

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0211		FROM 9/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 1/10/2011 TIME 8:59

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 DELNOR-COMMUNITY HOSPITAL 14-0211
 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	42,281	20,987	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	42,281	20,987	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 300 RANDALL ROAD P.O. BOX:
 1.01 CITY: GENEVA STATE: IL ZIP CODE: 60134- COUNTY: KANE

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
02.00 HOSPITAL	DELNOR-COMMUNITY HOSPITAL	14-0211	2.01	3	4	5	6
09.00 HOSPITAL-BASED HHA	DELNOR-COMMUNITY HHA	14-7093		7/11/1969	N	P	O

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER, ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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)

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

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

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

	%	Y/N
28.03	0.00%	
28.04	0.00%	
28.05	0.00%	
28.06	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)? N

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

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

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

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEG INNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 2,486,653
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 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. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 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. N 0.00 0 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	139	50,735			13,900		1,783
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	139	50,735			13,900		1,783
6 INTENSIVE CARE UNIT	20	7,300			2,351		269
12 TOTAL	159	58,035			16,251		2,052
13 RPCH VISITS							
18 HOME HEALTH AGENCY					12,025		
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL	159						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	--- INTERNS & RES. FTES -- / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			26,980			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			26,980			
6 INTENSIVE CARE UNIT			5,010			
12 TOTAL			31,990			
13 RPCH VISITS						
18 HOME HEALTH AGENCY			14,645			
23 10 CMHC						
23 20 OUTPATIENT PHYSICAL THERAPY						
23 30 OUTPATIENT OCCUPATIONAL THER						
23 40 OUTPATIENT SPEECH PATHOLOGY						
24 RHC						
24 10 FQHC						
25 TOTAL						
26 OBSERVATION BED DAYS			3,463	436	3,027	
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,766	622	8,884
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							
12 TOTAL		1,139.49			3,766	622	8,884
13 RPCH VISITS							
18 HOME HEALTH AGENCY		11.25					
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL		1,150.74					
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

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	73,516,621	797,350	74,313,971	2,393,544.00	31.05	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,636,040		1,636,040	18,325.00	89.28	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	143,838		143,838	3,231.00	44.52	
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	2,862,567	23,459	2,886,026	67,881.00	42.52	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	88,074		88,074	925.00	95.22	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	550,001		550,001	3,167.00	173.67	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	22,201,444		22,201,444			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	750,204		750,204			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	221,422		221,422			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	36,464		36,464			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	699,295	32,815	732,110	22,981.00	31.86	
22 ADMINISTRATIVE & GENERAL	17,462,481	525,209	17,987,690	583,854.00	30.81	
22.01 A & G UNDER CONTRACT	1,301,964		1,301,964	7,916.00	164.47	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,158,102	3,069	1,161,171	41,079.00	28.27	
25 LAUNDRY & LINEN SERVICE	16,549		16,549	1,284.00	12.89	
26 HOUSEKEEPING	1,088,360		1,088,360	83,075.00	13.10	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,334,074	-565,535	768,539	46,476.00	16.54	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		573,652	573,652	35,061.00	16.36	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,943,818	26,193	1,970,011	51,311.00	38.39	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,910,466	11,625	1,922,091	46,776.00	41.09	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,563,976	9,116	1,573,092	71,710.00	21.94	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	73,038,707	797,350	73,836,057	2,379,904.00	31.02	
2 EXCLUDED AREA SALARIES	2,862,567	23,459	2,886,026	67,881.00	42.52	
3 SUBTOTAL SALARIES	70,176,140	773,891	70,950,031	2,312,023.00	30.69	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	638,075		638,075	4,092.00	155.93	
5 SUBTOTAL WAGE-RELATED COSTS	22,201,444		22,201,444		31.29	
6 TOTAL	93,015,659	773,891	93,789,550	2,316,115.00	40.49	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

	PROVIDER NO:		PERIOD:		PREPARED
	14-0211		FROM 9/ 1/2009		1/10/2011
			TO 8/31/2010		WORKSHEET S-3
					PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	28,479,085	616,144	29,095,229	991,523.00	29.34	

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
--------------	------------------	----------------	------------

1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT				

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	8.15		8.15
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR	.81		.81
8 PHYSICAL THERAPY SERVICE	1.82		1.82
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.11		.11
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.65		.65
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16974	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	4,416	0	188	44
22 SKILLED NURSING VISIT CHARGES	757,272	0	32,300	7,492
23 PHYSICAL THERAPY VISITS	5,238	0	142	71
24 PHYSICAL THERAPY VISIT CHARGES	899,006	0	24,454	12,235
25 OCCUPATIONAL THERAPY VISITS	701	0	2	10
26 OCCUPATIONAL THERAPY VISIT CHARGES	120,145	0	338	1,722
27 SPEECH PATHOLOGY VISITS	221	0	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	37,761	0	511	0
29 MEDICAL SOCIAL SERVICE VISITS	30	0	1	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,160	0	198	416
31 HOME HEALTH AIDE VISITS	948	0	0	8
32 HOME HEALTH AIDE VISIT CHARGES	117,690	0	0	1,000
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	11,554	0	336	135
34 OTHER CHARGES	294	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,938,328	0	57,801	22,865
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	703	0	126	13
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	157	0	0	0

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,648
22 SKILLED NURSING VISIT CHARGES	0	0	797,064
23 PHYSICAL THERAPY VISITS	0	0	5,451
24 PHYSICAL THERAPY VISIT CHARGES	0	0	935,695
25 OCCUPATIONAL THERAPY VISITS	0	0	713
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	122,205
27 SPEECH PATHOLOGY VISITS	0	0	224
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	38,272
29 MEDICAL SOCIAL SERVICE VISITS	0	0	33
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	6,774
31 HOME HEALTH AIDE VISITS	0	0	956
32 HOME HEALTH AIDE VISIT CHARGES	0	0	118,690
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	12,025
34 OTHER CHARGES	0	0	294
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,018,994
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	842
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	157

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0211	FROM 9/ 1/2009	1/10/2011
	TO 8/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	8,188,050
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	8,188,050
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)	.266585
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0211	FROM 9/ 1/2009	1/10/2011
	TO 8/31/2010	WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	41,911,966
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,173,101
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	20,113,074
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,361,844
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,173,101

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0211
II PERIOD:
I FROM 9/ 1/2009
I TO 8/31/2010 II PREPARED 1/10/2011
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		21,989,158	21,989,158	-14,756,766	7,232,392
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				5,967,439	5,967,439
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				7,211,028	7,211,028
5	0500	EMPLOYEE BENEFITS	699,295	23,509,705	24,209,000	146,249	24,355,249
6.01	0610	NONPATIENT TELEPHONES	347,451	258,369	605,820		605,820
6.02	0611	IS	1,785,863	1,654,467	3,440,330	22,599	3,462,929
6.03	0612	PURCHASING	860,754	198,372	1,059,126	55,571	1,114,697
6.04	0613	PT REG	2,398,358	146,482	2,544,840	80,816	2,625,656
6.05	0614	PT ACCTS	1,613,210	1,834,695	3,447,905	115,496	3,563,401
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	10,456,845	19,790,363	30,247,208	-406,131	29,841,077
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	1,158,102	4,279,496	5,437,598	3,069	5,440,667
9	0900	LAUNDRY & LINEN SERVICE	16,549	569,989	586,538		586,538
10	1000	HOUSEKEEPING	1,088,360	292,803	1,381,163		1,381,163
11	1100	DIETARY	1,334,074	784,041	2,118,115	-902,673	1,215,442
12	1200	CAFETERIA				910,790	910,790
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	1,943,818	200,707	2,144,525	26,193	2,170,718
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	1,910,466	8,120,035	10,030,501	-7,936,791	2,093,710
17	1700	MEDICAL RECORDS & LIBRARY	1,563,976	1,221,164	2,785,140	17,081	2,802,221
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	13,207,844	3,060,799	16,268,643	30,743	16,299,386
26	2600	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	3,254,530	320,423	3,574,953	7,782	3,582,735
37	3700	OPERATING ROOM	3,037,697	10,898,866	13,936,563	74,601	14,011,164
38	3800	RECOVERY ROOM	751,113	117,815	868,928	6,717	875,645
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	1,676,583	335,826	2,012,409		2,012,409
41	4100	RADIOLOGY-DIAGNOSTIC	2,742,139	1,116,334	3,858,473	360,517	4,218,990
41.01	4101	CAT SCAN	711,976	547,120	1,259,096		1,259,096
41.02	4102	MRI	437,834	482,773	920,607		920,607
41.03	4103	ULTRASOUND	733,335	62,886	796,221		796,221
41.04	3120	CCL	1,856,994	2,166,868	4,023,862	6,096	4,029,958
43	4300	RADIOISOTOPE	290,194	675,566	965,760		965,760
44	4400	LABORATORY	2,259,566	3,288,926	5,548,492	92,016	5,640,508
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	222,287	1,101,840	1,324,127		1,324,127
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800	INTRAVENOUS THERAPY	1,443,144	618,776	2,061,920	7,116	2,069,036
49	4900	RESPIRATORY THERAPY	943,667	197,567	1,141,234		1,141,234
50	5000	PHYSICAL THERAPY	3,280,395	130,984	3,411,379	376,862	3,788,241
53	5300	ELECTROCARDIOLOGY	816,555	1,679,073	2,495,628		2,495,628
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS				7,948,416	7,948,416
58	5800	ASC (NON-DISTINCT PART)	1,395,519	450,828	1,846,347	3,041	1,849,388
58.01	3950	LITHOTRIPSY OUTPAT SERVICE COST CNTRS		437,797	437,797		437,797
60	6000	CLINIC					
60.01	6001	CARDIAC REHAB	404,438	17,623	422,061	282,501	704,562
60.02	6002	CARDIAC CATH					
60.03	4950	GENETIC TESTING	56,014	2,009	58,023		58,023
60.04	6003	CHRONIC PAIN CLINIC	190,952	387,090	578,042	118,678	696,720
60.05	4951	DIABETES EDUCATION	247,594	4,741	252,335	28,282	280,617
60.06	4952	WOUND CARE	317,010	84,271	401,281	31,491	432,772
60.07	6004	SLEEP LAB		542,451	542,451	37,312	579,763
61	6100	EMERGENCY	3,199,553	1,539,787	4,739,340	11,491	4,750,831
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
69.10	6910	CMHC					
69.20	6920	OUTPATIENT PHYSICAL THERAPY					
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940	OUTPATIENT SPEECH PATHOLOGY					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	1,447,857	266,298	1,714,155	31,849	1,746,004
85.01	8510	PANCREAS ACQUISITION					
85.02	8520	INTESTINAL ACQUISITION					
88	8800	INTEREST EXPENSE					
95		SUBTOTALS	72,101,911	115,385,183	187,487,094	9,481	187,496,575
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,638	80,345	207,983		207,983
96.01	9601	HOMEMAKERS					
98	9800	PHYSICIANS' PRIVATE OFFICES	1,287,072	459,397	1,746,469	-9,481	1,736,988
101		TOTAL	73,516,621	115,924,925	189,441,546	-0-	189,441,546

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0211
PERIOD: FROM 9/1/2009 TO 8/31/2010
PREPARED 1/10/2011
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	-7,060,619	171,773
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,967,439
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	500	7,211,528
5	0500 EMPLOYEE BENEFITS	-817,163	23,538,086
6.01	0610 NONPATIENT TELEPHONES	-179,828	425,992
6.02	0611 IS		3,462,929
6.03	0612 PURCHASING	-132,647	982,050
6.04	0613 PT REG		2,625,656
6.05	0614 PT ACCTS	-47,863	3,515,538
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-4,245,665	25,595,412
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-302,795	5,137,872
9	0900 LAUNDRY & LINEN SERVICE		586,538
10	1000 HOUSEKEEPING		1,381,163
11	1100 DIETARY		1,215,442
12	1200 CAFETERIA	-474,442	436,348
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		2,170,718
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-63,886	2,029,824
17	1700 MEDICAL RECORDS & LIBRARY		2,802,221
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,598,028	14,701,358
26	2600 INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		3,582,735
37	3700 OPERATING ROOM	-41,600	13,969,564
38	3800 RECOVERY ROOM		875,645
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-1,636,040	376,369
41	4100 RADIOLOGY-DIAGNOSTIC	6,666	4,225,656
41.01	4101 CAT SCAN		1,259,096
41.02	4102 MRI		920,607
41.03	4103 ULTRASOUND		796,221
41.04	3120 CCL		4,029,958
43	4300 RADIOISOTOPE		965,760
44	4400 LABORATORY	-248,252	5,392,256
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,324,127
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
48	4800 INTRAVENOUS THERAPY		2,069,036
49	4900 RESPIRATORY THERAPY	-21,046	1,120,188
50	5000 PHYSICAL THERAPY	-3,183	3,785,058
53	5300 ELECTROCARDIOLOGY	-1,479,296	1,016,332
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		7,948,416
58	5800 ASC (NON-DISTINCT PART)		1,849,388
58.01	3950 LI THOTRI PSY OUTPAT SERVICE COST CNTRS		437,797
60	6000 CLINIC		
60.01	6001 CARDIAC REHAB	-36,167	668,395
60.02	6002 CARDIAC CATH		
60.03	4950 GENETIC TESTING		58,023
60.04	6003 CHRONIC PAIN CLINIC	-341,169	355,551
60.05	4951 DIABETES EDUCATION	-12,345	268,272
60.06	4952 WOUND CARE	-4,992	427,780
60.07	6004 SLEEP LAB		579,763
61	6100 EMERGENCY	-975,969	3,774,862
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-120,805	1,625,199
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS NONREIMBURS COST CENTERS	-19,836,634	167,659,941
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		207,983
96.01	9601 HOMEMAKERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,736,988
101	TOTAL	-19,836,634	169,604,912

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
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	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	IS	0611	NONPATIENT TELEPHONES
6.03	PURCHASING	0612	NONPATIENT TELEPHONES
6.04	PT REG	0613	NONPATIENT TELEPHONES
6.05	PT ACCTS	0614	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	MRI	4102	RADIOLOGY-DIAGNOSTIC
41.03	ULTRASOUND	4103	RADIOLOGY-DIAGNOSTIC
41.04	CCL	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
58.01	LI THOTRI PSY	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CARDIAC REHAB	6001	CLINIC
60.02	CARDIAC CATH	6002	CLINIC
60.03	GENETIC TESTING	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.04	CHRONIC PAIN CLINIC	6003	CLINIC
60.05	DIABETES EDUCATION	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.06	WOUND CARE	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.07	SLEEP LAB	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FOHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	HOMEMAKERS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140211

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/10/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 GENL EXP TO PROPER CC	A	NEW CAP REL COSTS-MVBLE EQUIP	4		105,497
2		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,578,299
3 CHGBLE MEDICAL SUPPLIES	B	OPERATING ROOM	37		66,503
4 CHGBLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		7,948,416
5 SHARED DIETARY COST	D	CAFETERIA	12	573,652	337,138
6 OLD/NEW CAPITAL	F				
7		NEW CAP REL COSTS-BLDG & FIXT	3		5,967,439
8		NEW CAP REL COSTS-MVBLE EQUIP	4		7,105,531
9 EMPLOYEE MAMMOGRAM EXPENSE	G	EMPLOYEE BENEFITS	5		54,193
10 HHA SPACE COSTS	I	HOME HEALTH AGENCY	71		31,849
11 SPACE RENTAL ALLOCATION	L	LABORATORY	44		82,497
12		WOUND CARE	60.06		24,687
13		EMPLOYEE BENEFITS	5		58,150
14		RADIOLOGY-DIAGNOSTIC	41		381,397
15		PHYSICAL THERAPY	50		354,279
16		CARDIAC REHAB	60.01		282,501
17		PT REG	6.04		75,669
18		MEDICAL RECORDS & LIBRARY	17		7,965
19		PT ACCTS	6.05		115,496
20		DIABETES EDUCATION	60.05		28,282
21		PURCHASING	6.03		57,645
22		SLEEP LAB	60.07		37,312
23		PURCHASING	6.03		57,645
24		CHRONIC PAIN CLINIC	60.04		114,234
25 HEART MATH	N	EMPLOYEE BENEFITS	5	15,653	1,091
26 BONUS ALLOCATION	O	EMPLOYEE BENEFITS	5	17,162	
27		IS	6.02	22,599	
28		PURCHASING	6.03	6,784	
29		PT REG	6.04	5,147	
30		OTHER ADMINISTRATIVE AND GENERAL	6.06	490,679	
31		OPERATION OF PLANT	8	3,069	
32		DIETARY	11	8,117	
33		NURSING ADMINISTRATION	14	26,193	
34		PHARMACY	16	11,625	
35		MEDICAL RECORDS & LIBRARY	17	9,116	
1 BONUS ALLOCATION	O	ADULTS & PEDIATRICS	25	30,743	
2		INTENSIVE CARE UNIT	26	7,782	
3		OPERATING ROOM	37	8,098	
4		RECOVERY ROOM	38	6,717	
5		RADIOLOGY-DIAGNOSTIC	41	33,313	
6		CCL	41.04	6,096	
7		LABORATORY	44	9,519	
8		INTRAVENOUS THERAPY	48	7,116	
9		PHYSICAL THERAPY	50	22,583	
10		ASC (NON-DISTINCT PART)	58	3,041	
11		CHRONIC PAIN CLINIC	60.04	4,444	
12		WOUND CARE	60.06	6,804	
13		EMERGENCY	61	11,491	
14		PHYSICIANS' PRIVATE OFFICES	98	39,112	
36 TOTAL RECLASSIFICATIONS				1,386,655	24,873,715

