' PRIVATE OFFIC							
100		OTHER NONREIMBURSABLE COS							
100	01	NON-REIMBURSABLE - SENIOR	66,507			4,411	4,311	8,708	83,937
100	02	NON-REIMBURSABLE - MARKET	376,773					9,813	386,586
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	67,453,742			3,809,528	3,723,519	3,881,144	67,453,742

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
			6	8	9	10	11	12	14
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	11,037,096						
008		OPERATION OF PLANT	730,485	4,464,405					
009		LAUNDRY & LINEN SERVICE	69,978	15,959	443,633				
010		HOUSEKEEPING	234,610	57,884		1,491,716			
011		DIETARY	319,752	117,924		40,065	2,112,175		
012		CAFETERIA	28,385	133,272		45,280	1,173,905	1,525,933	
014		NURSING ADMINISTRATION	203,779	183,723		62,421		34,230	1,525,779
015		CENTRAL SERVICES & SUPPLY	104,371	75,001	12,781	25,482		21,642	
016		PHARMACY	321,146	67,537		22,946		63,115	
017		MEDICAL RECORDS & LIBRARY	297,785	110,363		37,496		68,371	
018		SOCIAL SERVICE							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,530,512	1,190,242	176,118	404,391	673,404	419,146	649,751
026		INTENSIVE CARE UNIT	627,942	254,799	39,843	86,569	121,635	141,777	285,873
033		NURSERY	166,754	63,901	57,707	21,711		32,905	60,678
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	1,101,507	660,534	75,763	224,420		154,144	261,216
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	267,744	154,121		52,364		50,483	93,078
040		ANESTHESIOLOGY	33,441	19,145		6,504			
041		RADIOLOGY-DIAGNOSTIC	566,650	234,561		79,693		129,675	
041	01	ULTRASOUND	59,203	67,118	4,215	22,804		12,941	
041	02	CT SCAN	59,851	38,675		13,140		14,619	
041	03	MRI	43,043	41,088		13,960		4,328	
043		RADIOISOTOPE	96,539	22,233		7,554		8,966	
044		LABORATORY	649,094	147,107		49,980		130,779	
046		WHOLE BLOOD & PACKED RED	202,480	8,108		2,755		4,417	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	139,299	34,943		11,872		41,031	
049	01	SLEEP LAB	64,062	75,806		25,755			
050		PHYSICAL THERAPY	153,635	210,590	6,357	71,549		29,239	
051		OCCUPATIONAL THERAPY	16,516	5,309		1,804		3,578	
052		SPEECH PATHOLOGY	16,067	2,992		1,017		3,533	
053		ELECTROCARDIOLOGY	447,054	134,816	17,831	45,804		64,572	
055		MEDICAL SUPPLIES CHARGED	1,197,217						
056		DRUGS CHARGED TO PATIENTS	734,247						
057		RENAL DIALYSIS							
059		OTHER							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY	457,264	306,891	53,018	104,268		83,741	175,183
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	10,940,412	4,434,642	443,633	1,481,604	1,968,944	1,517,232	1,525,779
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	4,633	21,751		7,390			
098		PHYSICIANS' PRIVATE OFFIC							
100		OTHER NONREIMBURSABLE COS					87,982		
100	01	NON-REIMBURSABLE - SENIOR	16,421	8,012		2,722	55,249	4,505	
100	02	NON-REIMBURSABLE - MARKET	75,630					4,196	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	11,037,096	4,464,405	443,633	1,491,716	2,112,175	1,525,933	1,525,779

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
			15	16	17	18	25	26	27
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY	772,774						
016		PHARMACY		2,116,301					
017		MEDICAL RECORDS & LIBRARY	2,207		2,038,368				
018		SOCIAL SERVICE							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	25,714		165,852		13,058,309		13,058,309
026		INTENSIVE CARE UNIT	9,683		50,887		4,828,770		4,828,770
033		NURSERY	3,276		9,041		1,268,344		1,268,344
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	455		262,651		8,371,111		8,371,111
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	2,420		13,869		2,002,669		2,002,669
040		ANESTHESIOLOGY	9,916		68,264		308,205		308,205
041		RADIOLOGY-DIAGNOSTIC			65,376		3,972,420		3,972,420
041	01	ULTRASOUND	205		41,139		510,246		510,246
041	02	CT SCAN	2,841		120,740		555,797		555,797
041	03	MRI	145		21,468		344,047		344,047
043		RADIOISOTOPE	188		29,501		658,444		658,444
044		LABORATORY	6		336,732		4,631,581		4,631,581
046		WHOLE BLOOD & PACKED RED			18,043		1,270,793		1,270,793
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	6,115		46,932		992,225		992,225
049	01	SLEEP LAB	179		19,015		512,276		512,276
050		PHYSICAL THERAPY	1,023		21,007		1,278,713		1,278,713
051		OCCUPATIONAL THERAPY			2,563		114,191		114,191
052		SPEECH PATHOLOGY	4		622		106,363		106,363
053		ELECTROCARDIOLOGY	67,417		170,115		3,232,754		3,232,754
055		MEDICAL SUPPLIES CHARGED	634,593		252,579		8,204,035		8,204,035
056		DRUGS CHARGED TO PATIENTS		2,116,301	204,370		6,808,067		6,808,067
057		RENAL DIALYSIS							
059		OTHER							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY	6,190		117,602		3,641,491		3,641,491
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	772,577	2,116,301	2,038,368		66,670,851		66,670,851
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					57,454		57,454
098		PHYSICIANS' PRIVATE OFFIC							
100		OTHER NONREIMBURSABLE COS					87,982		87,982
100	01	NON-REIMBURSABLE - SENIOR	197				171,043		171,043
100	02	NON-REIMBURSABLE - MARKET					466,412		466,412
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	772,774	2,116,301	2,038,368		67,453,742		67,453,742

ALLOCATION OF NEW CAPITAL RELATED COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET B PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
		0	1	2	3	4	4a	5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				21,399	20,916	42,315	42,315
006	ADMINISTRATIVE & GENERAL				422,405	412,868	835,273	5,654
008	OPERATION OF PLANT				907,804	887,312	1,795,116	638
009	LAUNDRY & LINEN SERVICE				8,786	8,588	17,374	70
010	HOUSEKEEPING				31,869	31,149	63,018	1,474
011	DIETARY				64,924	63,458	128,382	
012	CAFETERIA				73,374	71,717	145,091	
014	NURSING ADMINISTRATION				101,150	98,867	200,017	921
015	CENTRAL SERVICES & SUPPLY				41,293	40,360	81,653	234
016	PHARMACY				37,183	36,343	73,526	2,259
017	MEDICAL RECORDS & LIBRARY				60,761	59,389	120,150	880
018	SOCIAL SERVICE							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				655,299	640,504	1,295,803	8,780
026	INTENSIVE CARE UNIT				140,282	137,115	277,397	3,862
033	NURSERY				35,181	34,387	69,568	820
034	SKILLED NURSING FACILITY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				363,663	355,453	719,116	3,529
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO				84,853	82,937	167,790	1,257
040	ANESTHESIOLOGY				10,540	10,302	20,842	
041	RADIOLOGY-DIAGNOSTIC				129,140	126,224	255,364	2,950
041 01	ULTRASOUND				36,953	36,118	73,071	299
041 02	CT SCAN				21,293	20,812	42,105	336
041 03	MRI				22,622	22,111	44,733	99
043	RADIOISOTOPE				12,241	11,964	24,205	290
044	LABORATORY				80,991	79,163	160,154	1,947
046	WHOLE BLOOD & PACKED RED				4,464	4,363	8,827	111
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				19,238	18,804	38,042	864
049 01	SLEEP LAB				41,736	40,793	82,529	
050	PHYSICAL THERAPY				115,942	113,324	229,266	767
051	OCCUPATIONAL THERAPY				2,923	2,857	5,780	116
052	SPEECH PATHOLOGY				1,647	1,610	3,257	118
053	ELECTROCARDIOLOGY				74,224	72,548	146,772	1,471
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
059	OTHER							
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY				168,962	165,147	334,109	2,367
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
071	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				3,793,142	3,707,503	7,500,645	42,113
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				11,975	11,705	23,680	
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100 01	NON-REIMBURSABLE - SENIOR				4,411	4,311	8,722	95
100 02	NON-REIMBURSABLE - MARKET							107
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				3,809,528	3,723,519	7,533,047	42,315

