

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		15-1302		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/20/2011 TIME 16:47

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:
 BLACKFORD COMMUNITY HOSPITAL 15-1302

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	142,154	-21,519	273,005
3	SWING BED - SNF	0	87,391	0	0
100	TOTAL	0	229,545	-21,519	273,005

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.

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 24,662
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 24,662
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .431557
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	368,000
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	158,813
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,798,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	775,939
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	158,813

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-1302

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

PREPARED 6/20/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,320,625	1,320,625		1,320,625
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	11,819	1,430,462	1,442,281		1,442,281
6	0600 ADMINISTRATIVE & GENERAL	823,102	2,386,955	3,210,057	35,228	3,245,285
8	0800 OPERATION OF PLANT	127,206	469,692	596,898	-6	596,892
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	156,881	119,339	276,220	-8,371	267,849
11	1100 DIETARY	131,439	122,683	254,122	-186,526	67,596
12	1200 CAFETERIA				181,027	181,027
14	1400 NURSING ADMINISTRATION	561,955	14,066	576,021		576,021
15	1500 CENTRAL SERVICES & SUPPLY	48,502	25,469	73,971	197,108	271,079
16	1600 PHARMACY	6,640	634,191	640,831	-319,969	320,862
17	1700 MEDICAL RECORDS & LIBRARY	64,268	136,164	200,432	-114	200,318
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	958,691	101,697	1,060,388	-18,967	1,041,421
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	273,769	300,329	574,098	-122,520	451,578
40	4000 ANESTHESIOLOGY		117,252	117,252	-11,061	106,191
41	4100 RADIOLOGY-DIAGNOSTIC	437,214	434,157	871,371	-37,210	834,161
41.01	4101 SLEEP LAB	545	62,871	63,416		63,416
44	4400 LABORATORY		1,266,083	1,266,083	-100,639	1,165,444
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49	4900 RESPIRATORY THERAPY	515,106	46,632	561,738	-26,711	535,027
50	5000 PHYSICAL THERAPY	313,772	81,478	395,250	-814	394,436
51	5100 OCCUPATIONAL THERAPY	74,996		74,996		74,996
52	5200 SPEECH PATHOLOGY	8,779		8,779		8,779
53	5300 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				130,512	130,512
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				22,187	22,187
56	5600 DRUGS CHARGED TO PATIENTS		71,154	71,154	298,475	369,629
59	3140 RADIOLOGY					
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	64,148	4,424	68,572	-104	68,468
60	6000 CLINIC					
61	6100 EMERGENCY	583,553	1,160,289	1,743,842	-11,283	1,732,559
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	816,902	160,066	976,968	-19,907	957,061
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	5,979,287	10,466,078	16,445,365	335	16,445,700
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	69,402	8,774	78,176	-335	77,841
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7952 PHARMACY					
101	TOTAL	6,048,689	10,474,852	16,523,541	-0-	16,523,541

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1302
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/20/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	46,721	1,367,346
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	151,993	151,993
5	0500 EMPLOYEE BENEFITS	341,512	1,783,793
6	0600 ADMINISTRATIVE & GENERAL	3,077,361	6,322,646
8	0800 OPERATION OF PLANT	45,193	642,085
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	15,893	283,742
11	1100 DIETARY		67,596
12	1200 CAFETERIA	1,528	182,555
14	1400 NURSING ADMINISTRATION	-25	575,996
15	1500 CENTRAL SERVICES & SUPPLY		271,079
16	1600 PHARMACY	537	321,399
17	1700 MEDICAL RECORDS & LIBRARY		200,318
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,041,421
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		451,578
40	4000 ANESTHESIOLOGY	-95,480	10,711
41	4100 RADIOLOGY-DIAGNOSTIC		834,161
41.01	4101 SLEEP LAB		63,416
44	4400 LABORATORY	-36,000	1,129,444
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
49	4900 RESPIRATORY THERAPY	-3,200	531,827
50	5000 PHYSICAL THERAPY	-1,050	393,386
51	5100 OCCUPATIONAL THERAPY		74,996
52	5200 SPEECH PATHOLOGY		8,779
53	5300 ELECTROCARDIOLOGY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		130,512
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		22,187
56	5600 DRUGS CHARGED TO PATIENTS		369,629
59	3140 CARDIOLOGY		
59.97	3997 CARDIAC REHABILITATION	-280	68,188
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-1,043,232	689,327
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-12,344	944,717
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	2,489,127	18,934,827
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		77,841
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7952 PHARMACY		
101	TOTAL	2,489,127	19,012,668

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1302
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/20/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	SLEEP LAB	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIOLOGY	3140	CARDIOLOGY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PHARMACY	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
151302