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140211

PERIOD:
FROM 9/1/2009
TO 8/31/2010

PREPARED 1/10/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 GENL EXP TO PROPER CC	A	OLD CAP REL COSTS-BLDG & FIXT	1		1,683,796	9
2						
3 CHGBLE MEDICAL SUPPLIES	B	PURCHASING	6.03		66,503	
4 CHGBLE DRUGS	C	PHARMACY	16		7,948,416	
5 SHARED DIETARY COST	D	DIETARY	11	573,652	337,138	
6 OLD/NEW CAPITAL	F	OLD CAP REL COSTS-BLDG & FIXT	1		13,072,970	9
7						9
8						9
9 EMPLOYEE MAMMOGRAM EXPENSE	G	RADIOLOGY-DIAGNOSTIC	41		54,193	
10 HHA SPACE COSTS	I	PHYSICIANS' PRIVATE OFFICES	98		31,849	
11 SPACE RENTAL ALLOCATION	L	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,677,759	
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25 HEART MATH	N	PHYSICIANS' PRIVATE OFFICES	98	15,653	1,091	
26 BONUS ALLOCATION	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		797,350	
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 BONUS ALLOCATION		0				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
36 TOTAL RECLASSIFICATIONS				589,305	25,671,065	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140211

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/10/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : SPACE RENTAL ALLOCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
8.00	MEDICAL RECORDS & LIBRARY	17	7,965			0	
9.00	PT ACCTS	6.05	115,496			0	
10.00	DIABETES EDUCATION	60.05	28,282			0	
11.00	PURCHASING	6.03	57,645			0	
12.00	SLEEP LAB	60.07	37,312			0	
13.00	PURCHASING	6.03	57,645			0	
14.00	CHRONIC PAIN CLINIC	60.04	114,234			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,677,759			1,677,759	

RECLASS CODE: N
EXPLANATION : HEART MATH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	16,744	PHYSICIANS' PRIVATE OFFICES	98	16,744	
TOTAL RECLASSIFICATIONS FOR CODE N			16,744			16,744	

RECLASS CODE: O
EXPLANATION : BONUS ALLOCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	17,162	OTHER ADMINISTRATIVE AND GENER	6.06	797,350	
2.00	IS	6.02	22,599			0	
3.00	PURCHASING	6.03	6,784			0	
4.00	PT REG	6.04	5,147			0	
5.00	OTHER ADMINISTRATIVE AND GENER	6.06	490,679			0	
6.00	OPERATION OF PLANT	8	3,069			0	
7.00	DIETARY	11	8,117			0	
8.00	NURSING ADMINISTRATION	14	26,193			0	
9.00	PHARMACY	16	11,625			0	
10.00	MEDICAL RECORDS & LIBRARY	17	9,116			0	
11.00	ADULTS & PEDIATRICS	25	30,743			0	
12.00	INTENSIVE CARE UNIT	26	7,782			0	
13.00	OPERATING ROOM	37	8,098			0	
14.00	RECOVERY ROOM	38	6,717			0	
15.00	RADIOLOGY-DIAGNOSTIC	41	33,313			0	
16.00	CCL	41.04	6,096			0	
17.00	LABORATORY	44	9,519			0	
18.00	INTRAVENOUS THERAPY	48	7,116			0	
19.00	PHYSICAL THERAPY	50	22,583			0	
20.00	ASC (NON-DISTINCT PART)	58	3,041			0	
21.00	CHRONIC PAIN CLINIC	60.04	4,444			0	
22.00	WOUND CARE	60.06	6,804			0	
23.00	EMERGENCY	61	11,491			0	
24.00	PHYSICIANS' PRIVATE OFFICES	98	39,112			0	
TOTAL RECLASSIFICATIONS FOR CODE O			797,350			797,350	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	461,057					461,057	
2	LAND IMPROVEMENTS	3,161,242					3,161,242	
3	BUILDINGS & FIXTURE	19,992,127					19,992,127	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	7,375,562					7,375,562	
6	MOVABLE EQUIPMENT	1,258,236					1,258,236	
7	SUBTOTAL	32,248,224					32,248,224	
8	RECONCILING ITEMS							
9	TOTAL	32,248,224					32,248,224	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	7,337,234	3,671,459		3,671,459		11,008,693	
3	BUILDINGS & FIXTURE	121,354,294	27,657,391		27,657,391		149,011,685	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	80,734,350	4,589,147		4,589,147		85,323,497	
7	SUBTOTAL	209,425,878	35,917,997		35,917,997		245,343,875	
8	RECONCILING ITEMS							
9	TOTAL	209,425,878	35,917,997		35,917,997		245,343,875	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	30,989,988		30,989,988	.111639				
2	OLD CAP REL COSTS-MV	1,258,236		1,258,236	.004533				
3	NEW CAP REL COSTS-BL	160,020,378		160,020,378	.576458				
4	NEW CAP REL COSTS-MV	85,323,497		85,323,497	.307370				
5	TOTAL	277,592,099		277,592,099	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	7,232,392		-7,060,619				171,773
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,967,439						5,967,439
4	NEW CAP REL COSTS-MV	7,211,528						7,211,528
5	TOTAL	20,411,359		-7,060,619				13,350,740

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	21,989,158						21,989,158
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	21,989,158						21,989,158

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

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
				COST CENTER	LINE NO	
1	INVST INCOME-OLD BLDGS AND FIXTURES	5	-125,048	OLD CAP REL COSTS-BLDG &	1	11
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-151,455	NONPATIENT TELEPHONES	6.01	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,192,441			
13	SALE OF SCRAP, WASTE, ETC.	B	-4,586	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-30,108			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-474,442	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTSRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-63,886	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-106,649	EMERGENCY	61	
22	VENDING MACHINES	B	-13,078	PURCHASING	6.03	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	OTHER ADJUSTMENTS (SPECIFY)					
38	POOL THERAPY	B	-340	PHYSICAL THERAPY	50	
39	OTHER ADJUSTMENTS (SPECIFY)					
40	OB CLASSES	B	-40,207	ADULTS & PEDIATRICS	25	
41	OTHER ADJUSTMENTS (SPECIFY)					
42	MISC INCOME	B	-161,895	OTHER ADMINISTRATIVE AND	6.06	
43	ADVERT PRINT & PROMOS	A	-2,385,917	OTHER ADMINISTRATIVE AND	6.06	
44	OTHER ADJUSTMENTS (SPECIFY)					
45	CAPITALIZE SERIES 2002 INTEREST	B	-6,935,571	OLD CAP REL COSTS-BLDG &	1	11
45.02	CARDIAC REHAB MISC INCOME	B	-44,608	CARDIAC REHAB	60.01	
46	OTHER ADJUSTMENTS (SPECIFY)					
46.02	CRNA BENEFITS AJE 5	A	-355,396	EMPLOYEE BENEFITS	5	
46.08	LOBBYING PORTION OF AHA DUES	A	-43,587	OTHER ADMINISTRATIVE AND	6.06	
46.09	DME DRUGS IN HHA EXP	A	-120,805	HOME HEALTH AGENCY	71	
46.13	COMMUNITY ED	A	-493,825	OTHER ADMINISTRATIVE AND	6.06	
46.16	PHYSICIAN FINDERS	A	-28,373	NONPATIENT TELEPHONES	6.01	
46.17	PHYSICIAN FINDERS PR TAXES	A	-2,171	EMPLOYEE BENEFITS	5	
46.18	MISC COSTS NRPC	A	-2,266	OTHER ADMINISTRATIVE AND	6.06	
46.20	MISC INCOME	B	-119,569	PURCHASING	6.03	
46.22	OTHER REVENUE	B	-275,467	OPERATION OF PLANT	8	
46.23	OTHER REVENUE	B	-25,550	OPERATION OF PLANT	8	
46.24	OTHER REVENUE	B	-1,778	OPERATION OF PLANT	8	
46.25	OTHER REVENUE	B	-250,932	OTHER ADMINISTRATIVE AND	6.06	
46.26	OTHER REVENUE	B	-435,628	EMPLOYEE BENEFITS	5	
46.27	OTHER REVENUE	B	-23,968	EMPLOYEE BENEFITS	5	
46.28						
46.30	BABY PHOTO	B	-5,573	ADULTS & PEDIATRICS	25	
46.31	ER TRAUMA	B	205	EMERGENCY	61	
46.32	CARDIAC STRESS TEST	B	-5,104	ELECTROCARDIOLOGY	53	
46.33						
46.34	ACTIVITY REBATES	B	-85,255	OTHER ADMINISTRATIVE AND	6.06	
47	HEALTH RIDE	A	-109,072	OTHER ADMINISTRATIVE AND	6.06	
48	PHYSICIAN BILLING COSTS	A	-47,863	PT ACCTS	6.05	
49						
49.01	FEDERAL INCOME TAX	A	-129,105	OTHER ADMINISTRATIVE AND	6.06	
49.02	STATE INCOME TAX	A	-25,482	OTHER ADMINISTRATIVE AND	6.06	
49.03	REVERSE GAIN ON ASSET DISPOSITION	A	500	NEW CAP REL COSTS-MVBLE E	4	9
49.04						
49.05	ADMN WRITE OFF	A	-437,127	OTHER ADMINISTRATIVE AND	6.06	
49.06	PHYS WRITE OFF	A	-83,212	OTHER ADMINISTRATIVE AND	6.06	
50	TOTAL (SUM OF LINES 1 THRU 49)		-19,836,634			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0211

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/10/2011
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,836,634				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	50	PHYSICAL THERAPY	RENTAL SPACE	191,729	208,926	-17,197	
2	60	1 CARDIAC REHAB	RENTAL SPACE	78,083	69,642	8,441	
3	6	6 OTHER ADMINISTRATIVE AND	RENTAL SPACE-PR				
4	6	6 OTHER ADMINISTRATIVE AND	RENTAL SPACE-COMM ED	28,336	66,326	-37,990	
4.01	41	RADIOLOGY-DIAGNOSTIC	ELBURN OCCUPANCY COS	11,252		11,252	
4.02	50	PHYSICAL THERAPY	RENTAL SPACE	17,731		17,731	
4.03	60	5 DIABETES EDUCATION	RENTAL SPACE	14,185	26,530	-12,345	
5		TOTALS		341,316	371,424	-30,108	

* 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	DELNOR-COMMUNITY HEALTH	100.00	SYSTEM	100.00	SYSTEM
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	99,996	99,996					
2 25	ADULTS & PEDIATRICS	939,376	939,376					
3 61	EMERGENCY	24,998	2,081	22,917	177,200	138	11,757	588
4 44	LABORATORY	248,252	248,252					
5 53	ELECTROCARDIOLOGY	1,474,192	1,474,192					
6 60	6 WOUND CARE							
7 49	RESPIRATORY THERAPY	21,642	19,392	2,250	177,200	7	596	30
8 50	PHYSICAL THERAPY	20,501	1,701	18,800	177,200	201	17,124	856
9 40	ANESTHESIOLOGY	1,636,040	1,636,040					
10 25	ADULTS & PEDIATRICS	512,876	512,876					
11 61	EMERGENCY	50,100		50,100	177,200	448	38,166	1,908
12 61	EMERGENCY	844,350	844,350					
13 60	6 WOUND CARE	8,400	2,400	6,000	177,200	40	3,408	170
14	0							
15 60	4 PAIN CLINIC	341,169	341,169					
16 37	SURGERY	41,600	41,600					
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,263,492	6,163,425	100,067		834	71,051	3,552

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED: 1/10/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS							99,996
2 25	ADULTS & PEDIATRICS							939,376
3 61	EMERGENCY					11,757	11,160	13,241
4 44	LABORATORY							248,252
5 53	ELECTROCARDIOLOGY							1,474,192
6 60	6 WOUND CARE							
7 49	RESPIRATORY THERAPY					596	1,654	21,046
8 50	PHYSICAL THERAPY					17,124	1,676	3,377
9 40	ANESTHESIOLOGY							1,636,040
10 25	ADULTS & PEDIATRICS							512,876
11 61	EMERGENCY					38,166	11,934	11,934
12 61	EMERGENCY							844,350
13 60	6 WOUND CARE					3,408	2,592	4,992
14	0							
15 60	4 PAIN CLINIC							341,169
16 37	SURGERY							41,600
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					71,051	29,016	6,192,441

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	OLD MME DE PR	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	NEW MME DE PT	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	5	NON PATIENT TE	ENTERED
6.02	IS	6	DATA PRODUCED	ENTERED
6.03	PURCHASING	7	PURCHASING	ENTERED
6.04	PT REG	8	GROSS CHARGES	ENTERED
6.05	PT ACCTS	8	GROSS CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	HOURS OF SERVICE	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	15	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	SUPPLY COST	ENTERED
16	PHARMACY	18	PHARMACY STAT	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	DATA PRODUCED	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	25	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	171,773	171,773					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	5,967,439			5,967,439			
005 NEW CAP REL COSTS-MVBLE E	7,211,528				7,211,528		
006 EMPLOYEE BENEFITS	23,538,086	1,042		36,199	5,172	23,580,499	
006 01 NONPATIENT TELEPHONES	425,992	253		8,800	197	112,515	547,757
006 02 IS	3,462,929	4,821		167,483	1,458,915	578,318	20,547
006 03 PURCHASING	982,050	2,609		90,622	21,467	278,739	8,770
006 04 PT REG	2,625,656	1,184		41,135	10,338	776,663	21,299
006 05 PT ACCTS	3,515,538	558		19,371	129	522,407	17,039
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	25,595,412	10,053		349,251	115,548	3,386,251	61,140
008 OPERATION OF PLANT	5,137,872	6,070		210,887	195,734	375,029	19,294
009 LAUNDRY & LINEN SERVICE	586,538	1,348		46,819		5,359	251
010 HOUSEKEEPING	1,381,163	2,477		86,035	1,138	352,445	3,508
011 DIETARY	1,215,442	3,594		124,852	13,223	246,248	1,253
012 CAFETERIA	436,348	2,599		90,273		185,766	1,754
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,170,718	1,216		42,257	67,989	629,469	11,025
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,029,824	1,851		64,296	338,914	618,668	6,264
017 MEDICAL RECORDS & LIBRARY	2,802,221	1,965		68,260	2,276	506,464	46,858
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	14,701,358	44,263		1,537,689	854,882	4,277,098	93,467
026 INTENSIVE CARE UNIT	3,582,735	10,492		364,509	154,590	1,053,918	11,526
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,969,564	16,147		560,936	683,256	983,700	18,041
038 RECOVERY ROOM	875,645	1,291		44,850	91,840	243,234	2,506
039 DELIVERY ROOM & LABOR ROOM							
040 ANESTHESIOLOGY	376,369	621		21,590	89,556	542,930	3,257
041 RADIOLOGY-DIAGNOSTIC	4,225,656	8,514		295,775	894,971	887,990	27,313
041 01 CAT SCAN	1,259,096	838		29,119	193,109	230,560	1,002
041 02 MRI	920,607	1,293		44,925	206,009	141,784	1,754
041 03 ULTRASOUND	796,221	191		6,632	186,612	237,477	1,002
041 04 CCL	4,029,958	9,085		315,620	345,795	601,352	15,285
043 RADIOISOTOPE	965,760	607		21,091	142,559	93,974	2,255
044 LABORATORY	5,392,256	6,515		226,344	286,498	731,718	22,051
046 WHOLE BLOOD & PACKED RED	1,324,127					71,983	752
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	2,069,036	2,157		74,941	214,832	467,335	8,018
049 RESPIRATORY THERAPY	1,120,188	2,177		75,639	47,661	305,589	6,014
050 PHYSICAL THERAPY	3,785,058	1,047		36,374	39,858	1,062,294	19,545
053 ELECTROCARDIOLOGY	1,016,332	2,864		99,498	227,171	264,426	11,526
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	7,948,416						
058 ASC (NON-DISTINCT PART)	1,849,388	5,391		187,278	206,841	451,912	18,292
058 01 LITHOTRIpsy	437,797	138		4,787			501
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	668,395				5,514	130,970	7,267
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	58,023					18,139	501
060 04 CHRONIC PAIN CLINIC	355,551				29,738	61,836	7,517
060 05 DIABETES EDUCATION	268,272				167	80,179	1,754
060 06 WOUND CARE	427,780				2,639	102,658	2,506
060 07 SLEEP LAB	579,763	936		32,509	6,749		501
061 EMERGENCY	3,774,862	14,365		499,059	59,396	1,036,114	33,076
062 OBSERVATION BEDS (NON-DIS)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	1,625,199				7,642	468,861	7,768
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	167,659,941	170,572		5,925,705	7,208,925	23,122,372	543,999
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	207,983	797		27,698		41,333	501
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFICE	1,736,988	404		14,036	2,603	416,794	3,257
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