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
			6	8	9	10	11	12	14
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL	840,927						
008		OPERATION OF PLANT	55,658	1,851,412					
009		LAUNDRY & LINEN SERVICE	5,332	6,618	29,394				
010		HOUSEKEEPING	17,876	24,005		106,373			
011		DIETARY	24,363	48,904		2,857	204,506		
012		CAFETERIA	2,163	55,268		3,229	113,660	319,411	
014		NURSING ADMINISTRATION	15,526	76,191		4,451		7,165	304,271
015		CENTRAL SERVICES & SUPPLY	7,952	31,103	847	1,817		4,530	
016		PHARMACY	24,469	28,008		1,636		13,211	
017		MEDICAL RECORDS & LIBRARY	22,689	45,768		2,674		14,312	
018		SOCIAL SERVICE							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	116,594	493,600	11,669	28,838	65,201	87,735	129,573
026		INTENSIVE CARE UNIT	47,845	105,666	2,640	6,173	11,777	29,677	57,009
033		NURSERY	12,705	26,500	3,824	1,548		6,888	12,100
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	83,927	273,927	5,020	16,003		32,266	52,092
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	20,400	63,915		3,734		10,567	18,562
040		ANESTHESIOLOGY	2,548	7,939		464			
041		RADIOLOGY-DIAGNOSTIC	43,175	97,273		5,683		27,144	
041	01	ULTRASOUND	4,511	27,834	279	1,626		2,709	
041	02	CT SCAN	4,560	16,039		937		3,060	
041	03	MRI	3,280	17,040		995		906	
043		RADIOISOTOPE	7,356	9,220		539		1,877	
044		LABORATORY	49,456	61,006		3,564		27,375	
046		WHOLE BLOOD & PACKED RED	15,428	3,363		196		925	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	10,614	14,491		847		8,589	
049	01	SLEEP LAB	4,881	31,437		1,837			
050		PHYSICAL THERAPY	11,706	87,333	421	5,102		6,120	
051		OCCUPATIONAL THERAPY	1,258	2,202		129		749	
052		SPEECH PATHOLOGY	1,224	1,241		72		740	
053		ELECTROCARDIOLOGY	34,062	55,909	1,181	3,266		13,516	
055		MEDICAL SUPPLIES CHARGED	91,219						
056		DRUGS CHARGED TO PATIENTS	55,944						
057		RENAL DIALYSIS							
059		OTHER							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY	34,840	127,269	3,513	7,435		17,529	34,935
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	833,561	1,839,069	29,394	105,652	190,638	317,590	304,271
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	353	9,020		527			
098		PHYSICIANS' PRIVATE OFFIC							
100		OTHER NONREIMBURSABLE COS					8,519		
100	01	NON-REIMBURSABLE - SENIOR	1,251	3,323		194	5,349	943	
100	02	NON-REIMBURSABLE - MARKET	5,762					878	
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	840,927	1,851,412	29,394	106,373	204,506	319,411	304,271

		COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			15	16	17	18	25	26	27
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY	128,136						
016		PHARMACY		143,109					
017		MEDICAL RECORDS & LIBRARY	366		206,839				
018		SOCIAL SERVICE							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	4,263		16,821		2,258,877		2,258,877
026		INTENSIVE CARE UNIT	1,605		5,161		548,812		548,812
033		NURSERY	543		917		135,413		135,413
034		SKILLED NURSING FACILITY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	76		26,639		1,212,595		1,212,595
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO	401		1,407		288,033		288,033
040		ANESTHESIOLOGY	1,644		6,923		40,360		40,360
041		RADIOLOGY-DIAGNOSTIC			6,631		438,220		438,220
041	01	ULTRASOUND	34		4,172		114,535		114,535
041	02	CT SCAN	471		12,246		79,754		79,754
041	03	MRI	24		2,177		69,254		69,254
043		RADIOISOTOPE	31		2,992		46,510		46,510
044		LABORATORY	1		34,255		337,758		337,758
046		WHOLE BLOOD & PACKED RED			1,830		30,680		30,680
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	1,014		4,760		79,221		79,221
049	01	SLEEP LAB	30		1,929		122,643		122,643
050		PHYSICAL THERAPY	170		2,131		343,016		343,016
051		OCCUPATIONAL THERAPY			260		10,494		10,494
052		SPEECH PATHOLOGY	1		63		6,716		6,716
053		ELECTROCARDIOLOGY	11,178		17,253		284,608		284,608
055		MEDICAL SUPPLIES CHARGED	105,225		25,617		222,061		222,061
056		DRUGS CHARGED TO PATIENTS		143,109	20,728		219,781		219,781
057		RENAL DIALYSIS							
059		OTHER							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY	1,026		11,927		574,950		574,950
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
095		SUBTOTALS	128,103	143,109	206,839		7,464,291		7,464,291
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					33,580		33,580
098		PHYSICIANS' PRIVATE OFFIC							
100		OTHER NONREIMBURSABLE COS					8,519		8,519
100	01	NON-REIMBURSABLE - SENIOR	33				19,910		19,910
100	02	NON-REIMBURSABLE - MARKET					6,747		6,747
101		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	128,136	143,109	206,839		7,533,047		7,533,047