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

PREPARED 6/20/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	B	CAFETERIA	12	95,447	85,580
2 DRUGS	C	DRUGS CHARGED TO PATIENTS	56	323,562	
3					
4					
5					
6					
7					
8 MED SUPPLIES	D	ADMINISTRATIVE & GENERAL	6		37,596
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		152,699
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 IMPLANTABLE DEVICES	E	IMPL. DEV. CHARGED TO PATIENT	55.30		22,187
21 NON-BI LLABLE SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		197,108
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 NON-BI LLABLE SUPPLIES	F				
2					
3					
36 TOTAL RECLASSIFICATIONS				419,009	495,170

(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:
151302

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

PREPARED 6/20/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAFETERIA	B	DIETARY	11		95,447	85,580	
2 DRUGS	C	ADMINISTRATIVE & GENERAL	6			499	
3		PHARMACY	16			317,952	
4		RADIOLOGY-DIAGNOSTIC	41			66	
5		LABORATORY	44			5	
6		PHYSICIANS' PRIVATE OFFICES	98			22	
7		AMBULANCE SERVICES	65			5,018	
8 MED SUPPLIES	D	DIETARY	11			4,742	
9		PHARMACY	16			1,800	
10		ADULTS & PEDIATRICS	25			7,133	
11		OPERATING ROOM	37			87,737	
12		ANESTHESIOLOGY	40			6,591	
13		RADIOLOGY-DIAGNOSTIC	41			30,356	
14		LABORATORY	44			593	
15		RESPIRATORY THERAPY	49			18,437	
16		DRUGS CHARGED TO PATIENTS	56			21,585	
17		EMERGENCY	61			3,147	
18		AMBULANCE SERVICES	65			8,174	
19	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			22,187	
20 IMPLANTABLE DEVICES	F	ADMINISTRATIVE & GENERAL	6			1,869	
21 NON-BI LLABLE SUPPLIES		OPERATION OF PLANT	8			6	
22		HOUSEKEEPING	10			8,371	
23		DIETARY	11			757	
24		PHARMACY	16			217	
25		MEDICAL RECORDS & LIBRARY	17			114	
26		ADULTS & PEDIATRICS	25			11,834	
27		OPERATING ROOM	37			34,783	
28		ANESTHESIOLOGY	40			4,470	
29		RADIOLOGY-DIAGNOSTIC	41			6,788	
30		LABORATORY	44			100,041	
31		RESPIRATORY THERAPY	49			8,274	
32		PHYSICAL THERAPY	50			814	
33		DRUGS CHARGED TO PATIENTS	56			3,502	
34		CARDIAC REHABILITATION	59.97			104	
35							
1 NON-BI LLABLE SUPPLIES	F	PHYSICIANS' PRIVATE OFFICES	98			313	
2		EMERGENCY	61			8,136	
3		AMBULANCE SERVICES	65			6,715	
36 TOTAL RECLASSIFICATIONS					95,447	818,732	

(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:
151302

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

PREPARED 6/20/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	181,027	DIETARY	11	181,027	
TOTAL RECLASSIFICATIONS FOR CODE B			181,027				

RECLASS CODE: C
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	323,562	ADMINISTRATIVE & GENERAL	6	499	
2.00			0	PHARMACY	16	317,952	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	66	
4.00			0	LABORATORY	44	5	
5.00			0	PHYSICIANS' PRIVATE OFFICES	98	22	
6.00			0	AMBULANCE SERVICES	65	5,018	
TOTAL RECLASSIFICATIONS FOR CODE C			323,562	323,562			

RECLASS CODE: D
EXPLANATION : MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	37,596	DIETARY	11	4,742	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	152,699			0	
3.00			0	PHARMACY	16	1,800	
4.00			0	ADULTS & PEDIATRICS	25	7,133	
5.00			0	OPERATING ROOM	37	87,737	
6.00			0	ANESTHESIOLOGY	40	6,591	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	30,356	
8.00			0	LABORATORY	44	593	
9.00			0	RESPIRATORY THERAPY	49	18,437	
10.00			0	DRUGS CHARGED TO PATIENTS	56	21,585	
11.00			0	EMERGENCY	61	3,147	
12.00			0	AMBULANCE SERVICES	65	8,174	
TOTAL RECLASSIFICATIONS FOR CODE D			190,295	190,295			

RECLASS CODE: E
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	22,187	MEDICAL SUPPLIES CHARGED TO PA	55	22,187	
TOTAL RECLASSIFICATIONS FOR CODE E			22,187	22,187			