	PROVIDER NO:	PERIOD:	PREPARED 1/10/2011
COST ALLOCATION - GENERAL SERVICE COSTS	14-0211	FROM 9/1/2009	WORKSHEET B
		TO 8/31/2010	PART I

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
		0	1	2	3	4	5	6.01
103	NONREIMBURS COST CENTERS TOTAL	169,604,912	171,773		5,967,439	7,211,528	23,580,499	547,757

COST CENTER DESCRIPTION	IS	PURCHASING	PT REG	PT ACCTS	SUBTOTAL	OTHER ADMIN STRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS	5,693,013						
006 03 PURCHASING		1,384,257					
006 04 PT REG	29	2,031	3,478,335				
006 05 PT ACCTS		814		4,075,856			
006 06 OTHER ADMIN STRATIVE AND		8,975			29,526,630	29,526,630	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		580			5,945,466	1,253,227	
009 LAUNDRY & LINEN SERVICE		4,817			645,132	135,985	
010 HOUSEKEEPING		8,146			1,834,912	386,776	
011 DIETARY		3,685			1,608,297	339,008	
012 CAFETERIA		2,780			719,520	151,665	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,960	350			2,928,984	617,392	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,354,402	388,561			4,802,780	1,012,364	
017 MEDICAL RECORDS & LIBRARY	346	983			3,429,373	722,867	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	185,674	55,942	419,161	491,232	22,660,766	4,776,544	
026 INTENSIVE CARE UNIT	13,406	13,341	105,243	123,339	5,433,099	1,145,227	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	139,820	503,484	419,441	491,561	17,785,950	3,749,047	
038 RECOVERY ROOM	47,809	5,400	37,622	44,091	1,394,288	293,898	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	846,065	14,238	27,390	32,100	1,954,116	411,902	
041 RADIOLOGY-DIAGNOSTIC	129,280	7,658	149,440	175,134	6,801,731	1,433,716	
041 01 CAT SCAN	802,486	13,871	269,193	315,479	3,114,753	656,549	
041 02 MRI	67,402	7,244	134,443	157,560	1,683,021	354,759	
041 03 ULTRASOUND	21,838	784	78,775	92,319	1,421,851	299,708	
041 04 CCL	165,347	92,713	136,327	159,767	5,871,249	1,237,583	
043 RADIOISOTOPE	15,909	18,834	49,247	57,714	1,367,950	288,346	
044 LABORATORY	862,222	82,995	434,614	508,791	8,554,004	1,803,073	
046 WHOLE BLOOD & PACKED RED	47,636	53,238	26,757	31,358	1,555,851	327,953	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	269,874	29,047	113,377	132,871	3,381,488	712,774	
049 RESPIRATORY THERAPY	151,613	7,365	97,083	113,775	1,927,104	406,208	
050 PHYSICAL THERAPY	254,979	1,634	112,116	131,393	5,444,298	1,147,587	
053 ELECTROCARDIOLOGY	83,470	457	193,387	226,639	2,125,770	448,085	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			322,130	377,518	8,648,064	1,822,899	
058 ASC (NON-DISTINCT PART)	36,320	18,507	86,543	101,423	2,961,895	624,329	
058 01 LITHOTRIpsy	777	8	10,431	12,224	466,663	98,366	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	47,174	366	8,455	9,909	878,050	185,082	
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	253	3	188	220	77,327	16,300	
060 04 CHRONIC PAIN CLINIC	4,674	1,666	11,119	13,031	485,132	102,260	
060 05 DIABETES EDUCATION	10,864	87	3,341	3,915	368,579	77,692	
060 06 WOUND CARE	15,629	3,572	8,457	9,912	573,153	120,813	
060 07 SLEEP LAB	1,296	92	22,178	25,992	670,016	141,231	
061 EMERGENCY	110,337	23,043	201,877	236,589	5,988,718	1,262,344	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY		6,529			2,115,999	446,025	
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	5,692,891	1,383,840	3,478,335	4,075,856	167,151,979	29,009,584	
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP		417			278,729	58,752	
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	122				2,174,204	458,294	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - GENERAL SERVICE COSTS

	IS	PURCHASING	PT REG	PT ACCTS	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
COST CENTER DESCRIPTION	6.02	6.03	6.04	6.05	6a.05	6.06	7
NONREIMBURS COST CENTERS							
103 TOTAL	5,693,013	1,384,257	3,478,335	4,075,856	169,604,912	29,526,630	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	7,198,693						
009 LAUNDRY & LINEN SERVICE	66,824	847,941					
010 HOUSEKEEPING	122,795	160	2,344,643				
011 DIETARY	178,197	377	239,725	2,365,604			
012 CAFETERIA	128,844	280	99,885		1,100,194		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	60,312		34,960		35,678		3,677,326
015 CENTRAL SERVICES & SUPPLY			171,137		17,817		
016 PHARMACY	91,767		49,277		32,525		
017 MEDICAL RECORDS & LIBRARY	97,425		246,717		49,865		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,194,692	396,542	222,411	1,995,127	304,481		1,179,393
026 INTENSIVE CARE UNIT	520,252	68,010		370,477	64,746		250,760
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	800,606	73,580	314,639		75,463		292,296
038 RECOVERY ROOM	64,013	18,742	81,240		13,724		53,173
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	30,814				14,057		54,455
041 RADIOLOGY-DIAGNOSTIC	422,151	36,826	266,694		63,040		244,157
041 01 CAT SCAN	41,560	10,430	16,981		13,348		51,721
041 02 MRI	64,120	7,809			7,289		28,243
041 03 ULTRASOUND	9,465	16,440	11,653		12,712		49,265
041 04 CCL	450,474	20,454			29,097		112,690
043 RADIOISOTOPE	30,103	2,698	21,642		4,903		18,986
044 LABORATORY	323,053		165,810		64,963		251,622
046 WHOLE BLOOD & PACKED RED					4,845		18,739
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	106,961	5,653			28,505		110,428
049 RESPIRATORY THERAPY	107,957	126	25,970		22,575		87,464
050 PHYSICAL THERAPY	51,915		71,917		65,368		253,171
053 ELECTROCARDIOLOGY	142,010	15,053	43,284		16,544		64,072
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	267,296	47,358	69,587		31,209		120,896
058 01 LITHOTRIPSY	6,832						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					9,415		36,486
060 02 CARDIAC CATH							
060 03 GENETIC TESTING					1,215		4,694
060 04 CHRONIC PAIN CLINIC		126			4,064		15,736
060 05 DIABETES EDUCATION					4,469		17,330
060 06 WOUND CARE					6,841		26,484
060 07 SLEEP LAB	46,400	435					
061 EMERGENCY	712,290	126,842	191,114		70,227		272,033
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							63,032
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	7,139,128	847,941	2,344,643	2,365,604	1,068,985		3,677,326
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	39,532				5,539		
098 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	20,033				25,670		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
103	NONREIMBURS COST CENTERS TOTAL	7,198,693	847,941	2,344,643	2,365,604	1,100,194		3,677,326

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	188,954						
016 PHARMACY	440	5,989,153					
017 MEDICAL RECORDS & LIBRARY	267		4,546,514				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	56,431		122,959				
026 INTENSIVE CARE UNIT	15,239		10,689				
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,433	65,975	148,780				
038 RECOVERY ROOM	7,960	4,136	53,468				
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,003	46,599	909,833				
041 RADIOLOGY-DIAGNOSTIC	1,012	84	136,634				
041 01 CAT SCAN	2,177	3	912,360				
041 02 MRI	1,487	558	76,203				
041 03 ULTRASOUND	737	490	19,709				
041 04 CCL	4,217	207,504	215,751				
043 RADIOISOTOPE	246		17,170				
044 LABORATORY	8,155	3,587	865,629				
046 WHOLE BLOOD & PACKED RED	69		50,999				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	30,307	77,718	270,304				
049 RESPIRATORY THERAPY	5,182	18,101	144,429				
050 PHYSICAL THERAPY	348	157	238,703				
053 ELECTROCARDIOLOGY	998	33	113,091				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		5,476,520					
058 ASC (NON-DISTINCT PART)	7,993	2,386	46,284				
058 01 LITHOTRIpsy			858				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	254	4	50,895				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			336				
060 04 CHRONIC PAIN CLINIC	588	12	3,781				
060 05 DIABETES EDUCATION			10,485				
060 06 WOUND CARE	707	5	13,012				
060 07 SLEEP LAB	62		883				
061 EMERGENCY	28,788	8,534	113,078				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	854	76,747					
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	188,954	5,989,153	4,546,323				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFICE			191				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
NONREIMBURS COST CENTERS TOTAL	188,954	5,989,153	4,546,514				

COST CENTER DESCRIPTION	I&R SERVICES- PARAMEDED PR SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	23 OTHER PRGM C	24 GM-(SPECIFY)	25		
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 IS					
006 03 PURCHASING					
006 04 PT REG					
006 05 PT ACCTS					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMEDED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS			33,909,346		33,909,346
026 INTENSIVE CARE UNIT			7,878,499		7,878,499
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			23,314,769		23,314,769
038 RECOVERY ROOM			1,984,642		1,984,642
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY			3,427,779		3,427,779
041 RADIOLOGY-DIAGNOSTIC			9,406,045		9,406,045
041 01 CAT SCAN			4,819,882		4,819,882
041 02 MRI			2,223,489		2,223,489
041 03 ULTRASOUND			1,842,030		1,842,030
041 04 CCL			8,149,019		8,149,019
043 RADIOISOTOPE			1,752,044		1,752,044
044 LABORATORY			12,039,896		12,039,896
046 WHOLE BLOOD & PACKED RED			1,958,456		1,958,456
046 30 BLOOD CLOTTING FACTORS AD					
048 INTRAVENOUS THERAPY			4,724,138		4,724,138
049 RESPIRATORY THERAPY			2,745,116		2,745,116
050 PHYSICAL THERAPY			7,273,464		7,273,464
053 ELECTROCARDIOLOGY			2,968,940		2,968,940
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS			15,947,483		15,947,483
058 ASC (NON-DISTINCT PART)			4,179,233		4,179,233
058 01 LITHOTRIPSY			572,719		572,719
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC					
060 01 CARDIAC REHAB			1,160,186		1,160,186
060 02 CARDIAC CATH					
060 03 GENETIC TESTING			99,872		99,872
060 04 CHRONIC PAIN CLINIC			611,699		611,699
060 05 DIABETES EDUCATION			478,555		478,555
060 06 WOUND CARE			741,015		741,015
060 07 SLEEP LAB			859,027		859,027
061 EMERGENCY			8,773,968		8,773,968
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY			2,702,657		2,702,657
SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTESITINAL ACQUISITION					
095 SUBTOTALS			166,543,968		166,543,968
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			382,552		382,552
096 01 HOMEMAKERS					
098 PHYSICIANS' PRIVATE OFFICE			2,678,392		2,678,392
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25	26	27
NONREIMBURS COST CENTERS					
TOTAL			169,604,912		169,604,912

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		1,042				1,042	1,042
006 01 NONPATIENT TELEPHONES		253				253	5
006 02 IS		4,821				4,821	25
006 03 PURCHASING		2,609				2,609	12
006 04 PT REG		1,184				1,184	34
006 05 PT ACCTS		558				558	23
006 06 OTHER ADMINISTRATIVE AND		10,053				10,053	146
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		6,070				6,070	16
009 LAUNDRY & LINEN SERVICE		1,348				1,348	
010 HOUSEKEEPING		2,477				2,477	15
011 DIETARY		3,594				3,594	11
012 CAFETERIA		2,599				2,599	8
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,216				1,216	27
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		1,851				1,851	27
017 MEDICAL RECORDS & LIBRARY		1,965				1,965	22
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		44,263				44,263	207
026 INTENSIVE CARE UNIT		10,492				10,492	46
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		16,147				16,147	43
038 RECOVERY ROOM		1,291				1,291	11
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		621				621	23
041 RADIOLOGY-DIAGNOSTIC		8,514				8,514	38
041 01 CAT SCAN		838				838	10
041 02 MRI		1,293				1,293	6
041 03 ULTRASOUND		191				191	10
041 04 CCL		9,085				9,085	26
043 RADIOISOTOPE		607				607	4
044 LABORATORY		6,515				6,515	32
046 WHOLE BLOOD & PACKED RED							3
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY		2,157				2,157	20
049 RESPIRATORY THERAPY		2,177				2,177	13
050 PHYSICAL THERAPY		1,047				1,047	46
053 ELECTROCARDIOLOGY		2,864				2,864	11
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)		5,391				5,391	20
058 01 LITHOTRIpsy		138				138	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB							6
060 02 CARDIAC CATH							
060 03 GENETIC TESTING							1
060 04 CHRONIC PAIN CLINIC							3
060 05 DIABETES EDUCATION							3
060 06 WOUND CARE							4
060 07 SLEEP LAB		936				936	
061 EMERGENCY		14,365				14,365	45
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							20
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS		170,572				170,572	1,022
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		797				797	2
098 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC		404				404	18
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF OLD CAPITAL RELATED COSTS

	PROVIDER NO:		PERIOD:		PREPARED
	14-0211		FROM 9/ 1/2009		1/10/2011
			TO 8/31/2010		WORKSHEET B
					PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
103 NONREIMBURS COST CENTERS TOTAL		171,773				171,773	1,042

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING	PT REG	PT ACCTS	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	7
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES	258					
006 02 IS	10	4,856				
006 03 PURCHASING	4		2,625			
006 04 PT REG	10		4	1,232		
006 05 PT ACCTS	8		2		591	
006 06 OTHER ADMINISTRATIVE AND	29		17			10,245
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	9		1			434
009 LAUNDRY & LINEN SERVICE			9			47
010 HOUSEKEEPING	2		15			134
011 DIETARY	1		7			117
012 CAFETERIA	1		5			53
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION	5	5	1			214
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	3	1,155	736			351
017 MEDICAL RECORDS & LIBRARY	22		2			250
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM-(SPECIFY)						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	45	158	106	149	75	1,673
026 INTENSIVE CARE UNIT	5	11	25	37	19	397
026 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	8	119	956	149	75	1,298
038 RECOVERY ROOM	1	41	10	13	7	102
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY	2	722	27	10	5	143
041 RADIOLOGY-DIAGNOSTIC	13	110	15	53	27	497
041 01 CAT SCAN		685	26	96	48	227
041 02 MRI	1	58	14	48	24	123
041 03 ULTRASOUND		19	1	28	14	104
041 04 CCL	7	141	176	48	24	429
043 RADIOISOTOPE	1	14	36	18	9	100
044 LABORATORY	10	736	157	148	47	624
046 WHOLE BLOOD & PACKED RED		41	101	10	5	114
046 30 BLOOD CLOTTING FACTORS AD						
048 INTRAVENOUS THERAPY	4	230	55	40	20	247
049 RESPIRATORY THERAPY	3	129	14	35	17	141
050 PHYSICAL THERAPY	9	218	3	40	20	397
053 ELECTROCARDIOLOGY	5	71	1	69	34	155
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS				115	57	631
058 ASC (NON-DISTINCT PART)	9	31	35	31	15	216
058 01 LITHOTRIpsy		1		4	2	34
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
060 01 CARDIAC REHAB	3	40	1	3	2	64
060 02 CARDIAC CATH						
060 03 GENETIC TESTING						6
060 04 CHRONIC PAIN CLINIC	4	4	3	4	2	35
060 05 DIABETES EDUCATION	1	9		1	1	27
060 06 WOUND CARE	1	13	7	3	2	42
060 07 SLEEP LAB		1		8	4	49
061 EMERGENCY	16	94	44	72	36	437
062 OBSERVATION BEDS (NON-DIS						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST CNTRS						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL THERA						
069 30 OUTPATIENT OCCUPATIONAL T						
069 40 OUTPATIENT SPEECH PATHOLO						
071 HOME HEALTH AGENCY	4		12			154
071 SPEC PURPOSE COST CENTERS						
085 01 PANCREAS ACQUISITION						
085 02 INTRESTINAL ACQUISITION						
095 SUBTOTALS	256	4,856	2,624	1,232	591	10,066
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP			1			20
096 01 HOMEMAKERS						
098 PHYSICIANS' PRIVATE OFFIC	2					159
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING	PT REG	PT ACCTS	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	
NONREIMBURS COST CENTERS	6.01	6.02	6.03	6.04	6.05	6.06	7
103 TOTAL	258	4,856	2,625	1,232	591	10,245	