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (SQUARE)FEET	NEW CAP REL COSTS-BLDG & (SQUARE)FEET	NEW CAP REL COSTS-MVBLE E (SQUARE)FEET	EMPLOYEE BENEFITS (GROSS)SALARIES	RECONCILIATION
			1	2	3	4	5	6a.00
		GENERAL SERVICE COST						
001		OLD CAP REL COSTS-BLD	215,050					
002		OLD CAP REL COSTS-MVB		215,050				
003		NEW CAP REL COSTS-BLD			215,050			
004		NEW CAP REL COSTS-MVB				215,050		
005		EMPLOYEE BENEFITS	1,208	1,208	1,208	1,208	22,602,043	
006		ADMINISTRATIVE & GENE	23,845	23,845	23,845	23,845	3,020,060	-11,037,096
008		OPERATION OF PLANT	51,246	51,246	51,246	51,246	340,774	
009		LAUNDRY & LINEN SERVI	496	496	496	496	37,150	
010		HOUSEKEEPING	1,799	1,799	1,799	1,799	787,454	
011		DIETARY	3,665	3,665	3,665	3,665		
012		CAFETERIA	4,142	4,142	4,142	4,142		
014		NURSING ADMINISTRATIO	5,710	5,710	5,710	5,710	491,751	
015		CENTRAL SERVICES & SU	2,331	2,331	2,331	2,331	125,050	
016		PHARMACY	2,099	2,099	2,099	2,099	1,206,521	
017		MEDICAL RECORDS & LIB	3,430	3,430	3,430	3,430	470,286	
018		SOCIAL SERVICE						
		INPAT ROUTINE SRVC CN						
025		ADULTS & PEDIATRICS	36,992	36,992	36,992	36,992	4,689,073	
026		INTENSIVE CARE UNIT	7,919	7,919	7,919	7,919	2,063,080	
033		NURSERY	1,986	1,986	1,986	1,986	437,898	
034		SKILLED NURSING FACIL						
		ANCILLARY SRVC COST C						
037		OPERATING ROOM	20,529	20,529	20,529	20,529	1,885,135	
038		RECOVERY ROOM						
039		DELIVERY ROOM & LABOR	4,790	4,790	4,790	4,790	671,723	
040		ANESTHESIOLOGY	595	595	595	595		
041		RADIOLOGY-DIAGNOSTIC	7,290	7,290	7,290	7,290	1,576,023	
041	01	ULTRASOUND	2,086	2,086	2,086	2,086	159,533	
041	02	CT SCAN	1,202	1,202	1,202	1,202	179,670	
041	03	MRI	1,277	1,277	1,277	1,277	52,881	
043		RADIOISOTOPE	691	691	691	691	154,981	
044		LABORATORY	4,572	4,572	4,572	4,572	1,040,001	
046		WHOLE BLOOD & PACKED	252	252	252	252	59,041	
048		INTRAVENOUS THERAPY						
049		RESPIRATORY THERAPY	1,086	1,086	1,086	1,086	461,645	
049	01	SLEEP LAB	2,356	2,356	2,356	2,356		
050		PHYSICAL THERAPY	6,545	6,545	6,545	6,545	409,612	
051		OCCUPATIONAL THERAPY	165	165	165	165	61,934	
052		SPEECH PATHOLOGY	93	93	93	93	63,016	
053		ELECTROCARDIOLOGY	4,190	4,190	4,190	4,190	785,635	
055		MEDICAL SUPPLIES CHAR						
056		DRUGS CHARGED TO PATI						
057		RENAL DIALYSIS						
059		OTHER						
		OUTPAT SERVICE COST C						
060		CLINIC						
061		EMERGENCY	9,538	9,538	9,538	9,538	1,264,259	
062		OBSERVATION BEDS (NON						
		OTHER REIMBURS COST C						
065		AMBULANCE SERVICES						
071		HOME HEALTH AGENCY						
		SPEC PURPOSE COST CEN						
095		SUBTOTALS	214,125	214,125	214,125	214,125	22,494,186	-11,037,096
		NONREIMBURS COST CENT						
096		GIFT, FLOWER, COFFEE	676	676	676	676		
098		PHYSICIANS' PRIVATE O						
100		OTHER NONREIMBURSABLE						
100	01	NON-REIMBURSABLE - SE	249	249	249	249	50,712	
100	02	NON-REIMBURSABLE - MA					57,145	
101		CROSS FOOT ADJUSTMENT						
102		NEGATIVE COST CENTER						
103		COST TO BE ALLOCATED (WRKSHT B, PART I)			3,809,528	3,723,519	3,881,144	
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)			17.714615	17.314666	.171717	
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					42,315	
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001872	

		COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED 1)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING WAGES)
			6	8	9	10	11	12	14
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
006		ADMINISTRATIVE & GENE	56,416,646						
008		OPERATION OF PLANT	3,733,920	138,751					
009		LAUNDRY & LINEN SERVI	357,696	496	495,292				
010		HOUSEKEEPING	1,199,222	1,799		136,456			
011		DIETARY	1,634,434	3,665		3,665	176,739		
012		CAFETERIA	145,091	4,142		4,142	98,228	34,549	
014		NURSING ADMINISTRATIO	1,041,626	5,710		5,710		775	11,011,168
015		CENTRAL SERVICES & SU	533,497	2,331	14,269	2,331		490	
016		PHARMACY	1,641,557	2,099		2,099		1,429	
017		MEDICAL RECORDS & LIB	1,522,146	3,430		3,430		1,548	
018		SOCIAL SERVICE							
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	7,823,179	36,992	196,627	36,992	56,348	9,490	4,689,073
026		INTENSIVE CARE UNIT	3,209,762	7,919	44,482	7,919	10,178	3,210	2,063,080
033		NURSERY	852,371	1,986	64,427	1,986		745	437,898
034		SKILLED NURSING FACIL							
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	5,630,421	20,529	84,585	20,529		3,490	1,885,135
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR	1,368,590	4,790		4,790		1,143	671,723
040		ANESTHESIOLOGY	170,935	595		595			
041		RADIOLOGY-DIAGNOSTIC	2,896,465	7,290		7,290		2,936	
041	01	ULTRASOUND	302,621	2,086	4,706	2,086		293	
041	02	CT SCAN	305,931	1,202		1,202		331	
041	03	MRI	220,015	1,277		1,277		98	
043		RADIOISOTOPE	493,463	691		691		203	
044		LABORATORY	3,317,883	4,572		4,572		2,961	
046		WHOLE BLOOD & PACKED	1,034,990	252		252		100	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY	712,033	1,086		1,086		929	
049	01	SLEEP LAB	327,459	2,356		2,356			
050		PHYSICAL THERAPY	785,313	6,545	7,097	6,545		662	
051		OCCUPATIONAL THERAPY	84,421	165		165		81	
052		SPEECH PATHOLOGY	82,128	93		93		80	
053		ELECTROCARDIOLOGY	2,285,145	4,190	19,907	4,190		1,462	
055		MEDICAL SUPPLIES CHAR	6,119,646						
056		DRUGS CHARGED TO PATI	3,753,149						
057		RENAL DIALYSIS							
059		OTHER							
		OUTPAT SERVICE COST C							
060		CLINIC							
061		EMERGENCY	2,337,334	9,538	59,192	9,538		1,896	1,264,259
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CEN							
095		SUBTOTALS	55,922,443	137,826	495,292	135,531	164,754	34,352	11,011,168
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	23,680	676		676			
098		PHYSICIANS' PRIVATE O							
100		OTHER NONREIMBURSABLE					7,362		
100	01	NON-REIMBURSABLE - SE	83,937	249		249	4,623	102	
100	02	NON-REIMBURSABLE - MA	386,586					95	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED (WRKSHT B, PART I)	11,037,096	4,464,405	443,633	1,491,716	2,112,175	1,525,933	1,525,779
104		UNIT COST MULTIPLIER (WRKSHT B, PT I)	.195635	32.175660	.895700	10.931846	11.950814	44.167212	.138566
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	840,927	1,851,412	29,394	106,373	204,506	319,411	304,271
108		UNIT COST MULTIPLIER (WRKSHT B, PT III)	.014906	13.343414	.059347	.779541	1.157107	9.245159	.027633