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2009

WORKSHEET B

TO 8/31/2010

PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	6,530						
009 LAUNDRY & LINEN SERVICE	61	1,465					
010 HOUSEKEEPING	111		2,754				
011 DIETARY	162	1	282	4,175			
012 CAFETERIA	117		117		2,900		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	55		41		94		1,658
015 CENTRAL SERVICES & SUPPLY			201		47		
016 PHARMACY	83		58		86		
017 MEDICAL RECORDS & LIBRARY	88		290		131		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,991	687	261	3,521	801		533
026 INTENSIVE CARE UNIT	472	117		654	171		113
027 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	726	127	370		199		132
038 RECOVERY ROOM	58	32	95		36		24
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	28				37		25
041 RADIOLOGY-DIAGNOSTIC	383	64	313		166		110
041 01 CAT SCAN	38	18	20		35		23
041 02 MRI	58	13			19		13
041 03 ULTRASOUND	9	28	14		34		22
041 04 CCL	409	35			77		51
043 RADIOISOTOPE	27	5	25		13		9
044 LABORATORY	293		195		171		113
046 WHOLE BLOOD & PACKED RED					13		8
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	97	10			75		50
049 RESPIRATORY THERAPY	98		31		60		39
050 PHYSICAL THERAPY	47		84		172		114
053 ELECTROCARDIOLOGY	129	26	51		44		29
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	242	82	82		82		54
058 01 LITHOTRIpsy	6						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					25		16
060 02 CARDIAC CATH							
060 03 GENETIC TESTING					3		2
060 04 CHRONIC PAIN CLINIC					11		7
060 05 DIABETES EDUCATION					12		8
060 06 WOUND CARE					18		12
060 07 SLEEP LAB	42	1					
061 EMERGENCY	646	219	224		185		123
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							28
072 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	6,476	1,465	2,754	4,175	2,817		1,658
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	36				15		
098 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	18				68		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
103	NONREIMBURS COST CENTERS TOTAL	6,530	1,465	2,754	4,175	2,900		1,658

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	248						
016 PHARMACY	1	4,351					
017 MEDICAL RECORDS & LIBRARY			2,770				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	75			75			
026 INTENSIVE CARE UNIT	20			7			
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11	48	91				
038 RECOVERY ROOM	10	3	33				
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	8	34	555				
041 RADIOLOGY-DIAGNOSTIC	1		83				
041 01 CAT SCAN	3		554				
041 02 MRI	2		46				
041 03 ULTRASOUND	1		12				
041 04 CCL	6	151	132				
043 RADIOISOTOPE			10				
044 LABORATORY	11	3	528				
046 WHOLE BLOOD & PACKED RED			31				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	40	56	165				
049 RESPIRATORY THERAPY	7	13	88				
050 PHYSICAL THERAPY			145				
053 ELECTROCARDIOLOGY	1		69				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		3,979					
058 ASC (NON-DISTINCT PART)	10	2	28				
058 01 LITHOTRIpsy			1				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB			31				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING							
060 04 CHRONIC PAIN CLINIC	1		2				
060 05 DIABETES EDUCATION			6				
060 06 WOUND CARE	1		8				
060 07 SLEEP LAB			1				
061 EMERGENCY	38	6	69				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	1	56					
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	248	4,351	2,770				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
NONREIMBURS COST CENTERS							
TOTAL	248	4,351	2,770				

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
14-0211

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/10/2011
WORKSHEET B
PART II

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	IS			
006	03	PURCHASING			
006	04	PT REG			
006	05	PT ACCTS			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED ED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	54,620		54,620
026		INTENSIVE CARE UNIT	12,586		12,586
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	20,499		20,499
038		RECOVERY ROOM	1,767		1,767
039		DELIVERY ROOM & LABOR ROO			
040		ANESTHESIOLOGY	2,240		2,240
041		RADIOLOGY-DIAGNOSTIC	10,387		10,387
041	01	CAT SCAN	2,621		2,621
041	02	MRI	1,718		1,718
041	03	ULTRASOUND	487		487
041	04	CCL	10,797		10,797
043		RADIOISOTOPE	878		878
044		LABORATORY	9,583		9,583
046		WHOLE BLOOD & PACKED RED	326		326
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	3,266		3,266
049		RESPIRATORY THERAPY	2,865		2,865
050		PHYSICAL THERAPY	2,342		2,342
053		ELECTROCARDIOLOGY	3,559		3,559
054		ELECTROENCEPHALOGRAPHY			
055		MEDICAL SUPPLIES CHARGED			
056		DRUGS CHARGED TO PATIENTS	4,782		4,782
058		ASC (NON-DISTINCT PART)	6,330		6,330
058	01	LITHOTRIpsy	186		186
060		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
060	01	CARDIAC REHAB	191		191
060	02	CARDIAC CATH			
060	03	GENETIC TESTING	12		12
060	04	CHRONIC PAIN CLINIC	76		76
060	05	DIABETES EDUCATION	68		68
060	06	WOUND CARE	111		111
060	07	SLEEP LAB	1,042		1,042
061		EMERGENCY	16,619		16,619
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY	275		275
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	170,233		170,233
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	871		871
096	01	HOMEMAKERS			
098		PHYSICIANS' PRIVATE OFFIC	669		669
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART II

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
103 NONREIMBURS COST CENTERS					
TOTAL			171,773		171,773

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				36,199	5,172	41,371	41,371
006 01 NONPATIENT TELEPHONES	45,107			8,800	197	54,104	197
006 02 IS	158,393			167,483	1,458,915	1,784,791	1,014
006 03 PURCHASING				90,622	21,467	112,089	489
006 04 PT REG				41,135	10,338	51,473	1,362
006 05 PT ACCTS	842			19,371	129	20,342	916
006 06 OTHER ADMINISTRATIVE AND	2,631,173			349,251	115,548	3,095,972	5,939
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				210,887	195,734	406,621	658
009 LAUNDRY & LINEN SERVICE				46,819		46,819	9
010 HOUSEKEEPING				86,035	1,138	87,173	618
011 DIETARY	1,396			124,852	13,223	139,471	432
012 CAFETERIA				90,273		90,273	326
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				42,257	67,989	110,246	1,104
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY				64,296	338,914	403,210	1,085
017 MEDICAL RECORDS & LIBRARY				68,260	2,276	70,536	888
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	44,682			1,537,689	854,882	2,437,253	7,515
026 INTENSIVE CARE UNIT	11,679			364,509	154,590	530,778	1,849
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	226,624			560,936	683,256	1,470,816	1,725
038 RECOVERY ROOM				44,850	91,840	136,690	427
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				21,590	89,556	111,146	952
041 RADIOLOGY-DIAGNOSTIC	158,680			295,775	894,971	1,349,426	1,558
041 01 CAT SCAN				29,119	193,109	222,228	404
041 02 MRI				44,925	206,009	250,934	249
041 03 ULTRASOUND				6,632	186,612	193,244	417
041 04 CCL				315,620	345,795	661,415	1,055
043 RADIOISOTOPE				21,091	142,559	163,650	165
044 LABORATORY	66			226,344	286,498	512,908	1,283
046 WHOLE BLOOD & PACKED RED							126
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	7,794			74,941	214,832	297,567	820
049 RESPIRATORY THERAPY	956			75,639	47,661	124,256	536
050 PHYSICAL THERAPY				36,374	39,858	76,232	1,863
053 ELECTROCARDIOLOGY				99,498	227,171	326,669	464
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)				187,278	206,841	394,119	793
058 01 LITHOTRIPSY				4,787		4,787	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					5,514	5,514	230
060 02 CARDIAC CATH							
060 03 GENETIC TESTING							32
060 04 CHRONIC PAIN CLINIC					29,738	29,738	108
060 05 DIABETES EDUCATION					167	167	141
060 06 WOUND CARE					2,639	2,639	180
060 07 SLEEP LAB				32,509	6,749	39,258	
061 EMERGENCY				499,059	59,396	558,455	1,817
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	9,473				7,642	17,115	822
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,296,865			5,925,705	7,208,925	16,431,495	40,568
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	114			27,698		27,812	72
096 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC				14,036	2,603	16,639	731
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
TOTAL	3,296,979			5,967,439	7,211,528	16,475,946	41,371

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES		PURCHASING	PT REG	PT ACCTS	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	54,301						
006 02 IS	2,037	1,787,842					
006 03 PURCHASING	869		113,447				
006 04 PT REG	2,111	9	166	55,121			
006 05 PT ACCTS	1,689		67		23,014		
006 06 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	6,061		735			3,108,707	
007 OPERATION OF PLANT	1,913		48			131,948	
009 LAUNDRY & LINEN SERVICE	25		395			14,317	
010 HOUSEKEEPING	348		668			40,722	
011 DIETARY	124		302			35,693	
012 CAFETERIA	174		228			15,968	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,093	1,872	29			65,003	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	621	425,336	31,842			106,588	
017 MEDICAL RECORDS & LIBRARY	4,645	109	81			76,108	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,264	58,309	4,584	6,633	2,758	502,860	
026 INTENSIVE CARE UNIT	1,143	4,210	1,093	1,665	692	120,577	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,789	43,909	41,266	6,638	2,759	394,724	
038 RECOVERY ROOM	248	15,014	443	595	248	30,943	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	323	265,699	1,167	433	180	43,368	
041 RADIOLOGY-DIAGNOSTIC	2,708	40,599	628	2,365	983	150,951	
041 01 CAT SCAN	99	252,014	1,137	4,260	1,771	69,126	
041 02 MRI	174	21,167	594	2,128	884	37,351	
041 03 ULTRASOUND	99	6,858	64	1,247	518	31,555	
041 04 CCL	1,515	51,926	7,598	2,157	897	130,301	
043 RADIOISOTOPE	224	4,996	1,543	779	324	30,359	
044 LABORATORY	2,186	270,774	6,801	6,955	2,990	189,839	
046 WHOLE BLOOD & PACKED RED	75	14,960	4,363	423	176	34,529	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	795	84,752	2,380	1,794	746	75,045	
049 RESPIRATORY THERAPY	596	47,613	604	1,536	639	42,768	
050 PHYSICAL THERAPY	1,938	80,074	134	1,774	738	120,825	
053 ELECTROCARDIOLOGY	1,143	26,213	37	3,060	1,272	47,177	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				5,098	2,119	191,926	
058 ASC (NON-DISTINCT PART)	1,813	11,406	1,517	1,370	569	65,733	
058 01 LITHOTRIPSY	50	244	1	165	69	10,357	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	720	14,815	30	134	56	19,487	
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	50	80		3	1	1,716	
060 04 CHRONIC PAIN CLINIC	745	1,468	137	176	73	10,767	
060 05 DIABETES EDUCATION	174	3,412	7	53	22	8,180	
060 06 WOUND CARE	248	4,908	293	134	56	12,720	
060 07 SLEEP LAB	50	407	8	351	146	14,870	
061 EMERGENCY	3,279	34,651	1,888	3,195	1,328	132,908	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	770		535			46,960	
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	53,928	1,787,804	113,413	55,121	23,014	3,054,269	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	50		34			6,186	
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	323	38				48,252	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	6.01	6.02	PURCHASING	6.03	PT REG	6.04	PT ACCTS	6.05	OTHER ADMINISTRATIVE AND	6.06	MAINTENANCE & REPAIRS	7
NONREIMBURS COST CENTERS													
TOTAL	54,301	1,787,842	113,447	55,121	23,014	3,108,707							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	541,188						
009 LAUNDRY & LINEN SERVICE	5,024	66,589					
010 HOUSEKEEPING	9,232	13	138,774				
011 DIETARY	13,397	30	14,189	203,638			
012 CAFETERIA	9,686	22	5,912		122,589		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,534		2,069		3,975		189,925
015 CENTRAL SERVICES & SUPPLY			10,129		1,985		
016 PHARMACY	6,899		2,917		3,624		
017 MEDICAL RECORDS & LIBRARY	7,324		14,603		5,556		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	164,994	31,140	13,164	171,746	33,932		60,915
026 INTENSIVE CARE UNIT	39,112	5,341		31,892	7,214		12,951
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	60,188	5,778	18,621		8,408		15,096
038 RECOVERY ROOM	4,812	1,472	4,808		1,529		2,746
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,317				1,566		2,812
041 RADIOLOGY-DIAGNOSTIC	31,737	2,892	15,785		7,024		12,610
041 01 CAT SCAN	3,124	819	1,005		1,487		2,671
041 02 MRI	4,820	613			812		1,459
041 03 ULTRASOUND	712	1,291	690		1,416		2,544
041 04 CCL	33,866	1,606			3,242		5,820
043 RADIOISOTOPE	2,263	212	1,281		546		981
044 LABORATORY	24,287		9,814		7,239		12,996
046 WHOLE BLOOD & PACKED RED					540		968
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	8,041	444			3,176		5,703
049 RESPIRATORY THERAPY	8,116	10	1,537		2,515		4,517
050 PHYSICAL THERAPY	3,903		4,257		7,284		13,076
053 ELECTROCARDIOLOGY	10,676	1,182	2,562		1,843		3,309
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)	20,095	3,719	4,119		3,477		6,244
058 01 LITHOTRIpsy	514						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB					1,049		1,884
060 02 CARDIAC CATH							
060 03 GENETIC TESTING					135		242
060 04 CHRONIC PAIN CLINIC		10			453		813
060 05 DIABETES EDUCATION					498		895
060 06 WOUND CARE					762		1,368
060 07 SLEEP LAB	3,488	34					
061 EMERGENCY	53,549	9,961	11,312		7,825		14,050
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							3,255
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	536,710	66,589	138,774	203,638	119,112		189,925
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	2,972				617		
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC	1,506				2,860		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
103	NONREIMBURS COST CENTERS TOTAL	541,188	66,589	138,774	203,638	122,589		189,925

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0211

FROM 9/ 1/2009

WORKSHEET B

TO 8/31/2010

PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	12,114						
016 PHARMACY	28	982,150					
017 MEDICAL RECORDS & LIBRARY	17		179,867				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,620		4,864				
026 INTENSIVE CARE UNIT	977		423				
026 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	541	10,819	5,886				
038 RECOVERY ROOM	510	678	2,115				
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	385	7,642	35,994				
041 RADIOLOGY-DIAGNOSTIC	65	14	5,405				
041 01 CAT SCAN	140	1	36,094				
041 02 MRI	95	92	3,015				
041 03 ULTRASOUND	47	80	780				
041 04 CCL	270	34,028	8,535				
043 RADIOISOTOPE	16		679				
044 LABORATORY	523	588	34,246				
046 WHOLE BLOOD & PACKED RED	4		2,018				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	1,943	12,745	10,694				
049 RESPIRATORY THERAPY	332	2,968	5,714				
050 PHYSICAL THERAPY	22	26	9,443				
053 ELECTROCARDIOLOGY	64	5	4,474				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		898,083					
058 ASC (NON-DISTINCT PART)	512	391	1,831				
058 01 LITHOTRIpsy			34				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 CARDIAC REHAB	16	1	2,013				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			13				
060 04 CHRONIC PAIN CLINIC	38	2	150				
060 05 DIABETES EDUCATION			415				
060 06 WOUND CARE	45	1	515				
060 07 SLEEP LAB	4		35				
061 EMERGENCY	1,845	1,400	4,474				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	55	12,586					
071 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	12,114	982,150	179,859				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE OFFIC			8				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
NONREIMBURS COST CENTERS TOTAL	12,114	982,150	179,867				

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-0211

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/10/2011
WORKSHEET B
PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT TELEPHONES			
006	02	IS			
006	03	PURCHASING			
006	04	PT REG			
006	05	PT ACCTS			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED ED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	3,513,551		3,513,551
026		INTENSIVE CARE UNIT	759,917		759,917
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	2,088,963		2,088,963
038		RECOVERY ROOM	203,278		203,278
039		DELIVERY ROOM & LABOR ROO			
040		ANESTHESIOLOGY	473,984		473,984
041		RADIOLOGY-DIAGNOSTIC	1,624,750		1,624,750
041	01	CAT SCAN	596,380		596,380
041	02	MRI	324,387		324,387
041	03	ULTRASOUND	241,562		241,562
041	04	CCL	944,231		944,231
043		RADIOISOTOPE	208,018		208,018
044		LABORATORY	1,083,429		1,083,429
046		WHOLE BLOOD & PACKED RED	58,182		58,182
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	506,645		506,645
049		RESPIRATORY THERAPY	244,257		244,257
050		PHYSICAL THERAPY	321,589		321,589
053		ELECTROCARDIOLOGY	430,150		430,150
054		ELECTROENCEPHALOGRAPHY			
055		MEDICAL SUPPLIES CHARGED			
056		DRUGS CHARGED TO PATIENTS	1,097,226		1,097,226
058		ASC (NON-DISTINCT PART)	517,708		517,708
058	01	LITHOTRIpsy	16,221		16,221
060		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
060	01	CARDIAC REHAB	45,949		45,949
060	02	CARDIAC CATH			
060	03	GENETIC TESTING	2,272		2,272
060	04	CHRONIC PAIN CLINIC	44,678		44,678
060	05	DIABETES EDUCATION	13,964		13,964
060	06	WOUND CARE	23,869		23,869
060	07	SLEEP LAB	58,651		58,651
061		EMERGENCY	841,937		841,937
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY	82,098		82,098
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	16,367,846		16,367,846
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	37,743		37,743
096	01	HOMEMAKERS			
098		PHYSICIANS' PRIVATE OFFIC	70,357		70,357
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B
 PART III

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
103 NONREIMBURS COST CENTERS TOTAL			16,475,946		16,475,946

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (OLD MME DEPR)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (NEW MME DEPT)	FITS (GROSS SALARIES)	(NON PATIENT TELE)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	239,363					
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			239,363			
004 NEW CAP REL COSTS-MVB				6,729,030		
005 EMPLOYEE BENEFITS	1,452		1,452	4,826	72,817,326	
006 01 NONPATIENT TELEPHONES	353		353	184	347,451	2,186
006 02 LIS	6,718		6,718	1,361,306	1,785,863	82
006 03 PURCHASING	3,635		3,635	20,031	860,754	35
006 04 PT REG	1,650		1,650	9,646	2,398,358	85
006 05 PT ACCTS	777		777	120	1,613,210	68
006 06 OTHER ADMINISTRATIVE MAINTENANCE & REPAIRS	14,009		14,009	107,817	10,456,845	244
007 OPERATION OF PLANT	8,459		8,459	182,638	1,158,102	77
009 LAUNDRY & LINEN SERVICE	1,878		1,878		16,549	1
010 HOUSEKEEPING	3,451		3,451	1,062	1,088,360	14
011 DIETARY	5,008		5,008	12,338	760,422	5
012 CAFETERIA	3,621		3,621		573,652	7
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	1,695		1,695	63,440	1,943,818	44
015 CENTRAL SERVICES & SU						
016 PHARMACY	2,579		2,579	316,238	1,910,466	25
017 MEDICAL RECORDS & LIB	2,738		2,738	2,124	1,563,976	187
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	61,679		61,679	797,685	13,207,844	373
026 INTENSIVE CARE UNIT	14,621		14,621	144,247	3,254,530	46
ANCILLARY SRVC COST C						
037 OPERATING ROOM	22,500		22,500	637,542	3,037,697	72
038 RECOVERY ROOM	1,799		1,799	85,695	751,113	10
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	866		866	83,564	1,676,583	13
041 RADIOLOGY-DIAGNOSTIC	11,864		11,864	835,092	2,742,139	109
041 01 CAT SCAN	1,168		1,168	180,189	711,976	4
041 02 MRI	1,802		1,802	192,226	437,834	7
041 03 ULTRASOUND	266		266	174,126	733,335	4
041 04 CCL	12,660		12,660	322,659	1,856,994	61
043 RADIOISOTOPE	846		846	133,021	290,194	9
044 LABORATORY	9,079		9,079	267,329	2,259,566	88
046 WHOLE BLOOD & PACKED					222,287	3
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY	3,006		3,006	200,458	1,443,144	32
049 RESPIRATORY THERAPY	3,034		3,034	44,472	943,667	24
050 PHYSICAL THERAPY	1,459		1,459	37,191	3,280,395	78
053 ELECTROCARDIOLOGY	3,991		3,991	211,972	816,555	46
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	7,512		7,512	193,002	1,395,519	73
058 01 LITHOTRIpsy	192		192			2
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 CARDIAC REHAB				5,145	404,438	29
060 02 CARDIAC CATH						
060 03 GENETIC TESTING					56,014	2
060 04 CHRONIC PAIN CLINIC				27,748	190,952	30
060 05 DIABETES EDUCATION				156	247,594	7
060 06 WOUND CARE				2,462	317,010	10
060 07 SLEEP LAB	1,304		1,304	6,297		2
061 EMERGENCY	20,018		20,018	55,422	3,199,553	132
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY				7,131	1,447,857	31
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTTESTINAL ACQUISITIO						
095 SUBTOTALS	237,689		237,689	6,726,601	71,402,616	2,171
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,111		1,111		127,638	2

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE	BENE	NONPATIENT	TE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (OLD MME DEPR)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (NEW MME DEPT)	FITS (GROSS SALARIES)	NONPATIENT	TE (LEPHONES)	TE
	1	2	3	4	5		6.01	
096 01 NONREIMBURS COST CENT								
098 01 HOMEMAKERS								
101 PHYSICIANS' PRIVATE O	563		563	2,429	1,287,072		13	
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	171,773		5,967,439	7,211,528	23,580,499		547,757	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.717626		24.930499	1.071704	.323831		250.575023	258
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					1,042			
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000014			.118024
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					41,371		54,301	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000568		24.840348	

COST CENTER DESCRIPTION	IS	PURCHASING	PT REG	PT ACCTS	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS
	(DATA PRODUCED)	(PURCHASING)	(GROSS CHARGES)	(GROSS CHARGES)	()	(ACCUM. COST)	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
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 01 NONPATIENT TELEPHONES							
006 02 IS	3,910,646						
006 03 PURCHASING		28,494,640					
006 04 PT REG	20	41,812	618,443,247				
006 05 PT ACCTS		16,746		618,443,247			
006 06 OTHER ADMINISTRATIVE MAINTENANCE & REPAIRS		184,751			-29,526,630	140,078,282	210,769
007 OPERATION OF PLANT		11,935				5,945,466	8,459
009 LAUNDRY & LINEN SERVICE		99,160				645,132	1,878
010 HOUSEKEEPING		167,679				1,834,912	3,451
011 DIETARY		75,856				1,608,297	5,008
012 CAFETERIA		57,224				719,520	3,621
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,094	7,200				2,928,984	1,695
015 CENTRAL SERVICES & SUPPLIES							
016 PHARMACY	930,365	7,998,368				4,802,780	2,579
017 MEDICAL RECORDS & LIBRARY	238	20,234				3,429,373	2,738
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIED)							
025 ADULTS & PEDIATRICS	127,543	1,151,554	74,530,698	74,530,698		22,660,766	61,679
026 INTENSIVE CARE UNIT	9,209	274,621	18,713,201	18,713,201		5,433,099	14,621
037 ANCILLARY SRVC COST CENTER							
038 OPERATING ROOM	96,045	10,364,272	74,580,628	74,580,628		17,785,950	22,500
039 RECOVERY ROOM	32,841	111,157	6,689,610	6,689,610		1,394,288	1,799
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	581,179	293,074	4,870,214	4,870,214		1,954,116	866
041 01 RADIOLOGY-DIAGNOSTIC	88,805	157,643	26,571,761	26,571,761		6,801,731	11,864
041 02 CAT SCAN	551,244	285,527	47,865,052	47,865,052		3,114,753	1,168
041 03 MRI	46,300	149,119	23,905,258	23,905,258		1,683,021	1,802
041 04 ULTRASOUND	15,001	16,137	14,006,878	14,006,878		1,421,851	266
043 CCL	113,580	1,908,470	24,240,220	24,240,220		5,871,249	12,660
043 RADIOISOTOPE	10,928	387,684	8,756,521	8,756,521		1,367,950	846
044 LABORATORY	592,278	1,708,412	77,240,999	77,240,999		8,554,004	9,079
046 WHOLE BLOOD & PACKED	32,722	1,095,881	4,757,665	4,757,665		1,555,851	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	185,382	597,917	20,159,439	20,159,439		3,381,488	3,006
049 RESPIRATORY THERAPY	104,146	151,606	17,262,241	17,262,241		1,927,104	3,034
050 PHYSICAL THERAPY	175,150	33,645	19,935,285	19,935,285		5,444,298	1,459
053 ELECTROCARDIOLOGY	57,337	9,408	34,386,087	34,386,087		2,125,770	3,991
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARACTERIZED			57,277,732	57,277,732		8,648,064	
056 DRUGS CHARGED TO PATIENT			15,388,072	15,388,072		2,961,895	7,512
058 ASC (NON-DIAGNOSTIC) PAR	24,949	380,960	1,854,684	1,854,684		466,663	192
058 01 LITHOTRIpsy	534	165					
060 OUTPATIENT SERVICE COST CENTER							
060 01 CARDIAC REHAB	32,405	7,540	1,503,372	1,503,372		878,050	
060 02 CARDIAC CATH							
060 03 GENETIC TESTING	174	64	33,408	33,408		77,327	
060 04 CHRONIC PAIN CLINIC	3,211	34,297	1,977,108	1,977,108		485,132	
060 05 DIABETES EDUCATION	7,463	1,801	594,056	594,056		368,579	
060 06 WOUND CARE	10,736	73,518	1,503,818	1,503,818		573,153	
060 07 SLEEP LAB	890	1,885	3,943,531	3,943,531		670,016	1,304
061 EMERGENCY	75,793	474,335	35,895,709	35,895,709		5,988,718	20,018
062 OBSERVATION BEDS (NON-PAYING)							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURSED COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY		134,391				2,115,999	
071 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	3,910,562	28,486,048	618,443,247	618,443,247	-29,526,630	137,625,349	209,095
096 NONREIMBURSED COST CENTER							
096 GIFT, FLOWER, COFFEE		8,592				278,729	1,111

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	IS	PURCHASING	PT REG	PT ACCTS	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	(DATA PRODUCED)	(PURCHASING)	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUM. COST)	(SQUARE FEET)
NONREIMBURS COST CENT	6.02	6.03	6.04	6.05	6a.06	6.06	7
096 01 HOMEMAKERS							
098 PHYSICIANS' PRIVATE O	84					2,174,204	563
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,693,013	1,384,257	3,478,335	4,075,856		29,526,630	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.455773	.048580	.005624	.006591		.210787	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	4,856	2,625	1,232	591		10,245	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.001242	.000092	.000002	.000001		.000073	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,787,842	113,447	55,121	23,014		3,108,707	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.457173	.003981	.000089	.000037		.022193	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	(MEALS) SERVED	(NUMBER) HOUSED	(HOURS OF) SERVICE
	8	9	10	11	12	13	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 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	202,310						
009 LAUNDRY & LINEN SERVICE	1,878	175,361					
010 HOUSEKEEPING	3,451	33	7,042				
011 DIETARY	5,008	78	720	113,390			
012 CAFETERIA	3,621	58	300		76,075		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,695		105		2,467		1,365,460
015 CENTRAL SERVICES & SUPPLIES			514		1,232		
016 PHARMACY	2,579		148		2,249		
017 MEDICAL RECORDS & LIBRARY	2,738		741		3,448		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHESIOLOGISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIC)							
025 ADULTS & PEDIATRICS	61,679	82,008	668	95,632	21,054		437,931
026 INTENSIVE CARE UNIT	14,621	14,065		17,758	4,477		93,112
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	22,500	15,217	945		5,218		108,535
039 RECOVERY ROOM	1,799	3,876	244		949		19,744
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	866				972		20,220
041 01 RADIOLOGY-DIAGNOSTIC	11,864	7,616	801		4,359		90,660
041 02 CAT SCAN	1,168	2,157	51		923		19,205
041 03 MRI	1,802	1,615			504		10,487
041 04 ULTRASOUND	266	3,400	35		879		18,293
043 CCL	12,660	4,230			2,012		41,844
044 RADIOISOTOPE	846	558	65		339		7,050
046 LABORATORY	9,079		498		4,492		93,432
046 WHOLE BLOOD & PACKED					335		6,958
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	3,006	1,169			1,971		41,004
049 RESPIRATORY THERAPY	3,034	26	78		1,561		32,477
050 PHYSICAL THERAPY	1,459		216		4,520		94,007
053 ELECTROCARDIOLOGY	3,991	3,113	130		1,144		23,791
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PATIENTS)	7,512	9,794	209		2,158		44,891
058 01 LITHOTRIPSY	192						
060 OUTPATIENT SERVICE COST CENTER							
060 01 CLINIC							
060 02 CARDIAC REHAB					651		13,548
060 03 CARDIAC CATH							
060 04 GENETIC TESTING					84		1,743
060 05 CHRONIC PAIN CLINIC		26			281		5,843
060 06 DIABETES EDUCATION					309		6,435
060 07 WOUND CARE					473		9,834
060 08 SLEEP LAB	1,304	90					
061 EMERGENCY	20,018	26,232	574		4,856		101,011
062 OBSERVATION BEDS (NON-PAYING)							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURSED COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							23,405
071 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	200,636	175,361	7,042	113,390	73,917		1,365,460
096 NONREIMBURSED COST CENTER							
096 GIFT, FLOWER, COFFEE	1,111				383		

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	(MEALS) SERVED	(NUMBER) HOUSED	(HOURS OF) SERVICE
	8	9	10	11	12	13	14
096 01 NONREIMBURS COST CENT							
098 01 HOMEMAKERS							
101 PHYSICIANS' PRIVATE O	563				1,775		
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	7,198,693	847,941	2,344,643	2,365,604	1,100,194		3,677,326
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		4.835402		20.862545			
(WRKSHT B, PT I)	35.582487		332.951292		14.461965		2.693104
105 COST TO BE ALLOCATED	6,530	1,465	2,754	4,175	2,900		1,658
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.008354		.036820			
(WRKSHT B, PT II)	.032277		.391082		.038120		.001214
107 COST TO BE ALLOCATED	541,188	66,589	138,774	203,638	122,589		189,925
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.379725		1.795908			
(WRKSHT B, PT III)	2.675043		19.706617		1.611423		.139092

COST ALLOCATION - STATISTICAL BASIS

14-0211

FROM 9/ 1/2009

WORKSHEET B-1

TO 8/31/2010

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (PHARMACY STAT)	MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
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 01 NONPATIENT TELEPHONES							
006 02 IS							
006 03 PURCHASING							
006 04 PT REG							
006 05 PT ACCTS							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,408,609						
016 PHARMACY	5,613	8,671,652					
017 MEDICAL RECORDS & LIBRARY	3,404		3,099,879				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	719,279		83,835				
026 INTENSIVE CARE UNIT	194,257		7,288				
ANCILLARY SRVC COST C							
037 OPERATING ROOM	107,497	95,525	101,440				
038 RECOVERY ROOM	101,472	5,988	36,455				
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	76,527	67,471	620,337				
041 RADIOLOGY-DIAGNOSTIC	12,904	122	93,159				
041 01 CAT SCAN	27,752	5	622,062				
041 02 MRI	18,961	808	51,956				
041 03 ULTRASOUND	9,400	709	13,438				
041 04 CCL	53,755	300,443	147,102				
043 RADIOISOTOPE	3,131		11,707				
044 LABORATORY	103,948	5,194	590,198				
046 WHOLE BLOOD & PACKED	877		34,772				
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	386,325	112,527	184,297				
049 RESPIRATORY THERAPY	66,057	26,208	98,474				
050 PHYSICAL THERAPY	4,442	228	162,751				
053 ELECTROCARDIOLOGY	12,728	48	77,107				
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		7,929,411					
056 DRUGS CHARGED TO PATIENT		3,455	31,557				
058 ASC (NON-DISTINCT PAR	101,888		585				
058 01 LITHOTRIpsy							
OUTPAT SERVICE COST C							
CLINIC							
060 01 CARDIAC REHAB	3,243	6	34,701				
060 02 CARDIAC CATH							
060 03 GENETIC TESTING			229				
060 04 CHRONIC PAIN CLINIC	7,500	18	2,578				
060 05 DIABETES EDUCATION	2		7,149				
060 06 WOUND CARE	9,013	7	8,872				
060 07 SLEEP LAB	785		602				
061 EMERGENCY	366,959	12,357	77,098				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY	10,890	111,122					
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	2,408,609	8,671,652	3,099,749				
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		(SUPPLY COST)	(PHARMACY STAT)	(DATA) PRODUCED	(TIME) SPENT	(ASSIGNED) TIME	(ASSIGNED) TIME	(ASSIGNED) TIME
	NONREIMBURS COST CENT	15	16	17	18	20	21	22
096 01	HOMEMAKERS							
098	PHYSICIANS' PRIVATE O			130				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	188,954	5,989,153	4,546,514				
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.078449	.690659	1.466675				
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	248	4,351	2,770				
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000103	.000502	.000894				
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	12,114	982,150	179,867				
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.005029	.113260	.058024				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED PR GM-(SPECIFY)	(ASSIGNED TIME)	(ASSIGNED TIME)
			23	24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	IS		
006	03	PURCHASING		
006	04	PT REG		
006	05	PT ACCTS		
006	06	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATIO		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMED PRGM-(SPEC		
		INPAT ROUTINE SRVC CN		
025		ADULTS & PEDIATRICS		
026		INTENSIVE CARE UNIT		
		ANCILLARY SRVC COST C		
037		OPERATING ROOM		
038		RECOVERY ROOM		
039		DELIVERY ROOM & LABOR		
040		ANESTHESIOLOGY		
041		RADIOLOGY-DIAGNOSTIC		
041	01	CAT SCAN		
041	02	MRI		
041	03	ULTRASOUND		
041	04	CCL		
043		RADIOISOTOPE		
044		LABORATORY		
046		WHOLE BLOOD & PACKED		
046	30	BLOOD CLOTTING FACTOR		
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY		
050		PHYSICAL THERAPY		
053		ELECTROCARDIOLOGY		
054		ELECTROENCEPHALOGRAPH		
055		MEDICAL SUPPLIES CHAR		
056		DRUGS CHARGED TO PATI		
058		ASC (NON-DISTINCT PAR		
058	01	LITHOTRIPSY		
		OUTPAT SERVICE COST C		
060		CLINIC		
060	01	CARDIAC REHAB		
060	02	CARDIAC CATH		
060	03	GENETIC TESTING		
060	04	CHRONIC PAIN CLINIC		
060	05	DIABETES EDUCATION		
060	06	WOUND CARE		
060	07	SLEEP LAB		
061		EMERGENCY		
062		OBSERVATION BEDS (NON		
063	50	RHC		
063	60	FQHC		
		OTHER REIMBURS COST C		
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL T		
069	30	OUTPATIENT OCCUPATION		
069	40	OUTPATIENT SPEECH PAT		
071		HOME HEALTH AGENCY		
		SPEC PURPOSE COST CEN		
085	01	PANCREAS ACQUISITION		
085	02	INTESTINAL ACQUISITION		
095		SUBTOTALS		
		NONREIMBURS COST CENT		
096		GIFT, FLOWER, COFFEE		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME
			23	24
096 01 NONREIMBURS COST CENT				
098 01 HOMEMAKERS				
101 PHYSICIANS' PRIVATE O				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
104 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
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				
108 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0211