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS 1)	PHARMACY (COSTED REQUIS 2)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)
		15	16	17	18
	GENERAL SERVICE COST				
001	OLD CAP REL COSTS-BLD				
002	OLD CAP REL COSTS-MVB				
003	NEW CAP REL COSTS-BLD				
004	NEW CAP REL COSTS-MVB				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENE				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVI				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATIO				
015	CENTRAL SERVICES & SU	10,598,150			
016	PHARMACY		3,753,149		
017	MEDICAL RECORDS & LIB	30,272		420,225,195	
018	SOCIAL SERVICE				
	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS	352,646		34,189,175	
026	INTENSIVE CARE UNIT	132,794		10,490,054	
033	NURSERY	44,923		1,863,747	
034	SKILLED NURSING FACIL				
	ANCILLARY SRVC COST C				
037	OPERATING ROOM	6,246		54,143,717	
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR	33,191		2,858,944	
040	ANESTHESIOLOGY	135,996		14,072,092	
041	RADIOLOGY-DIAGNOSTIC			13,476,868	
041 01	ULTRASOUND	2,807		8,480,576	
041 02	CT SCAN	38,963		24,889,778	
041 03	MRI	1,989		4,425,514	
043	RADIOISOTOPE	2,580		6,081,464	
044	LABORATORY	80		69,444,252	
046	WHOLE BLOOD & PACKED			3,719,521	
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY	83,866		9,674,806	
049 01	SLEEP LAB	2,458		3,919,727	
050	PHYSICAL THERAPY	14,030		4,330,544	
051	OCCUPATIONAL THERAPY			528,435	
052	SPEECH PATHOLOGY	61		128,272	
053	ELECTROCARDIOLOGY	924,584		35,068,006	
055	MEDICAL SUPPLIES CHAR	8,703,068		52,067,447	
056	DRUGS CHARGED TO PATI		3,753,149	42,129,484	
057	RENAL DIALYSIS				
059	OTHER				
	OUTPAT SERVICE COST C				
060	CLINIC				
061	EMERGENCY	84,888		24,242,772	
062	OBSERVATION BEDS (NON				
	OTHER REIMBURS COST C				
065	AMBULANCE SERVICES				
071	HOME HEALTH AGENCY				
	SPEC PURPOSE COST CEN				
095	SUBTOTALS	10,595,442	3,753,149	420,225,195	
	NONREIMBURS COST CENT				
096	GIFT, FLOWER, COFFEE				
098	PHYSICIANS' PRIVATE O				
100	OTHER NONREIMBURSABLE				
100 01	NON-REIMBURSABLE - SE	2,708			
100 02	NON-REIMBURSABLE - MA				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	772,774	2,116,301	2,038,368	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.072916	.563873	.004851	
105	COST TO BE ALLOCATED (PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	128,136	143,109	206,839	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.012090	.038130	.000492	

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET C | PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,058,309		13,058,309		13,058,309
26	INTENSIVE CARE UNIT	4,828,770		4,828,770		4,828,770
33	NURSERY	1,268,344		1,268,344		1,268,344
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,371,111		8,371,111		8,371,111
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	2,002,669		2,002,669		2,002,669
40	ANESTHESIOLOGY	308,205		308,205		308,205
41	RADIOLOGY-DIAGNOSTIC	3,972,420		3,972,420		3,972,420
41 01	ULTRASOUND	510,246		510,246		510,246
41 02	CT SCAN	555,797		555,797		555,797
41 03	MRI	344,047		344,047		344,047
43	RADIOISOTOPE	658,444		658,444		658,444
44	LABORATORY	4,631,581		4,631,581		4,631,581
46	WHOLE BLOOD & PACKED RED	1,270,793		1,270,793		1,270,793
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	992,225		992,225		992,225
49 01	SLEEP LAB	512,276		512,276		512,276
50	PHYSICAL THERAPY	1,278,713		1,278,713		1,278,713
51	OCCUPATIONAL THERAPY	114,191		114,191		114,191
52	SPEECH PATHOLOGY	106,363		106,363		106,363
53	ELECTROCARDIOLOGY	3,232,754		3,232,754		3,232,754
55	MEDICAL SUPPLIES CHARGED	8,204,035		8,204,035		8,204,035
56	DRUGS CHARGED TO PATIENTS	6,808,067		6,808,067		6,808,067
57	RENAL DIALYSIS					
59	OTHER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,641,491		3,641,491	18,808	3,660,299
62	OBSERVATION BEDS (NON-DIS	222,943		222,943		222,943
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	66,893,794		66,893,794	18,808	66,912,602
102	LESS OBSERVATION BEDS	222,943		222,943		222,943
103	TOTAL	66,670,851		66,670,851	18,808	66,689,659

COMPUTATION OF RATIO OF COSTS TO CHARGES | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET C | PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	34,189,175		34,189,175			
26		INTENSIVE CARE UNIT	10,490,054		10,490,054			
33		NURSERY	1,863,747		1,863,747			
34		SKILLED NURSING FACILITY						
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	34,819,745	19,323,972	54,143,717	.154609	.154609	.154609
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO	2,537,792	321,152	2,858,944	.700493	.700493	.700493
40		ANESTHESIOLOGY	9,724,268	4,347,825	14,072,093	.021902	.021902	.021902
41		RADIOLOGY-DIAGNOSTIC	4,650,288	8,826,580	13,476,868	.294758	.294758	.294758
41	01	ULTRASOUND	3,539,890	4,940,686	8,480,576	.060166	.060166	.060166
41	02	CT SCAN	10,485,537	14,404,241	24,889,778	.022330	.022330	.022330
41	03	MRI	453,163	3,972,351	4,425,514	.077742	.077742	.077742
43		RADIOISOTOPE	3,043,088	3,038,376	6,081,464	.108271	.108271	.108271
44		LABORATORY	39,271,684	30,172,568	69,444,252	.066695	.066695	.066695
46		WHOLE BLOOD & PACKED RED	2,428,005	1,291,516	3,719,521	.341655	.341655	.341655
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	8,993,737	681,069	9,674,806	.102558	.102558	.102558
49	01	SLEEP LAB	153,035	3,766,691	3,919,726	.130692	.130692	.130692
50		PHYSICAL THERAPY	2,641,456	1,689,088	4,330,544	.295278	.295278	.295278
51		OCCUPATIONAL THERAPY	397,535	130,900	528,435	.216093	.216093	.216093
52		SPEECH PATHOLOGY	71,107	57,165	128,272	.829199	.829199	.829199
53		ELECTROCARDIOLOGY	25,816,104	9,251,902	35,068,006	.092185	.092185	.092185
55		MEDICAL SUPPLIES CHARGED	42,104,568	9,962,879	52,067,447	.157566	.157566	.157566
56		DRUGS CHARGED TO PATIENTS	28,942,344	13,187,140	42,129,484	.161599	.161599	.161599
57		RENAL DIALYSIS						
59		OTHER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY	7,324,402	16,918,370	24,242,772	.150209	.150209	.150985
62		OBSERVATION BEDS (NON-DIS	329,416	592,055	921,471	.241943	.241943	.241943
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		SUBTOTAL	274,270,140	146,876,526	421,146,666			
102		LESS OBSERVATION BEDS						
103		TOTAL	274,270,140	146,876,526	421,146,666			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,058,309		13,058,309		13,058,309
26	INTENSIVE CARE UNIT	4,828,770		4,828,770		4,828,770
33	NURSERY	1,268,344		1,268,344		1,268,344
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	8,371,111		8,371,111		8,371,111
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	2,002,669		2,002,669		2,002,669
40	ANESTHESIOLOGY	308,205		308,205		308,205
41	RADIOLOGY-DIAGNOSTIC	3,972,420		3,972,420		3,972,420
41 01	ULTRASOUND	510,246		510,246		510,246
41 02	CT SCAN	555,797		555,797		555,797
41 03	MRI	344,047		344,047		344,047
43	RADIOISOTOPE	658,444		658,444		658,444
44	LABORATORY	4,631,581		4,631,581		4,631,581
46	WHOLE BLOOD & PACKED RED	1,270,793		1,270,793		1,270,793
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	992,225		992,225		992,225
49 01	SLEEP LAB	512,276		512,276		512,276
50	PHYSICAL THERAPY	1,278,713		1,278,713		1,278,713
51	OCCUPATIONAL THERAPY	114,191		114,191		114,191
52	SPEECH PATHOLOGY	106,363		106,363		106,363
53	ELECTROCARDIOLOGY	3,232,754		3,232,754		3,232,754
55	MEDICAL SUPPLIES CHARGED	8,204,035		8,204,035		8,204,035
56	DRUGS CHARGED TO PATIENTS	6,808,067		6,808,067		6,808,067
57	RENAL DIALYSIS					
59	OTHER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,641,491		3,641,491	18,808	3,660,299
62	OBSERVATION BEDS (NON-DIS	222,943		222,943		222,943
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	66,893,794		66,893,794	18,808	66,912,602
102	LESS OBSERVATION BEDS	222,943		222,943		222,943
103	TOTAL	66,670,851		66,670,851	18,808	66,689,659