FROM 9/ 1/2009

WORKSHEET C

1

TO 8/31/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	33,909,346		33,909,346		33,909,346
26	INTENSIVE CARE UNIT	7,878,499		7,878,499		7,878,499
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,314,769		23,314,769		23,314,769
38	RECOVERY ROOM	1,984,642		1,984,642		1,984,642
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY	3,427,779		3,427,779		3,427,779
41	RADIOLOGY-DIAGNOSTIC	9,406,045		9,406,045		9,406,045
41 01	CAT SCAN	4,819,882		4,819,882		4,819,882
41 02	MRI	2,223,489		2,223,489		2,223,489
41 03	ULTRASOUND	1,842,030		1,842,030		1,842,030
41 04	CCL	8,149,019		8,149,019		8,149,019
43	RADIOISOTOPE	1,752,044		1,752,044		1,752,044
44	LABORATORY	12,039,896		12,039,896		12,039,896
46	WHOLE BLOOD & PACKED RED	1,958,456		1,958,456		1,958,456
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	4,724,138		4,724,138		4,724,138
49	RESPIRATORY THERAPY	2,745,116		2,745,116	1,654	2,746,770
50	PHYSICAL THERAPY	7,273,464		7,273,464	1,676	7,275,140
53	ELECTROCARDIOLOGY	2,968,940		2,968,940		2,968,940
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	15,947,483		15,947,483		15,947,483
58	ASC (NON-DISTINCT PART)	4,179,233		4,179,233		4,179,233
58 01	LITHOTRIPSY	572,719		572,719		572,719
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	CARDIAC REHAB	1,160,186		1,160,186		1,160,186
60 02	CARDIAC CATH					
60 03	GENETIC TESTING	99,872		99,872		99,872
60 04	CHRONIC PAIN CLINIC	611,699		611,699		611,699
60 05	DIABETES EDUCATION	478,555		478,555		478,555
60 06	WOUND CARE	741,015		741,015	2,592	743,607
60 07	SLEEP LAB	859,027		859,027		859,027
61	EMERGENCY	8,773,968		8,773,968	23,094	8,797,062
62	OBSERVATION BEDS (NON-DIS	3,857,297		3,857,297		3,857,297
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	167,698,608		167,698,608	29,016	167,727,624
102	LESS OBSERVATION BEDS	3,857,297		3,857,297		3,857,297
103	TOTAL	163,841,311		163,841,311	29,016	163,870,327

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	68,049,210		68,049,210			
26	INTENSIVE CARE UNIT	18,713,201		18,713,201			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	47,095,001	26,781,470	73,876,471	.315591	.315591	.315591
38	RECOVERY ROOM	3,616,441	3,073,169	6,689,610	.296675	.296675	.296675
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,105,332	2,764,882	4,870,214	.703825	.703825	.703825
41	RADIOLOGY-DIAGNOSTIC	4,653,141	21,918,620	26,571,761	.353987	.353987	.353987
41 01	CAT SCAN	10,483,975	37,381,077	47,865,052	.100697	.100697	.100697
41 02	MRI	3,786,787	20,118,471	23,905,258	.093013	.093013	.093013
41 03	ULTRASOUND	2,626,092	11,380,786	14,006,878	.131509	.131509	.131509
41 04	CCL	14,929,371	9,310,849	24,240,220	.336178	.336178	.336178
43	RADIOISOTOPE	1,505,366	7,251,155	8,756,521	.200084	.200084	.200084
44	LABORATORY	31,489,041	48,719,080	80,208,121	.150108	.150108	.150108
46	WHOLE BLOOD & PACKED RED	3,301,883	1,635,612	4,937,495	.396650	.396650	.396650
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	12,952,415	7,207,024	20,159,439	.234339	.234339	.234339
49	RESPIRATORY THERAPY	14,786,310	2,434,482	17,220,792	.159407	.159407	.159503
50	PHYSICAL THERAPY	6,229,568	13,705,717	19,935,285	.364854	.364854	.364938
53	ELECTROCARDIOLOGY	10,212,360	17,931,333	28,143,693	.105492	.105492	.105492
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	31,735,796	25,531,936	57,267,732	.278472	.278472	.278472
58	ASC (NON-DISTINCT PART)	2,196,674	13,191,398	15,388,072	.271589	.271589	.271589
58 01	LITHOTRIpsy	1,152,963	701,721	1,854,684	.308796	.308796	.308796
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	37,073	1,466,299	1,503,372	.771723	.771723	.771723
60 02	CARDIAC CATH						
60 03	GENETIC TESTING		33,408	33,408	2.989464	2.989464	2.989464
60 04	CHRONIC PAIN CLINIC	49,544	1,927,564	1,977,108	.309391	.309391	.309391
60 05	DIABETES EDUCATION	28,601	565,455	594,056	.805572	.805572	.805572
60 06	WOUND CARE	13,265	1,490,553	1,503,818	.492756	.492756	.494479
60 07	SLEEP LAB		3,943,531	3,943,531	.217832	.217832	.217832
61	EMERGENCY	9,851,302	26,044,407	35,895,709	.244429	.244429	.245073
62	OBSERVATION BEDS (NON-DIS	815,520	5,665,968	6,481,488	.595125	.595125	.595125
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	302,416,232	312,175,967	614,592,199			
102	LESS OBSERVATION BEDS						
103	TOTAL	302,416,232	312,175,967	614,592,199			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	33,909,346		33,909,346		33,909,346
26	INTENSIVE CARE UNIT	7,878,499		7,878,499		7,878,499
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,314,769		23,314,769		23,314,769
38	RECOVERY ROOM	1,984,642		1,984,642		1,984,642
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	3,427,779		3,427,779		3,427,779
41	RADIOLOGY-DIAGNOSTIC	9,406,045		9,406,045		9,406,045
41 01	CAT SCAN	4,819,882		4,819,882		4,819,882
41 02	MRI	2,223,489		2,223,489		2,223,489
41 03	ULTRASOUND	1,842,030		1,842,030		1,842,030
41 04	CCL	8,149,019		8,149,019		8,149,019
43	RADIOISOTOPE	1,752,044		1,752,044		1,752,044
44	LABORATORY	12,039,896		12,039,896		12,039,896
46	WHOLE BLOOD & PACKED RED	1,958,456		1,958,456		1,958,456
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	4,724,138		4,724,138		4,724,138
49	RESPIRATORY THERAPY	2,745,116		2,745,116	1,654	2,746,770
50	PHYSICAL THERAPY	7,273,464		7,273,464	1,676	7,275,140
53	ELECTROCARDIOLOGY	2,968,940		2,968,940		2,968,940
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	15,947,483		15,947,483		15,947,483
58	ASC (NON-DISTINCT PART)	4,179,233		4,179,233		4,179,233
58 01	LITHOTRIPSY	572,719		572,719		572,719
	OUTPAT SERVICE COST CNTRS					
	CLINIC					
60 01	CARDIAC REHAB	1,160,186		1,160,186		1,160,186
60 02	CARDIAC CATH					
60 03	GENETIC TESTING	99,872		99,872		99,872
60 04	CHRONIC PAIN CLINIC	611,699		611,699		611,699
60 05	DIABETES EDUCATION	478,555		478,555		478,555
60 06	WOUND CARE	741,015		741,015	2,592	743,607
60 07	SLEEP LAB	859,027		859,027		859,027
61	EMERGENCY	8,773,968		8,773,968	23,094	8,797,062
62	OBSERVATION BEDS (NON-DIS	3,857,297		3,857,297		3,857,297
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	167,698,608		167,698,608	29,016	167,727,624
102	LESS OBSERVATION BEDS	3,857,297		3,857,297		3,857,297
103	TOTAL	163,841,311		163,841,311	29,016	163,870,327

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	68,049,210		68,049,210			
26	INTENSIVE CARE UNIT	18,713,201		18,713,201			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	47,095,001	26,781,470	73,876,471	.315591	.315591	.315591
38	RECOVERY ROOM	3,616,441	3,073,169	6,689,610	.296675	.296675	.296675
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,105,332	2,764,882	4,870,214	.703825	.703825	.703825
41	RADIOLOGY-DIAGNOSTIC	4,653,141	21,918,620	26,571,761	.353987	.353987	.353987
41 01	CAT SCAN	10,483,975	37,381,077	47,865,052	.100697	.100697	.100697
41 02	MRI	3,786,787	20,118,471	23,905,258	.093013	.093013	.093013
41 03	ULTRASOUND	2,626,092	11,380,786	14,006,878	.131509	.131509	.131509
41 04	CCL	14,929,371	9,310,849	24,240,220	.336178	.336178	.336178
43	RADIOISOTOPE	1,505,366	7,251,155	8,756,521	.200084	.200084	.200084
44	LABORATORY	31,489,041	48,719,080	80,208,121	.150108	.150108	.150108
46	WHOLE BLOOD & PACKED RED	3,301,883	1,635,612	4,937,495	.396650	.396650	.396650
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	12,952,415	7,207,024	20,159,439	.234339	.234339	.234339
49	RESPIRATORY THERAPY	14,786,310	2,434,482	17,220,792	.159407	.159407	.159503
50	PHYSICAL THERAPY	6,229,568	13,705,717	19,935,285	.364854	.364854	.364938
53	ELECTROCARDIOLOGY	10,212,360	17,931,333	28,143,693	.105492	.105492	.105492
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	31,735,796	25,531,936	57,267,732	.278472	.278472	.278472
58	ASC (NON-DISTINCT PART)	2,196,674	13,191,398	15,388,072	.271589	.271589	.271589
58 01	LITHOTRIpsy	1,152,963	701,721	1,854,684	.308796	.308796	.308796
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	37,073	1,466,299	1,503,372	.771723	.771723	.771723
60 02	CARDIAC CATH						
60 03	GENETIC TESTING		33,408	33,408	2.989464	2.989464	2.989464
60 04	CHRONIC PAIN CLINIC	49,544	1,927,564	1,977,108	.309391	.309391	.309391
60 05	DIABETES EDUCATION	28,601	565,455	594,056	.805572	.805572	.805572
60 06	WOUND CARE	13,265	1,490,553	1,503,818	.492756	.492756	.494479
60 07	SLEEP LAB		3,943,531	3,943,531	.217832	.217832	.217832
61	EMERGENCY	9,851,302	26,044,407	35,895,709	.244429	.244429	.245073
62	OBSERVATION BEDS (NON-DIS	815,520	5,665,968	6,481,488	.595125	.595125	.595125
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	302,416,232	312,175,967	614,592,199			
102	LESS OBSERVATION BEDS						
103	TOTAL	302,416,232	312,175,967	614,592,199			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,314,769	2,109,462	21,205,307			23,314,769
38	RECOVERY ROOM	1,984,642	205,045	1,779,597			1,984,642
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,427,779	476,224	2,951,555			3,427,779
41	RADIOLOGY-DIAGNOSTIC	9,406,045	1,635,137	7,770,908			9,406,045
41 01	CAT SCAN	4,819,882	599,001	4,220,881			4,819,882
41 02	MRI	2,223,489	326,105	1,897,384			2,223,489
41 03	ULTRASOUND	1,842,030	242,049	1,599,981			1,842,030
41 04	CCL	8,149,019	955,028	7,193,991			8,149,019
43	RADIOISOTOPE	1,752,044	208,896	1,543,148			1,752,044
44	LABORATORY	12,039,896	1,093,012	10,946,884			12,039,896
46	WHOLE BLOOD & PACKED RED	1,958,456	58,508	1,899,948			1,958,456
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	4,724,138	509,911	4,214,227			4,724,138
49	RESPIRATORY THERAPY	2,745,116	247,122	2,497,994			2,745,116
50	PHYSICAL THERAPY	7,273,464	323,931	6,949,533			7,273,464
53	ELECTROCARDIOLOGY	2,968,940	433,709	2,535,231			2,968,940
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	15,947,483	1,102,008	14,845,475			15,947,483
58	ASC (NON-DISTINCT PART)	4,179,233	524,038	3,655,195			4,179,233
58 01	LITHOTRIpsy	572,719	16,407	556,312			572,719
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CARDIAC REHAB	1,160,186	46,140	1,114,046			1,160,186
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	99,872	2,284	97,588			99,872
60 04	CHRONIC PAIN CLINIC	611,699	44,754	566,945			611,699
60 05	DIABETES EDUCATION	478,555	14,032	464,523			478,555
60 06	WOUND CARE	741,015	23,980	717,035			741,015
60 07	SLEEP LAB	859,027	59,693	799,334			859,027
61	EMERGENCY	8,773,968	858,556	7,915,412			8,773,968
62	OBSERVATION BEDS (NON-DIS	3,857,297	405,892	3,451,405			3,857,297
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	125,910,763	12,520,924	113,389,839			125,910,763
102	LESS OBSERVATION BEDS	3,857,297	405,892	3,451,405			3,857,297
103	TOTAL	122,053,466	12,115,032	109,938,434			122,053,466

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	73,876,471	.315591	.315591
38	RECOVERY ROOM	6,689,610	.296675	.296675
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	4,870,214	.703825	.703825
41	RADIOLOGY-DIAGNOSTIC	26,571,761	.353987	.353987
41 01	CAT SCAN	47,865,052	.100697	.100697
41 02	MRI	23,905,258	.093013	.093013
41 03	ULTRASOUND	14,006,878	.131509	.131509
41 04	CCL	24,240,220	.336178	.336178
43	RADIOISOTOPE	8,756,521	.200084	.200084
44	LABORATORY	80,208,121	.150108	.150108
46	WHOLE BLOOD & PACKED RED	4,937,495	.396650	.396650
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	20,159,439	.234339	.234339
49	RESPIRATORY THERAPY	17,220,792	.159407	.159407
50	PHYSICAL THERAPY	19,935,285	.364854	.364854
53	ELECTROCARDIOLOGY	28,143,693	.105492	.105492
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	57,267,732	.278472	.278472
58	ASC (NON-DIAGNOSTIC PART)	15,388,072	.271589	.271589
58 01	LITHOTRIPSY	1,854,684	.308796	.308796
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	CARDIAC REHAB	1,503,372	.771723	.771723
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	33,408	2.989464	2.989464
60 04	CHRONIC PAIN CLINIC	1,977,108	.309391	.309391
60 05	DIABETES EDUCATION	594,056	.805572	.805572
60 06	WOUND CARE	1,503,818	.492756	.492756
60 07	SLEEP LAB	3,943,531	.217832	.217832
61	EMERGENCY	35,895,709	.244429	.244429
62	OBSERVATION BEDS (NON-DIS	6,481,488	.595125	.595125
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	527,829,788		
102	LESS OBSERVATION BEDS	6,481,488		
103	TOTAL	521,348,300		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,314,769	2,109,462	21,205,307	210,946	1,229,908	21,873,915
38	RECOVERY ROOM	1,984,642	205,045	1,779,597	20,505	103,217	1,860,920
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,427,779	476,224	2,951,555	47,622	171,190	3,208,967
41	RADIOLOGY-DIAGNOSTIC	9,406,045	1,635,137	7,770,908	163,514	450,713	8,791,818
41 01	CAT SCAN	4,819,882	599,001	4,220,881	59,900	244,811	4,515,171
41 02	MRI	2,223,489	326,105	1,897,384	32,611	110,048	2,080,830
41 03	ULTRASOUND	1,842,030	242,049	1,599,981	24,205	92,799	1,725,026
41 04	CCL	8,149,019	955,028	7,193,991	95,503	417,251	7,636,265
43	RADIOISOTOPE	1,752,044	208,896	1,543,148	20,890	89,503	1,641,651
44	LABORATORY	12,039,896	1,093,012	10,946,884	109,301	634,919	11,295,676
46	WHOLE BLOOD & PACKED RED	1,958,456	58,508	1,899,948	5,851	110,197	1,842,408
46 30	BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	4,724,138	509,911	4,214,227	50,991	244,425	4,428,722
49	RESPIRATORY THERAPY	2,745,116	247,122	2,497,994	24,712	144,884	2,575,520
50	PHYSICAL THERAPY	7,273,464	323,931	6,949,533	32,393	403,073	6,837,998
53	ELECTROCARDIOLOGY	2,968,940	433,709	2,535,231	43,371	147,043	2,778,526
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	15,947,483	1,102,008	14,845,475	110,201	861,038	14,976,244
58	ASC (NON-DISTINCT PART)	4,179,233	524,038	3,655,195	52,404	212,001	3,914,828
58 01	LITHOTRIpsy	572,719	16,407	556,312	1,641	32,266	538,812
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CARDIAC REHAB	1,160,186	46,140	1,114,046	4,614	64,615	1,090,957
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	99,872	2,284	97,588	228	5,660	93,984
60 04	CHRONIC PAIN CLINIC	611,699	44,754	566,945	4,475	32,883	574,341
60 05	DIABETES EDUCATION	478,555	14,032	464,523	1,403	26,942	450,210
60 06	WOUND CARE	741,015	23,980	717,035	2,398	41,588	697,029
60 07	SLEEP LAB	859,027	59,693	799,334	5,969	46,361	806,697
61	EMERGENCY	8,773,968	858,556	7,915,412	85,856	459,094	8,229,018
62	OBSERVATION BEDS (NON-DIS	3,857,297	405,892	3,451,405	40,589	200,181	3,616,527
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	125,910,763	12,520,924	113,389,839	1,252,093	6,576,610	118,082,060
102	LESS OBSERVATION BEDS	3,857,297	405,892	3,451,405	40,589	200,181	3,616,527
103	TOTAL	122,053,466	12,115,032	109,938,434	1,211,504	6,376,429	114,465,533