PROVIDER NO: 14-0184 PERIOD: FROM 5/ 1/2009 TO 4/30/2010 PREPARED 9/21/2010

COMPUTATION OF RATIO OF COSTS TO CHARGES — WORKSHEET C
SPECIAL TITLE XIX WORKSHEET — PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	34,189,175		34,189,175			
26		INTENSIVE CARE UNIT	10,490,054		10,490,054			
33		NURSERY	1,863,747		1,863,747			
34		SKILLED NURSING FACILITY						
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	34,819,745	19,323,972	54,143,717	.154609	.154609	.154609
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO	2,537,792	321,152	2,858,944	.700493	.700493	.700493
40		ANESTHESIOLOGY	9,724,268	4,347,825	14,072,093	.021902	.021902	.021902
41		RADIOLOGY-DIAGNOSTIC	4,650,288	8,826,580	13,476,868	.294758	.294758	.294758
41	01	ULTRASOUND	3,539,890	4,940,686	8,480,576	.060166	.060166	.060166
41	02	CT SCAN	10,485,537	14,404,241	24,889,778	.022330	.022330	.022330
41	03	MRI	453,163	3,972,351	4,425,514	.077742	.077742	.077742
43		RADIOISOTOPE	3,043,088	3,038,376	6,081,464	.108271	.108271	.108271
44		LABORATORY	39,271,684	30,172,568	69,444,252	.066695	.066695	.066695
46		WHOLE BLOOD & PACKED RED	2,428,005	1,291,516	3,719,521	.341655	.341655	.341655
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	8,993,737	681,069	9,674,806	.102558	.102558	.102558
49	01	SLEEP LAB	153,035	3,766,691	3,919,726	.130692	.130692	.130692
50		PHYSICAL THERAPY	2,641,456	1,689,088	4,330,544	.295278	.295278	.295278
51		OCCUPATIONAL THERAPY	397,535	130,900	528,435	.216093	.216093	.216093
52		SPEECH PATHOLOGY	71,107	57,165	128,272	.829199	.829199	.829199
53		ELECTROCARDIOLOGY	25,816,104	9,251,902	35,068,006	.092185	.092185	.092185
55		MEDICAL SUPPLIES CHARGED	42,104,568	9,962,879	52,067,447	.157566	.157566	.157566
56		DRUGS CHARGED TO PATIENTS	28,942,344	13,187,140	42,129,484	.161599	.161599	.161599
57		RENAL DIALYSIS						
59		OTHER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY	7,324,402	16,918,370	24,242,772	.150209	.150209	.150985
62		OBSERVATION BEDS (NON-DIS	329,416	592,055	921,471	.241943	.241943	.241943
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		SUBTOTAL	274,270,140	146,876,526	421,146,666			
102		LESS OBSERVATION BEDS						
103		TOTAL	274,270,140	146,876,526	421,146,666			

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	8,371,111	1,212,595	7,158,516			8,371,111
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO	2,002,669	288,033	1,714,636			2,002,669
40		ANESTHESIOLOGY	308,205	40,360	267,845			308,205
41		RADIOLOGY-DIAGNOSTIC	3,972,420	438,220	3,534,200			3,972,420
41	01	ULTRASOUND	510,246	114,535	395,711			510,246
41	02	CT SCAN	555,797	79,754	476,043			555,797
41	03	MRI	344,047	69,254	274,793			344,047
43		RADIOISOTOPE	658,444	46,510	611,934			658,444
44		LABORATORY	4,631,581	337,758	4,293,823			4,631,581
46		WHOLE BLOOD & PACKED RED	1,270,793	30,680	1,240,113			1,270,793
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY	992,225	79,221	913,004			992,225
49	01	SLEEP LAB	512,276	122,643	389,633			512,276
50		PHYSICAL THERAPY	1,278,713	343,016	935,697			1,278,713
51		OCCUPATIONAL THERAPY	114,191	10,494	103,697			114,191
52		SPEECH PATHOLOGY	106,363	6,716	99,647			106,363
53		ELECTROCARDIOLOGY	3,232,754	284,608	2,948,146			3,232,754
55		MEDICAL SUPPLIES CHARGED	8,204,035	222,061	7,981,974			8,204,035
56		DRUGS CHARGED TO PATIENTS	6,808,067	219,781	6,588,286			6,808,067
57		RENAL DIALYSIS						
59		OTHER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY	3,641,491	574,950	3,066,541			3,641,491
62		OBSERVATION BEDS (NON-DIS	222,943	38,636	184,307			222,943
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		SUBTOTAL	47,738,371	4,559,825	43,178,546			47,738,371
102		LESS OBSERVATION BEDS	222,943	38,636	184,307			222,943
103		TOTAL	47,515,428	4,521,189	42,994,239			47,515,428

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	54,143,717	.154609	.154609
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO	2,858,944	.700493	.700493
40		ANESTHESIOLOGY	14,072,093	.021902	.021902
41		RADIOLOGY-DIAGNOSTIC	13,476,868	.294758	.294758
41	01	ULTRASOUND	8,480,576	.060166	.060166
41	02	CT SCAN	24,889,778	.022330	.022330
41	03	MRI	4,425,514	.077742	.077742
43		RADIOISOTOPE	6,081,464	.108271	.108271
44		LABORATORY	69,444,252	.066695	.066695
46		WHOLE BLOOD & PACKED RED	3,719,521	.341655	.341655
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	9,674,806	.102558	.102558
49	01	SLEEP LAB	3,919,726	.130692	.130692
50		PHYSICAL THERAPY	4,330,544	.295278	.295278
51		OCCUPATIONAL THERAPY	528,435	.216093	.216093
52		SPEECH PATHOLOGY	128,272	.829199	.829199
53		ELECTROCARDIOLOGY	35,068,006	.092185	.092185
55		MEDICAL SUPPLIES CHARGED	52,067,447	.157566	.157566
56		DRUGS CHARGED TO PATIENTS	42,129,484	.161599	.161599
57		RENAL DIALYSIS			
59		OTHER			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	24,242,772	.150209	.150209
62		OBSERVATION BEDS (NON-DIS	921,471	.241943	.241943
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		SUBTOTAL	374,603,690		
102		LESS OBSERVATION BEDS	921,471		
103		TOTAL	373,682,219		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,371,111	1,212,595	7,158,516	121,260	415,194	7,834,657
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,002,669	288,033	1,714,636	28,803	99,449	1,874,417
40	ANESTHESIOLOGY	308,205	40,360	267,845	4,036	15,535	288,634
41	RADIOLOGY-DIAGNOSTIC	3,972,420	438,220	3,534,200	43,822	204,984	3,723,614
41 01	ULTRASOUND	510,246	114,535	395,711	11,454	22,951	475,841
41 02	CT SCAN	555,797	79,754	476,043	7,975	27,610	520,212
41 03	MRI	344,047	69,254	274,793	6,925	15,938	321,184
43	RADIOISOTOPE	658,444	46,510	611,934	4,651	35,492	618,301
44	LABORATORY	4,631,581	337,758	4,293,823	33,776	249,042	4,348,763
46	WHOLE BLOOD & PACKED RED	1,270,793	30,680	1,240,113	3,068	71,927	1,195,798
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	992,225	79,221	913,004	7,922	52,954	931,349
49 01	SLEEP LAB	512,276	122,643	389,633	12,264	22,599	477,413
50	PHYSICAL THERAPY	1,278,713	343,016	935,697	34,302	54,270	1,190,141
51	OCCUPATIONAL THERAPY	114,191	10,494	103,697	1,049	6,014	107,128
52	SPEECH PATHOLOGY	106,363	6,716	99,647	672	5,780	99,911
53	ELECTROCARDIOLOGY	3,232,754	284,608	2,948,146	28,461	170,992	3,033,301
55	MEDICAL SUPPLIES CHARGED	8,204,035	222,061	7,981,974	22,206	462,954	7,718,875
56	DRUGS CHARGED TO PATIENTS	6,808,067	219,781	6,588,286	21,978	382,121	6,403,968
57	RENAL DIALYSIS						
59	OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,641,491	574,950	3,066,541	57,495	177,859	3,406,137
62	OBSERVATION BEDS (NON-DIS	222,943	38,636	184,307	3,864	10,690	208,389
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	47,738,371	4,559,825	43,178,546	455,983	2,504,355	44,778,033
102	LESS OBSERVATION BEDS	222,943	38,636	184,307	3,864	10,690	208,389
103	TOTAL	47,515,428	4,521,189	42,994,239	452,119	2,493,665	44,569,644

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	54,143,717	.144701	.152369
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROO	2,858,944	.655633	.690418
40		ANESTHESIOLOGY	14,072,093	.020511	.021615
41		RADIOLOGY-DIAGNOSTIC	13,476,868	.276297	.291507
41	01	ULTRASOUND	8,480,576	.056110	.058816
41	02	CT SCAN	24,889,778	.020901	.022010
41	03	MRI	4,425,514	.072576	.076177
43		RADIOISOTOPE	6,081,464	.101670	.107506
44		LABORATORY	69,444,252	.062622	.066209
46		WHOLE BLOOD & PACKED RED	3,719,521	.321492	.340830
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	9,674,806	.096265	.101739
49	01	SLEEP LAB	3,919,726	.121798	.127563
50		PHYSICAL THERAPY	4,330,544	.274825	.287357
51		OCCUPATIONAL THERAPY	528,435	.202727	.214108
52		SPEECH PATHOLOGY	128,272	.778900	.823960
53		ELECTROCARDIOLOGY	35,068,006	.086498	.091374
55		MEDICAL SUPPLIES CHARGED	52,067,447	.148248	.157139
56		DRUGS CHARGED TO PATIENTS	42,129,484	.152007	.161077
57		RENAL DIALYSIS			
59		OTHER			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	24,242,772	.140501	.147838
62		OBSERVATION BEDS (NON-DIS	921,471	.226148	.237749
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		SUBTOTAL	374,603,690		
102		LESS OBSERVATION BEDS	921,471		
103		TOTAL	373,682,219		

Health Financial Systems MCRIF32 FOR MARION MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,258,877	4,091	2,254,786
26	INTENSIVE CARE UNIT				548,812		548,812
33	NURSERY				135,413		135,413
101	TOTAL				2,943,102		2,939,011

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,054	10,894			112.44	1,224,921
26	INTENSIVE CARE UNIT	3,673	2,087			149.42	311,840
33	NURSERY	1,970				68.74	
101	TOTAL	25,697	12,981				1,536,761

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 14-0184 I PERIOD: I FROM 5/ 1/2009 I TO 4/30/2010 I PREPARED 9/21/2010 I WORKSHEET D I PART II I COMPONENT NO: 14-0184 I

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,212,595	54,143,717	16,927,584		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		288,033	2,858,944	11,441		
40	ANESTHESIOLOGY		40,360	14,072,093	3,316,759		
41	RADIOLOGY-DIAGNOSTIC		438,220	13,476,868	2,900,997		
41 01	ULTRASOUND		114,535	8,480,576	2,177,687		
41 02	CT SCAN		79,754	24,889,778	5,902,264		
41 03	MRI		69,254	4,425,514	212,732		
43	RADIOISOTOPE		46,510	6,081,464	1,678,093		
44	LABORATORY		337,758	69,444,252	21,928,233		
46	WHOLE BLOOD & PACKED RED		30,680	3,719,521	1,551,052		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		79,221	9,674,806	5,431,208		
49 01	SLEEP LAB		122,643	3,919,726	75,224		
50	PHYSICAL THERAPY		343,016	4,330,544	1,815,631		
51	OCCUPATIONAL THERAPY		10,494	528,435	267,021		
52	SPEECH PATHOLOGY		6,716	128,272	55,936		
53	ELECTROCARDIOLOGY		284,608	35,068,006	14,502,905		
55	MEDICAL SUPPLIES CHARGED		222,061	52,067,447	23,421,359		
56	DRUGS CHARGED TO PATIENTS		219,781	42,129,484	15,827,362		
57	RENAL DIALYSIS						
59	OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		574,950	24,242,772	3,838,238		
62	OBSERVATION BEDS (NON-DIS		38,636	921,471	147,079		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		4,559,825	374,603,690	121,988,805		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART II
14-0184		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.022396	379,110
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO	.100748	1,153
40		ANESTHESIOLOGY	.002868	9,512
41		RADIOLOGY-DIAGNOSTIC	.032516	94,329
41	01	ULTRASOUND	.013506	29,412
41	02	CT SCAN	.003204	18,911
41	03	MRI	.015649	3,329
43		RADIOISOTOPE	.007648	12,834
44		LABORATORY	.004864	106,659
46		WHOLE BLOOD & PACKED RED	.008248	12,793
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY	.008188	44,471
49	01	SLEEP LAB	.031289	2,354
50		PHYSICAL THERAPY	.079209	143,814
51		OCCUPATIONAL THERAPY	.019859	5,303
52		SPEECH PATHOLOGY	.052357	2,929
53		ELECTROCARDIOLOGY	.008116	117,706
55		MEDICAL SUPPLIES CHARGED	.004265	99,892
56		DRUGS CHARGED TO PATIENTS	.005217	82,571
57		RENAL DIALYSIS		
59		OTHER		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
61		EMERGENCY	.023716	91,028
62		OBSERVATION BEDS (NON-DIS	.041929	6,167
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		1,264,277

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

PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					20,054	
26	INTENSIVE CARE UNIT					3,673	
33	NURSERY					1,970	
34	SKILLED NURSING FACILITY						
101	TOTAL					25,697	

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

PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,894	
26	INTENSIVE CARE UNIT	2,087	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	12,981	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 14-0184	PERIOD: FROM 5/ 1/2009 TO 4/30/2010	PREPARED 9/21/2010 WORKSHEET D PART IV
COMPONENT NO: 14-0184		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			54,143,717			16,927,584	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			2,858,944			11,441	
40	ANESTHESIOLOGY			14,072,093			3,316,759	
41	RADIOLOGY-DIAGNOSTIC			13,476,868			2,900,997	
41 01	ULTRASOUND			8,480,576			2,177,687	
41 02	CT SCAN			24,889,778			5,902,264	
41 03	MRI			4,425,514			212,732	
43	RADIOISOTOPE			6,081,464			1,678,093	
44	LABORATORY			69,444,252			21,928,233	
46	WHOLE BLOOD & PACKED RED			3,719,521			1,551,052	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			9,674,806			5,431,208	
49 01	SLEEP LAB			3,919,726			75,224	
50	PHYSICAL THERAPY			4,330,544			1,815,631	
51	OCCUPATIONAL THERAPY			528,435			267,021	
52	SPEECH PATHOLOGY			128,272			55,936	
53	ELECTROCARDIOLOGY			35,068,006			14,502,905	
55	MEDICAL SUPPLIES CHARGED			52,067,447			23,421,359	
56	DRUGS CHARGED TO PATIENTS			42,129,484			15,827,362	
57	RENAL DIALYSIS							
59	OTHER							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			24,242,772			3,838,238	
62	OBSERVATION BEDS (NON-DIS			921,471			147,079	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			374,603,690			121,988,805	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 4/30/2010	PART IV
14-0184		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,522,994					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	900,253					
41	RADIOLOGY-DIAGNOSTIC	2,512,897					
41 01	ULTRASOUND	2,064,559					
41 02	CT SCAN	4,749,309					
41 03	MRI	1,303,234					
43	RADIOISOTOPE	1,644,564					
44	LABORATORY	954,455					
46	WHOLE BLOOD & PACKED RED	758,193					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	276,775					
49 01	SLEEP LAB	1,280,376					
50	PHYSICAL THERAPY	261					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,313,816					
55	MEDICAL SUPPLIES CHARGED	3,297,027					
56	DRUGS CHARGED TO PATIENTS	4,255,676					
57	RENAL DIALYSIS						
59	OTHER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,362,788					
62	OBSERVATION BEDS (NON-DIS	88,910					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	36,286,087					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART V | COMPONENT NO: 14-0184