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	73,876,471	.296088	.312736
38	RECOVERY ROOM	6,689,610	.278181	.293610
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	4,870,214	.658897	.694047
41	RADIOLOGY-DIAGNOSTIC	26,571,761	.330871	.347833
41 01	CAT SCAN	47,865,052	.094331	.099446
41 02	MRI	23,905,258	.087045	.091648
41 03	ULTRASOUND	14,006,878	.123156	.129781
41 04	CCL	24,240,220	.315025	.332238
43	RADIOISOTOPE	8,756,521	.187478	.197699
44	LABORATORY	80,208,121	.140830	.148745
46	WHOLE BLOOD & PACKED RED	4,937,495	.373146	.395465
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	20,159,439	.219685	.231809
49	RESPIRATORY THERAPY	17,220,792	.149559	.157972
50	PHYSICAL THERAPY	19,935,285	.343010	.363229
53	ELECTROCARDIOLOGY	28,143,693	.098726	.103951
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	57,267,732	.261513	.276548
58	ASC (NON-DIAGNOSTIC PART)	15,388,072	.254407	.268184
58 01	LITHOTRIPSY	1,854,684	.290514	.307911
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	CARDIAC REHAB	1,503,372	.725673	.768653
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	33,408	2.813218	2.982639
60 04	CHRONIC PAIN CLINIC	1,977,108	.290496	.307127
60 05	DIABETES EDUCATION	594,056	.757858	.803210
60 06	WOUND CARE	1,503,818	.463506	.491161
60 07	SLEEP LAB	3,943,531	.204562	.216318
61	EMERGENCY	35,895,709	.229248	.242038
62	OBSERVATION BEDS (NON-DIS	6,481,488	.557978	.588863
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	527,829,788		
102	LESS OBSERVATION BEDS	6,481,488		
103	TOTAL	521,348,300		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, 11) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, 111) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	54,620		54,620	3,513,551		3,513,551
26	INTENSIVE CARE UNIT	12,586		12,586	759,917		759,917
101	TOTAL	67,206		67,206	4,273,468		4,273,468

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	30,443	13,900	1.79	24,881	115.41	1,604,199
26	INTENSIVE CARE UNIT	5,010	2,351	2.51	5,901	151.68	356,600
101	TOTAL	35,453	16,251		30,782		1,960,799

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0211
 COMPONENT NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,499	2,088,963	73,876,471	20,927,627	.000277	5,797
38	RECOVERY ROOM	1,767	203,278	6,689,610	1,599,654	.000264	422
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,240	473,984	4,870,214	812,647	.000460	374
41	RADIOLOGY-DIAGNOSTIC	10,387	1,624,750	26,571,761	2,880,334	.000391	1,126
41 01	CAT SCAN	2,621	596,380	47,865,052	5,558,712	.000055	306
41 02	MRI	1,718	324,387	23,905,258	2,052,744	.000072	148
41 03	ULTRASOUND	487	241,562	14,006,878	1,559,179	.000035	55
41 04	CCL	10,797	944,231	24,240,220	8,451,277	.000445	3,761
43	RADIOISOTOPE	878	208,018	8,756,521	1,015,722	.000100	102
44	LABORATORY	9,583	1,083,429	80,208,121	17,168,794	.000119	2,043
46	WHOLE BLOOD & PACKED RED	326	58,182	4,937,495	1,415,639	.000066	93
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	3,266	506,645	20,159,439	6,003,168	.000162	973
49	RESPIRATORY THERAPY	2,865	244,257	17,220,792	9,321,625	.000166	1,547
50	PHYSICAL THERAPY	2,342	321,589	19,935,285	4,537,417	.000117	531
53	ELECTROCARDIOLOGY	3,559	430,150	28,143,693	6,735,756	.000126	849
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	4,782	1,097,226	57,267,732	15,848,914	.000084	1,331
58	ASC (NON-DISTINCT PART)	6,330	517,708	15,388,072	1,170,547	.000411	481
58 01	LITHOTRIpsy	186	16,221	1,854,684	843,315	.000100	84
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	191	45,949	1,503,372	23,340	.000127	3
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	12	2,272	33,408		.000359	
60 04	CHRONIC PAIN CLINIC	76	44,678	1,977,108	17,228	.000038	1
60 05	DIABETES EDUCATION	68	13,964	594,056	13,532	.000114	2
60 06	WOUND CARE	111	23,869	1,503,818	12,307	.000074	1
60 07	SLEEP LAB	1,042	58,651	3,943,531		.000264	
61	EMERGENCY	16,619	841,937	35,895,709	5,833,689	.000463	2,701
62	OBSERVATION BEDS (NON-DIS	6,214	399,678	6,481,488		.000959	
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	108,966	12,411,958	527,829,788	113,803,167		22,731

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 COMPONENT NO: 14-0211
 PREPARED 1/10/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.028276	591,750
38	RECOVERY ROOM	.030387	48,609
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.097323	79,089
41	RADIOLOGY-DIAGNOSTIC	.061146	176,121
41 01	CAT SCAN	.012460	69,262
41 02	MRI	.013570	27,856
41 03	ULTRASOUND	.017246	26,890
41 04	CCL	.038953	329,203
43	RADIOISOTOPE	.023756	24,129
44	LABORATORY	.013508	231,916
46	WHOLE BLOOD & PACKED RED	.011784	16,682
46 30	BLOOD CLOTTING FACTORS AD		
48	INTRAVENOUS THERAPY	.025132	150,872
49	RESPIRATORY THERAPY	.014184	132,218
50	PHYSICAL THERAPY	.016132	73,198
53	ELECTROCARDIOLOGY	.015284	102,949
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.019160	303,665
58	ASC (NON-DISTINCT PART)	.033643	39,381
58 01	LITHOTRIpsy	.008746	7,376
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	CARDIAC REHAB	.030564	713
60 02	CARDIAC CATH		
60 03	GENETIC TESTING	.068008	
60 04	CHRONIC PAIN CLINIC	.022598	389
60 05	DIABETES EDUCATION	.023506	318
60 06	WOUND CARE	.015872	195
60 07	SLEEP LAB	.014873	
61	EMERGENCY	.023455	136,829
62	OBSERVATION BEDS (NON-DIS	.061665	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,569,610

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

PROVIDER NO: 14-0211
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					30,443	
26	INTENSIVE CARE UNIT					5,010	
101	TOTAL					35,453	

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

	PROVIDER NO:		PERIOD:		PREPARED	1/10/2011
	14-0211		FROM 9/ 1/2009		WORKSHEET D	
			TO 8/31/2010		PART III	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	13,900	
26	INTENSIVE CARE UNIT	2,351	
101	TOTAL	16,251	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	MRI						
41 03	ULTRASOUND						
41 04	CCL						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
58 01	LITHOTRIpsy						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CARDIAC REHAB						
60 02	CARDIAC CATH						
60 03	GENETIC TESTING						
60 04	CHRONIC PAIN CLINIC						
60 05	DIABETES EDUCATION						
60 06	WOUND CARE						
60 07	SLEEP LAB						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			73,876,471			20,927,627	
38	RECOVERY ROOM			6,689,610			1,599,654	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			4,870,214			812,647	
41	RADIOLOGY-DIAGNOSTIC			26,571,761			2,880,334	
41 01	CAT SCAN			47,865,052			5,558,712	
41 02	MRI			23,905,258			2,052,744	
41 03	ULTRASOUND			14,006,878			1,559,179	
41 04	CCL			24,240,220			8,451,277	
43	RADIOISOTOPE			8,756,521			1,015,722	
44	LABORATORY			80,208,121			17,168,794	
46	WHOLE BLOOD & PACKED RED			4,937,495			1,415,639	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			20,159,439			6,003,168	
49	RESPIRATORY THERAPY			17,220,792			9,321,625	
50	PHYSICAL THERAPY			19,935,285			4,537,417	
53	ELECTROCARDIOLOGY			28,143,693			6,735,756	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			57,267,732			15,848,914	
58	ASC (NON-DISTINCT PART)			15,388,072			1,170,547	
58 01	LITHOTRIpsy			1,854,684			843,315	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	CARDIAC REHAB			1,503,372			23,340	
60 02	CARDIAC CATH							
60 03	GENETIC TESTING			33,408				
60 04	CHRONIC PAIN CLINIC			1,977,108			17,228	
60 05	DIABETES EDUCATION			594,056			13,532	
60 06	WOUND CARE			1,503,818			12,307	
60 07	SLEEP LAB			3,943,531				
61	EMERGENCY			35,895,709			5,833,689	
62	OBSERVATION BEDS (NON-DIS			6,481,488				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			527,829,788			113,803,167	

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	4,903,212					
38	RECOVERY ROOM	557,910					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	508,997					
41	RADIOLOGY-DIAGNOSTIC	3,670,848					
41 01	CAT SCAN	9,674,531					
41 02	MRI	4,416,625					
41 03	ULTRASOUND	2,478,654					
41 04	CCL	3,713,803					
43	RADIOISOTOPE	2,231,572					
44	LABORATORY	1,035,498					
46	WHOLE BLOOD & PACKED RED	422,191					
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	2,322,306					
49	RESPIRATORY THERAPY	607,263					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	4,719,856					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	7,903,660					
58	ASC (NON-DISTINCT PART)	3,245,506					
58 01	LITHOTRIpsy	613,833					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CARDIAC REHAB	715,368					
60 02	CARDIAC CATH						
60 03	GENETIC TESTING	1,183					
60 04	CHRONIC PAIN CLINIC	631,023					
60 05	DIABETES EDUCATION	175,910					
60 06	WOUND CARE	731,162					
60 07	SLEEP LAB	806,752					
61	EMERGENCY	4,526,497					
62	OBSERVATION BEDS (NON-DIS	1,473,973					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	62,088,133					

TITLE XVIII, PART B

HOSPITAL

Cost/Charge Ratio (C, Pt I, col. 9)		Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
1	1.02	2	3	4	
(A)	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.315591	.315591		
38	RECOVERY ROOM	.296675	.296675		
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY	.703825	.703825		
41	RADIOLOGY-DIAGNOSTIC	.353987	.353987		
41	01 CAT SCAN	.100697	.100697		
41	02 MRI	.093013	.093013		
41	03 ULTRASOUND	.131509	.131509		
41	04 CCL	.336178	.336178		
43	RADIOISOTOPE	.200084	.200084		
44	LABORATORY	.150108	.150108		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.396650	.396650		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
48	INTRAVENOUS THERAPY	.234339	.234339		
49	RESPIRATORY THERAPY	.159407	.159407		
50	PHYSICAL THERAPY	.364854	.364854		
53	ELECTROCARDIOLOGY	.105492	.105492		
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS	.278472	.278472		
58	ASC (NON-DISTINCT PART)	.271589	.271589		
58	01 LI THOTRI PSY	.308796	.308796		
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 CARDIAC REHAB	.771723	.771723		
60	02 CARDIAC CATH				
60	03 GENETIC TESTING	2.989464	2.989464		
60	04 CHRONIC PAIN CLINIC	.309391	.309391		
60	05 DIABETES EDUCATION	.805572	.805572		
60	06 WOUND CARE	.492756	.492756		
60	07 SLEEP LAB	.217832	.217832		
61	EMERGENCY	.244429	.244429		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595125	.595125		
63	RHC				
63	60 FOHC				
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)

TITLE XVIII, PART B HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		4,903,212			
38	RECOVERY ROOM		557,910			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		508,997			
41	RADIOLOGY-DIAGNOSTIC		3,670,848			
41	01 CAT SCAN		9,674,531			
41	02 MRI		4,416,625			
41	03 ULTRASOUND		2,478,654			
41	04 CCL		3,713,803			
43	RADIOISOTOPE		2,231,572			
44	LABORATORY		1,035,498			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		422,191			
46	30 BLOOD CLOTting FACTORS ADMIN COSTS					
48	INTRAVENOUS THERAPY		2,322,306			
49	RESPIRATORY THERAPY		607,263			
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		4,719,856			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS		7,903,660			
58	ASC (NON-DISTINCT PART)		3,245,506			
58	01 LITHOTRIpsy		613,833			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CARDIAC REHAB		715,368			
60	02 CARDIAC CATH					
60	03 GENETIC TESTING		1,183			
60	04 CHRONIC PAIN CLINIC		631,023			
60	05 DIABETES EDUCATION		175,910			
60	06 WOUND CARE		731,162			
60	07 SLEEP LAB		806,752			
61	EMERGENCY		4,526,497			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,473,973			
63	50 RHC					
63	60 FOHC					
101	SUBTOTAL		62,088,133			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		62,088,133			

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.278472
2	PROGRAM VACCINE CHARGES		3,309
3	PROGRAM COSTS		921

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)	30,443
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,443
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,443
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,900
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	33,909,346
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	33,909,346

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	74,530,698
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	74,530,698
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.454972
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,448.20
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	33,909,346

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					1,113.86
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					15,482,654
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					15,482,654

	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	7,878,499	5,010	1,572.55	2,351	3,697,065
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,991,581
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,592,341
52	TOTAL PROGRAM EXCLUDABLE COST					4,583,922
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					42,127,135

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 3,463
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,113.86
 85 OBSERVATION BED COST 3,857,297

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	54,620	33,909,346	.001611	3,857,297	6,214
87 NEW CAPITAL-RELATED COST	3,513,551	33,909,346	.103616	3,857,297	399,678
88 NON PHYSICIAN ANESTHETIST		33,909,346		3,857,297	
89 MEDICAL EDUCATION		33,909,346		3,857,297	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,113.86
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,986,012
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,986,012

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	7,878,499	5,010	1,572.55	269	423,016
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,365,575
49	TOTAL PROGRAM INPATIENT COSTS					3,774,603

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		22,363,230	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		10,598,673	
37	OPERATING ROOM	.315591	20,927,627	6,604,571
38	RECOVERY ROOM	.296675	1,599,654	474,577
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.703825	812,647	571,961
41	RADIOLOGY-DIAGNOSTIC	.353987	2,880,334	1,019,601
41 01	CAT SCAN	.100697	5,558,712	559,746
41 02	MRI	.093013	2,052,744	190,932
41 03	ULTRASOUND	.131509	1,559,179	205,046
41 04	CCL	.336178	8,451,277	2,841,133
43	RADIOISOTOPE	.200084	1,015,722	203,230
44	LABORATORY	.150108	17,168,794	2,577,173
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.396650	1,415,639	561,513
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.234339	6,003,168	1,406,776
49	RESPIRATORY THERAPY	.159503	9,321,625	1,486,827
50	PHYSICAL THERAPY	.364938	4,537,417	1,655,876
53	ELECTROCARDIOLOGY	.105492	6,735,756	710,568
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.278472	15,848,914	4,413,479
58	ASC (NON-DISTINCT PART)	.271589	1,170,547	317,908
58 01	LI THOTRI PSY	.308796	843,315	260,412
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	CARDIAC REHAB	.771723	23,340	18,012
60 02	CARDIAC CATH			
60 03	GENETIC TESTING	2.989464		
60 04	CHRONIC PAIN CLINIC	.309391	17,228	5,330
60 05	DIABETES EDUCATION	.805572	13,532	10,901
60 06	WOUND CARE	.494479	12,307	6,086
60 07	SLEEP LAB	.217832		
61	EMERGENCY	.245073	5,833,689	1,429,680
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595125		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		113,803,167	27,531,338
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		113,803,167	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			3,779,306	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			586,389	
37	OPERATING ROOM		.315591	677,209	213,721
38	RECOVERY ROOM		.296675	132,489	39,306
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		.703825	55,348	38,955
41	RADIOLOGY-DIAGNOSTIC		.353987	94,891	33,590
41	01 CAT SCAN		.100697	503,307	50,682
41	02 MRI		.093013	79,514	7,396
41	03 ULTRASOUND		.131509	114,420	15,047
41	04 CCL		.336178	294,423	98,979
43	RADIOISOTOPE		.200084	56,848	11,374
44	LABORATORY		.150108	786,549	118,067
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.396650	132,450	52,536
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
48	INTRAVENOUS THERAPY		.234339	525,871	123,232
49	RESPIRATORY THERAPY		.159407	522,910	83,356
50	PHYSICAL THERAPY		.364854	91,028	33,212
53	ELECTROCARDIOLOGY		.105492	164,339	17,336
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS		.278472	1,135,436	316,187
58	ASC (NON-DISTINCT PART)		.271589	50,715	13,774
58	01 LI THOTRI PSY		.308796	27,324	8,438
60	OUTPAT SERVICE COST CNTRS CLINIC				
60	01 CARDIAC REHAB		.771723	188	145
60	02 CARDIAC CATH				
60	03 GENETIC TESTING		2.989464		
60	04 CHRONIC PAIN CLINIC		.309391	435	135
60	05 DIABETES EDUCATION		.805572	409	329
60	06 WOUND CARE		.492756		
60	07 SLEEP LAB		.217832		
61	EMERGENCY		.244429	367,296	89,778
62	OBSERVATION BEDS (NON-DISTINCT PART)		.595125		
63	50 RHC				
63	60 FOHC				
101	OTHER REIMBURS COST CNTRS TOTAL			5,813,399	1,365,575
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			5,813,399	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	2,213,941	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,641,823	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	17,711,529	
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)	1,664,455	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	150.71	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)		28,231,748
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		28,231,748
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		2,410,646
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		30,642,394
17 PRIMARY PAYER PAYMENTS		6,027
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		30,636,367
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		3,004,876
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		34,023
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		56,892
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		39,824
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		46,212
22 SUBTOTAL		27,637,292
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER		27,637,292
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		27,595,011
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		42,281
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	921
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	14,922,496
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,051,413
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.765
1.04	LINE 1.01 TIMES LINE 1.03.	11,415,709
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	88.05
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)	921
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	3,309
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,309
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)	3,309
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,388
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	921
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,051,413
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,471,950
19	SUBTOTAL (SEE INSTRUCTIONS)	7,580,384
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	7,580,384
24	PRIMARY PAYER PAYMENTS	331
25	SUBTOTAL	7,580,053
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	29,088
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,362
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	23,410
28	SUBTOTAL	7,600,415
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	7,600,415
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,579,428
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	20,987
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION 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)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		27,595,011		7,579,428
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		27,595,011		7,579,428
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)		42,281		20,987
7 TOTAL MEDICARE PROGRAM LIABILITY		27,637,292		7,600,415

NAME OF INTERMEDIARY: _____
 INTERMEDIARY NO: _____
 SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0211	FROM 9/ 1/2009	1/10/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

- 58 BALANCE DUE PROVIDER/PROGRAM
- 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	8,622,322			
2	TEMPORARY INVESTMENTS	112,483			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	21,775,382			
5	OTHER RECEIVABLES	3,212,708			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	3,428,765			
8	PREPAID EXPENSES	2,552,171			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	39,703,831			
FIXED ASSETS					
12	LAND	11,008,693			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	149,011,685			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	86,816,376			
18.01	LESS ACCUMULATED DEPRECIATION	-115,388,163			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	131,448,591			
OTHER ASSETS					
22	INVESTMENTS	141,839,293			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	29,477,295			
26	TOTAL OTHER ASSETS	171,316,588			
27	TOTAL ASSETS	342,469,010			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,893,791			
29 SALARIES, WAGES & FEES PAYABLE	13,322,258			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	19,791,654			
35 OTHER CURRENT LIABILITIES	3,476,817			
36 TOTAL CURRENT LIABILITIES	43,484,520			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	128,884,061			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	17,176,089			
42 TOTAL LONG-TERM LIABILITIES	146,060,150			
43 TOTAL LIABILITIES	189,544,670			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	152,924,340			
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	152,924,340			
52 TOTAL LIABILITIES AND FUND BALANCES	342,469,010			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		140,118,179		
2	NET INCOME (LOSS)		5,277,644		
3	TOTAL		145,395,823		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TRANSFER TO AFFLIATE	65,557			
7	NET ASSETS RELEASED FROM	1,230,606			
8	NON OPERATING GAINS AND L	7,524,740			
9					
10	TOTAL ADDITIONS		8,820,903		
11	SUBTOTAL		154,216,726		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	NON OPERATING GAINS AND L				
14	INCREASE DECREASE IN TEMP	1,292,386			
15					
16					
17					
18	TOTAL DEDUCTIONS		1,292,386		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		152,924,340		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TRANSFER TO AFFLIATE				
7	NET ASSETS RELEASED FROM				
8	NON OPERATING GAINS AND L				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	NON OPERATING GAINS AND L				
14	INCREASE DECREASE IN TEMP				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	74,530,698		74,530,698
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	74,530,698		74,530,698
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	18,713,201		18,713,201
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	18,713,201		18,713,201
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	93,243,899		93,243,899
17 00 ANCILLARY SERVICES	213,715,371	289,840,383	503,555,754
18 00 OUTPATIENT SERVICES		26,044,407	26,044,407
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY		3,330,218	3,330,218
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 NR			
25 00 TOTAL PATIENT REVENUES	306,959,270	319,215,008	626,174,278

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		189,441,546	
ADD (SPECIFY)			
27 00 GAAP BAD DEBTS	8,254,624		
28 00 PROVIDER TAX			
29 00 INTENSIVE CARE UNIT			
30 00 CORONARY CARE UNIT			
31 00 BURN INTENSIVE CARE UNIT			
32 00 SURGICAL INTENSIVE CARE UNIT			
33 00 TOTAL ADDITIONS		8,254,624	
DEDUCT (SPECIFY)			
34 00 NON OPERATING ACTIVITY	2,101,123		
35 00			
36 00 OTHER	434,235		
37 00 RECONCILING	139		
38 00 TOTAL			
39 00 TOTAL DEDUCTIONS		2,535,497	
40 00 TOTAL OPERATING EXPENSES		195,160,673	

DESCRIPTION

1	TOTAL PATIENT REVENUES	626,174,278
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	430,219,813
3	NET PATIENT REVENUES	195,954,465
4	LESS: TOTAL OPERATING EXPENSES	195,160,673
5	NET INCOME FROM SERVICE TO PATIENTS	793,792
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	67,192
7	INCOME FROM INVESTMENTS	125,048
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	124,535
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	36,801
11	REBATES AND REFUNDS OF EXPENSES	82,768
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	487,520
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	63,886
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	106,649
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	3,389,487
25	TOTAL OTHER INCOME	4,483,886
26	TOTAL	5,277,678
	OTHER EXPENSES	
27	ROUNDING	34
27.01	OTHER	
28		
29		
30	TOTAL OTHER EXPENSES	34
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,277,644

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	521,615				79,654	601,269
HHA REIMBURSABLE SERVICES						
6	355,065		26,769			381,834
7	469,340		28,245			497,585
8	49,192		3,492			52,684
9	11,805		1,008			12,813
10			148			148
11	21,151		4,269			25,420
12					21,050	21,050
13					73	73
13.20						
14					121,279	121,279
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,428,168		63,931		222,056	1,714,155

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	31,849	633,118		633,118
HHA REIMBURSABLE SERVICES				
6		381,834		381,834
7		497,585		497,585
8		52,684		52,684
9		12,813		12,813
10		148		148
11		25,420		25,420
12		21,050		21,050
13		73		73
13.20				
14		121,279	-120,805	474
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	31,849	1,746,004	-120,805	1,625,199

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		633,118				633,118	633,118
HHA REIMBURSABLE SERVICES							
6		381,834				381,834	243,676
7		497,585				497,585	317,545
8		52,684				52,684	33,621
9		12,813				12,813	8,177
10		148				148	94
11		25,420				25,420	16,222
12		21,050				21,050	13,434
13		73				73	47
13.20							
14		474				474	302
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,625,199				1,625,199	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		625,510					
6		815,130					
7		86,305					
8		20,990					
9		242					
10		41,642					
11		34,484					
12		120					
13							
13.20							
14		776					
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,625,199					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-633,118	992,081
6	SKILLED NURSING CARE					381,834	
7	PHYSICAL THERAPY					497,585	
8	OCCUPATIONAL THERAPY					52,684	
9	SPEECH PATHOLOGY					12,813	
10	MEDICAL SOCIAL SERVICES					148	
11	HOME HEALTH AIDE					25,420	
12	SUPPLIES					21,050	
13	DRUGS					73	
13. 20	COST ADMINISTERING DRUGS						
14	DME					474	
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-633,118	992,081
25	COST TO BE ALLOCATED					633,118	
26	UNIT COST MULTIPLIER					.638172	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL					7,642	175,291
2 SKILLED NURSING CARE	625,510					114,981
3 PHYSICAL THERAPY	815,130					151,987
4 OCCUPATIONAL THERAPY	86,305					15,930
5 SPEECH PATHOLOGY	20,990					3,823
6 MEDICAL SOCIAL SERVICES	242					
7 HOME HEALTH AIDE	41,642					6,849
8 SUPPLIES	34,484					
9 DRUGS	120					
9.20 COST ADMINISTERING DRUGS						
10 DME	776					
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,625,199				7,642	468,861
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NONPATIENT IS ELEPHONES	PURCHASING	PT REG	PT ACCTS	SUBTOTAL
	6.01	6.02	6.03	6.04	6.05
1 ADMIN & GENERAL	7,768		6,529		197,230
2 SKILLED NURSING CARE					740,491
3 PHYSICAL THERAPY					967,117
4 OCCUPATIONAL THERAPY					102,235
5 SPEECH PATHOLOGY					24,813
6 MEDICAL SOCIAL SERVICES					242
7 HOME HEALTH AIDE					48,491
8 SUPPLIES					34,484
9 DRUGS					120
9.20 COST ADMINISTERING DRUGS					
10 DME					776
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)	7,768		6,529		2,115,999
21 UNIT COST MULTIPLIER					

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

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.06	7	8	9	10	11
1 ADMIN & GENERAL	41,574					
2 SKILLED NURSING CARE	156,086					
3 PHYSICAL THERAPY	203,855					
4 OCCUPATIONAL THERAPY	21,550					
5 SPEECH PATHOLOGY	5,230					
6 MEDICAL SOCIAL SERVICES	51					
7 HOME HEALTH AIDE	10,221					
8 SUPPLIES	7,269					
9 DRUGS	25					
9.20 COST ADMINISTERING DRUGS						
10 DME	164					
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)	446,025					
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR
	12	13	14	15	16	17
1 ADMIN & GENERAL			63,032	854	76,747	
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)			63,032	854	76,747	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24
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 MULTIPLIER					

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

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		379,437		379,437
2	SKILLED NURSING CARE		896,577	146,433	1,043,010
3	PHYSICAL THERAPY		1,170,972	191,246	1,362,218
4	OCCUPATIONAL THERAPY		123,785	20,217	144,002
5	SPEECH PATHOLOGY		30,043	4,907	34,950
6	MEDICAL SOCIAL SERVICES		293	48	341
7	HOME HEALTH AIDE		58,712	9,589	68,301
8	SUPPLIES		41,753	6,819	48,572
9	DRUGS		145	24	169
9.20	COST ADMINISTERING DRUGS				
10	DME		940	154	1,094
11	HOME DIALYSIS AIDE SVCS				
12	RESPIRATORY THERAPY				
13	PRIVATE DUTY NURSING				
14	CLINIC				
15	HEALTH PROM ACTIVITIES				
16	DAY CARE PROGRAM				
17	HOME DEL MEALS PROGRAM				
18	HOMEMAKER SERVICE				
19	ALL OTHER				
19.50	TELEMEDICINE				
20	TOTAL (SUM OF 1-19) (2)		2,702,657	379,437	2,702,657
21	UNIT COST MULTIPLIER			0.163324	

- (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 (OLD MME DE PR) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (NEW MME DE PT) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	NONPATIENT TELEPHONES (NON PATIENT TELE) 6.01
1 ADMIN & GENERAL				7,131	541,304	31
2 SKILLED NURSING CARE					355,065	
3 PHYSICAL THERAPY					469,340	
4 OCCUPATIONAL THERAPY					49,192	
5 SPEECH PATHOLOGY					11,805	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					21,151	
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)				7,131	1,447,857	31
21 COST TO BE ALLOCATED				7,642	468,861	7,768
22 UNIT COST MULTIPLIER				1.071659	0.323831	250.580645

HHA COST CENTER	IS (DATA PRODUCED) 6.02	PURCHASING (PURCHASING) 6.03	PT REG (GROSS CHARGES) 6.04	PT ACCTS (GROSS CHARGES) 6.05	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.06
1 ADMIN & GENERAL		134,391				197,230
2 SKILLED NURSING CARE						740,491
3 PHYSICAL THERAPY						967,117
4 OCCUPATIONAL THERAPY						102,235
5 SPEECH PATHOLOGY						24,813
6 MEDICAL SOCIAL SERVICES						242
7 HOME HEALTH AIDE						48,491
8 SUPPLIES						34,484
9 DRUGS						120
9.20 COST ADMINISTERING DRUGS						
10 DME						776
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)		134,391				2,115,999
21 COST TO BE ALLOCATED						446,025
22 UNIT COST MULTIPLIER			0.048582			0.210787

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)
HHA COST CENTER	7	8	9	10	11	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 MULTIPLIER						

HHA COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (SUPPLY COST)	PHARMACY (PHARMACY STAT)	MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	SOCIAL SERVICE (TIME SPENT)
HHA COST CENTER	13	14	15	16	17	18
1 ADMIN & GENERAL		23,405	10,890	111,122		
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)		23,405	10,890	111,122		
21 COST TO BE ALLOCATED		63,032	854	76,747		
22 UNIT COST MULTIPLIER		2.693100	0.078421	0.690655		

HHA 1

HHA COST CENTER	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES -SALARY & FR (ASSIGNED TIME)	I&R SERVICES -OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY (ASSIGNED TIME)
	20	21	22	23	24
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULTIPLIER					

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,043,010		1,043,010	6,132	170.09	2,848
2 PHYSICAL THERAPY	3	1,362,218		1,362,218	6,470	210.54	3,099
3 OCCUPATIONAL THERAPY	4	144,002		144,002	800	180.00	494
4 SPEECH PATHOLOGY	5	34,950		34,950	231	151.30	152
5 MEDICAL SOCIAL SERVICES	6	341		341	34	10.03	20
6 HOME HEALTH AIDE SERVICE	7	68,301		68,301	978	69.84	380
7 TOTAL		2,652,822		2,652,822	14,645		6,993

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING	1,800		484,416	306,162	790,578
2 PHYSICAL THERAPY	2,352		652,463	495,190	1,147,653
3 OCCUPATIONAL THERAPY	219		88,920	39,420	128,340
4 SPEECH PATHOLOGY	72		22,998	10,894	33,892
5 MEDICAL SOCIAL SERVICES	13		201	130	331
6 HOME HEALTH AIDE SERVICES	576		26,539	40,228	66,767
7 TOTAL	5,032		1,275,537	892,024	2,167,561

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

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

PROVIDER NO: 14-0211
 HHA NO: 14-7093
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/10/2011
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	48,572		48,572	48,572	1.000000	157
16 COST OF DRUGS	9.00	169		169	169	1.000000	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES			157	
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1
 AMOUNT 2

162 PROGRAM UNDUP CENSUS FROM WRKST S-4
 17 PER BENE COST LIMITATION (FRM F1)
 18 PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.364854			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.278472			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 4	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	210.54	2.01	3	3.01		
2 OCCUPATIONAL THERAPY	3	180.00					
3 SPEECH PATHOLOGY	4	151.30					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII I HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	1,183,395	835,599	
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6 TOTAL CUSTOMARY CHARGES	1,183,395	835,599	
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1,183,395	835,599	
8 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,532,052	1,096,921
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	26,162	21,865
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	8,134	9,405
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,566,348	1,128,191
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,566,348	1,128,191
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,566,348	1,128,191
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,566,348	1,128,191
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,566,348	1,128,191
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,566,348	1,128,191
25 INTERIM PAYMENTS	1,566,348	1,128,191
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,566,348		1,128,191
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		1,566,348		1,128,191
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		1,566,348		1,128,191

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0211	FROM 9/1/2009	1/10/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET L
14-0211		PARTS I-IV

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	2,185,604
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	193,351
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	87.64
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.76
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.33
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	7.09
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.45
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	31,691
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,410,646
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	