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Cost/Charge Ratio (C, Pt II, col. 9) 1.02	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radiology 3	Other Outpatient Diagnostic 4
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.154609	.154609			
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM	.700493	.700493			
40		ANESTHESIOLOGY	.021902	.021902			
41		RADIOLOGY-DIAGNOSTIC	.294758	.294758			
41	01	ULTRASOUND	.060166	.060166			
41	02	CT SCAN	.022330	.022330			
41	03	MRI	.077742	.077742			
43		RADIOISOTOPE	.108271	.108271			
44		LABORATORY	.066695	.066695			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.341655	.341655			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY	.102558	.102558			
49	01	SLEEP LAB	.130692	.130692			
50		PHYSICAL THERAPY	.295278	.295278			
51		OCCUPATIONAL THERAPY	.216093	.216093			
52		SPEECH PATHOLOGY	.829199	.829199			
53		ELECTROCARDIOLOGY	.092185	.092185			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.157566	.157566			
56		DRUGS CHARGED TO PATIENTS	.161599	.161599			
57		RENAL DIALYSIS					
59		OTHER					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY	.150209	.150209			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.241943	.241943			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART V | COMPONENT NO: 14-0184

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		5,522,994			
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY		900,253			
41		RADIOLOGY-DIAGNOSTIC		2,512,897			
41	01	ULTRASOUND		2,064,559			
41	02	CT SCAN		4,749,309			
41	03	MRI		1,303,234			
43		RADIOISOTOPE		1,644,564			
44		LABORATORY		954,455	956		
46		WHOLE BLOOD & PACKED RED BLOOD CELLS		758,193			
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY		276,775			
49	01	SLEEP LAB		1,280,376			
50		PHYSICAL THERAPY		261	11,125		
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY		4,313,816			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		3,297,027			
56		DRUGS CHARGED TO PATIENTS		4,255,676	3,054		
57		RENAL DIALYSIS					
59		OTHER					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY		2,362,788			
62		OBSERVATION BEDS (NON-DISTINCT PART)		88,910			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL		36,286,087	15,135		
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		36,286,087	15,135		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART V | COMPONENT NO: 14-0184

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	Outpatient Radialogy 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				853,905	
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY				19,717	
41		RADIOLOGY-DIAGNOSTIC				740,696	
41	01	ULTRASOUND				124,216	
41	02	CT SCAN				106,052	
41	03	MRI				101,316	
43		RADIOISOTOPE				178,059	
44		LABORATORY				63,657	64
46		WHOLE BLOOD & PACKED RED BLOOD CELLS				259,040	
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY				28,385	
49	01	SLEEP LAB				167,335	
50		PHYSICAL THERAPY				77	3,285
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY				397,669	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				519,499	
56		DRUGS CHARGED TO PATIENTS				687,713	494
57		RENAL DIALYSIS					
59		OTHER					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY				354,912	
62		OBSERVATION BEDS (NON-DISTINCT PART)				21,511	
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL				4,623,759	3,843
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES				4,623,759	3,843

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET D PART V | COMPONENT NO: 14-0184

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	PPS Services 1/1 to FYE 9.03	Hospital I/P Part B Charges 10	Hospital I/P Part B Costs 11
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM			
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM			
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC			
41	01	ULTRASOUND			
41	02	CT SCAN			
41	03	MRI			
43		RADIOISOTOPE			
44		LABORATORY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY			
49	01	SLEEP LAB			
50		PHYSICAL THERAPY			
51		OCCUPATIONAL THERAPY			
52		SPEECH PATHOLOGY			
53		ELECTROCARDIOLOGY			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS			
56		DRUGS CHARGED TO PATIENTS			
57		RENAL DIALYSIS			
59		OTHER			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DISTINCT PART)			
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		SUBTOTAL			
102		CRNA CHARGES			
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104		NET CHARGES			

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 4/30/2010	PART I
14-0184		

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)	20,185
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	20,054
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	20,054
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	87
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)	44
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)	10,894
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	56
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)	28
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	180.51
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51
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	13,058,309
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	15,704
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	7,942
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)	23,646
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	13,034,663
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	35,857,802
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,293,314
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.363510
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	962.07
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	13,034,663

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	649.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,080,882
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,080,882

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4,828,770	3,673	1,314.67	2,087	2,743,716
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	15,413,574
49	TOTAL PROGRAM INPATIENT COSTS	25,238,172

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,536,761
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,264,277
52	TOTAL PROGRAM EXCLUDABLE COST	2,801,038
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	22,437,134

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	10,109
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	5,054
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	15,163
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	343
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	649.98
85	OBSERVATION BED COST	222,943

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		13,034,663		222,943	
87	NEW CAPITAL-RELATED COST	2,258,877	13,034,663	.173298	222,943	38,636
88	NON PHYSICIAN ANESTHETIST		13,034,663		222,943	
89	MEDICAL EDUCATION		13,034,663		222,943	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 4/30/2010	
14-0184		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		19,459,091	
26		INTENSIVE CARE UNIT		5,962,058	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.154609	16,927,584	2,617,157
38		RECOVERY ROOM			
39		DELIVERY ROOM & LABOR ROOM	.700493	11,441	8,014
40		ANESTHESIOLOGY	.021902	3,316,759	72,644
41		RADIOLOGY-DIAGNOSTIC	.294758	2,900,997	855,092
41	01	ULTRASOUND	.060166	2,177,687	131,023
41	02	CT SCAN	.022330	5,902,264	131,798
41	03	MRI	.077742	212,732	16,538
43		RADIOISOTOPE	.108271	1,678,093	181,689
44		LABORATORY	.066695	21,928,233	1,462,503
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.341655	1,551,052	529,925
48		INTRAVENOUS THERAPY			
49		RESPIRATORY THERAPY	.102558	5,431,208	557,014
49	01	SLEEP LAB	.130692	75,224	9,831
50		PHYSICAL THERAPY	.295278	1,815,631	536,116
51		OCCUPATIONAL THERAPY	.216093	267,021	57,701
52		SPEECH PATHOLOGY	.829199	55,936	46,382
53		ELECTROCARDIOLOGY	.092185	14,502,905	1,336,950
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.157566	23,421,359	3,690,410
56		DRUGS CHARGED TO PATIENTS	.161599	15,827,362	2,557,686
57		RENAL DIALYSIS			
59		OTHER			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC			
61		EMERGENCY	.150985	3,838,238	579,516
62		OBSERVATION BEDS (NON-DISTINCT PART)	.241943	147,079	35,585
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		121,988,805	15,413,574
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		121,988,805	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 4/30/2010	
14-U184		

TITLE XVIII, PART A SWING BED SNF PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.154609		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.700493		
40	ANESTHESIOLOGY	.021902		
41	RADIOLOGY-DIAGNOSTIC	.294758	2,016	594
41 01	ULTRASOUND	.060166	2,406	145
41 02	CT SCAN	.022330		
41 03	MRI	.077742		
43	RADIOISOTOPE	.108271		
44	LABORATORY	.066695	26,334	1,756
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.341655		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.102558	10,485	1,075
49 01	SLEEP LAB	.130692		
50	PHYSICAL THERAPY	.295278	37,290	11,011
51	OCCUPATIONAL THERAPY	.216093	8,501	1,837
52	SPEECH PATHOLOGY	.829199	2,479	2,056
53	ELECTROCARDIOLOGY	.092185	495	46
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.157566	25,526	4,022
56	DRUGS CHARGED TO PATIENTS	.161599	27,782	4,490
57	RENAL DIALYSIS			
59	OTHER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.150209		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.241943		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		143,314	27,032
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		143,314	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART A
14-0184		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	8,551,975	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,131,185	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,841,580	
	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)	249,889	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	90.83	
	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	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.86	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	24.84	
4.02	SUM OF LINES 4 AND 4.01	30.70	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	14.54	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,984,297	
	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:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART A
14-0184		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	23,758,926	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	23,769,338	
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)	23,766,735	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,737,729	
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	25,504,464	
17	PRIMARY PAYER PAYMENTS		
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	25,504,464	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,218,584	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	19,539	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	409,320	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	286,524	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	369,117	
22	SUBTOTAL	23,552,865	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
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	23,552,865	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	23,298,726	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	254,139	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	519,142	

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50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 4/30/2010	PART B
14-0184		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,843
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,623,759
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,176,521
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.836
1.04	LINE 1.01 TIMES LINE 1.03.	3,865,463
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,843
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	15,135
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	15,135
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	15,135
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	11,292
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,843
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,176,521
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,932
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,041,501
19	SUBTOTAL (SEE INSTRUCTIONS)	3,135,931
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	3,135,931
24	PRIMARY PAYER PAYMENTS	752
25	SUBTOTAL	3,135,179
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	276,232
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	193,362
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	259,890
28	SUBTOTAL	3,328,541
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	3,328,541
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,277,961
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	50,580
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 4/30/2010	
14-0184		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	INPATIENT-PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			23,150,926		3,134,171
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.			147,800		143,790
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			23,298,726		3,277,961
	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)	SETTLEMENT TO PROVIDER .01		254,139		50,580
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			23,552,865		3,328,541

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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:	PERIOD:	PREPARED
14-0184	FROM 5/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 4/30/2010	
14-U184		

TITLE XVIII SWING BED SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			29,366		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			29,366		
	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)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			29,366		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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
SWING BEDS

PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010
COMPONENT NO: 14-U184 | WORKSHEET E-2

TITLE XVIII SWING BED SNF

	COMPUTATION OF NET COST OF COVERED SERVICES	PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	30,580	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	84	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	30,580	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	30,580	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	30,580	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	1,214	
14	80% OF PART B COSTS		
15	SUBTOTAL	29,366	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	29,366	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	29,366	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

BALANCE SHEET | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	-494,328			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	17,742,845			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,217,613			
7	INVENTORY	2,936,708			
8	PREPAID EXPENSES	727,046			
9	OTHER CURRENT ASSETS	17,679			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	18,712,337			
	FIXED ASSETS				
12	LAND	1,386,860			
12.01					
13	LAND IMPROVEMENTS	473,828			
13.01	LESS ACCUMULATED DEPRECIATION	-232,156			
14	BUILDINGS	42,068,945			
14.01	LESS ACCUMULATED DEPRECIATION	-6,254,741			
15	LEASEHOLD IMPROVEMENTS	2,457,981			
15.01	LESS ACCUMULATED DEPRECIATION	-606,719			
16	FIXED EQUIPMENT	1,954,606			
16.01	LESS ACCUMULATED DEPRECIATION	-1,098,309			
17	AUTOMOBILES AND TRUCKS	61,085			
17.01	LESS ACCUMULATED DEPRECIATION	-43,616			
18	MAJOR MOVABLE EQUIPMENT	14,504,650			
18.01	LESS ACCUMULATED DEPRECIATION	-9,823,959			
19	MINOR EQUIPMENT DEPRECIABLE	5,151,399			
19.01	LESS ACCUMULATED DEPRECIATION	-4,234,315			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	45,765,539			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	6,904,495			
26	TOTAL OTHER ASSETS	6,904,495			
27	TOTAL ASSETS	71,382,371			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	4,219,320			
29	SALARIES, WAGES & FEES PAYABLE	1,239,837			
30	PAYROLL TAXES PAYABLE	239,211			
31	NOTES AND LOANS PAYABLE (SHORT TERM)	24,336			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS	-121,383,631			
35	OTHER CURRENT LIABILITIES	725,984			
36	TOTAL CURRENT LIABILITIES	-114,934,943			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	8,112			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES				
42	TOTAL LONG-TERM LIABILITIES	8,112			
43	TOTAL LIABILITIES	-114,926,831			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	186,309,202			
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	186,309,202			
52	TOTAL LIABILITIES AND FUND BALANCES	71,382,371			

STATEMENT OF CHANGES IN FUND BALANCES | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET G-1

		GENERAL FUND	SPECIFIC PURPOSE FUND
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD	159,378,255	
2	NET INCOME (LOSS)	26,930,947	
3	TOTAL	186,309,202	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	186,309,202	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	186,309,202	

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET G-2 | PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	35,857,802		35,857,802
4	00	SWING BED - SNF	195,120		195,120
5	00	SWING BED - NF			
6	00	SKILLED NURSING FACILITY			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	36,052,922		36,052,922
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	10,490,054		10,490,054
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	10,490,054		10,490,054
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	46,542,976		46,542,976
17	00	ANCILLARY SERVICES	220,073,346	129,366,102	349,439,448
18	00	OUTPATIENT SERVICES	7,653,818	17,510,425	25,164,243
19	00	HOME HEALTH AGENCY			
20	00	AMBULANCE SERVICES			
24	00	PROFESSIONAL FEE REVENUE	4,298,882	697,116	4,995,998
25	00	TOTAL PATIENT REVENUES	278,569,022	147,573,643	426,142,665

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	93,670,456
		ADD (SPECIFY)	
27	00	ADD (SPECIFY)	
28	00		
29	00		
30	00		
31	00		
32	00		
33	00	TOTAL ADDITIONS	
		DEDUCT (SPECIFY)	
34	00	DEDUCT (SPECIFY)	
35	00		
36	00		
37	00		
38	00		
39	00	TOTAL DEDUCTIONS	
40	00	TOTAL OPERATING EXPENSES	93,670,456

STATEMENT OF REVENUES AND EXPENSES | PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	426,142,665
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	305,463,241
3	NET PATIENT REVENUES	120,679,424
4	LESS: TOTAL OPERATING EXPENSES	93,670,456
5	NET INCOME FROM SERVICE TO PATIENTS	27,008,968
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	-78,021
25	TOTAL OTHER INCOME	-78,021
26	TOTAL	26,930,947
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	26,930,947

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULIPLIER						

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

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

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

HHA 1

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

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

	HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULIPLIER				0.000000	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULIPLIER						

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED 1) 11	CAFETERIA (FTE'S) 12
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULIPLIER						

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 14-0184 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 9/21/2010 | WORKSHEET H-5 PART II

HHA NO: -

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (NURSING WAGES) 14	CENTRAL SERV & SUPPL (COSTED REQUIS 1) 15	PHARMACY (COSTED REQUIS 2) 16	MEDICAL RECORDS & LIBRAR (GROSS CHARGES) 17	SOCIAL SERVICE (PATIENT DAYS) 18
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULIPLIER					

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 9/21/2010
14-0184	FROM 5/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 4/30/2010	PARTS I-IV
14-0184		

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	1,665,431
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	72,298
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	64.07
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
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	1,737,729

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 CIRCUMSTANCES	.00
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 MINUMUM 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)	