RECLASS CODE: F
EXPLANATION : NON-BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	197,108	ADMINISTRATIVE & GENERAL	6	1,869	
2.00			0	OPERATION OF PLANT	8	6	
3.00			0	HOUSEKEEPING	10	8,371	
4.00			0	DIETARY	11	757	
5.00			0	PHARMACY	16	217	
6.00			0	MEDICAL RECORDS & LIBRARY	17	114	
7.00			0	ADULTS & PEDIATRICS	25	11,834	
8.00			0	OPERATING ROOM	37	34,783	
9.00			0	ANESTHESIOLOGY	40	4,470	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	6,788	
11.00			0	LABORATORY	44	100,041	
12.00			0	RESPIRATORY THERAPY	49	8,274	
13.00			0	PHYSICAL THERAPY	50	814	
14.00			0	DRUGS CHARGED TO PATIENTS	56	3,502	
15.00			0	CARDIAC REHABILITATION	59.97	104	
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	313	
17.00			0	EMERGENCY	61	8,136	
18.00			0	AMBULANCE SERVICES	65	6,715	
TOTAL RECLASSIFICATIONS FOR CODE F			197,108	197,108			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	190,324					190,324	
2 LAND IMPROVEMENTS	275,335					275,335	
3 BUILDINGS & FIXTURE	15,437,537				588,308	14,849,229	
4 BUILDING IMPROVEMEN	1,970				1,970		
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	4,247,591	1,119,395		1,119,395		5,366,986	
7 SUBTOTAL	20,152,757	1,119,395		1,119,395	590,278	20,681,874	
8 RECONCILING ITEMS							
9 TOTAL	20,152,757	1,119,395		1,119,395	590,278	20,681,874	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	15,314,888		15,314,888	.740498				
4	NEW CAP REL COSTS-MV	5,366,986		5,366,986	.259502				
5	TOTAL	20,681,874		20,681,874	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,367,346						1,367,346
4	NEW CAP REL COSTS-MV	151,993						151,993
5	TOTAL	1,519,339						1,519,339

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,320,625						1,320,625
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,320,625						1,320,625

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-62,614	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,180,375			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,137,208			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-49,067	ADMINISTRATIVE & GENERAL	6	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,558	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 ADVERTISING	A	-19,789	ADMINISTRATIVE & GENERAL	6	
38 ANESTHESIA PURCHASED SERVICE	A	-4,436	ANESTHESIOLOGY	40	
39 INTEREST EXPENSE	A	-196,342	ADMINISTRATIVE & GENERAL	6	
40 INTEREST INCOME	B	-6,852	ADMINISTRATIVE & GENERAL	6	
41 PATIENT PHONE BENEFITS	A	-461	EMPLOYEE BENEFITS	5	
42 PATIENT PHONE SALARY	A	-3,347	ADMINISTRATIVE & GENERAL	6	
43 PATIENT PHONE EQ RENT AND SERVICE	A	-6,185	ADMINISTRATIVE & GENERAL	6	
44 CAFETERIA - CATERING	B	-25,772	ADMINISTRATIVE & GENERAL	6	
45 MISCELLANEOUS DEPARTMENT REVENUE	B	-81,093	ADMINISTRATIVE & GENERAL	6	
46 OTHER OPERATING REVENUE	B	-25	NURSING ADMINISTRATION	14	
47 OTHER OPERATING REVENUE	B	-24	PHARMACY	16	
48 OTHER OPERATING REVENUE	B	-3,200	RESPIRATORY THERAPY	49	
49 OTHER OPERATING REVENUE	B	-1,050	PHYSICAL THERAPY	50	
49.01 OTHER OPERATING REVENUE	B	-3,625	AMBULANCE SERVICES	65	
49.02 HHA LOBBYING DUES	A	-349	ADMINISTRATIVE & GENERAL	6	
49.03 AHA LOBBYING DUES	A	-1,917	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		2,489,127			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &	46,721		46,721	9
2	4	NEW CAP REL COSTS-MVBLE E	151,993		151,993	9
3	5	EMPLOYEE BENEFITS	145,662	24,756	120,906	
4	6	ADMINISTRATIVE & GENERAL	939,800	1,476,000	-536,200	
4.01	8	OPERATION OF PLANT	85,399	40,206	45,193	
4.02	10	HOUSEKEEPING	15,893		15,893	
4.03	12	CAFETERIA	1,528		1,528	
4.04	11	DIETARY	4,833	4,833		
4.05	16	PHARMACY	249,137	249,137		
4.06	17	MEDICAL RECORDS & LIBRARY	36,273	36,273		
4.07	25	ADULTS & PEDIATRICS	36,407	36,407		
4.08	37	OPERATING ROOM	14,106	14,106		
4.09	40	ANESTHESIOLOGY	94	94		
4.10	41	RADIOLOGY-DIAGNOSTIC	137,121	137,121		
4.11	41	1 SLEEP LAB	61,911	61,911		
4.12	44	LABORATORY	27,671	27,671		
4.13	49	RESPIRATORY THERAPY	517,996	517,996		
4.14	50	PHYSICAL THERAPY	314,575	314,575		
4.15	51	OCCUPATIONAL THERAPY	74,996	74,996		
4.16	52	SPEECH PATHOLOGY	8,779	8,779		
4.17	56	DRUGS CHARGED TO PATIENTS	5,792	5,792		
4.18	59	97 CARDIAC REHABILITATION	336	336		
4.19	60	CLINIC	451	451		
4.20	61	EMERGENCY	3,858	3,858		
4.21	65	AMBULANCE SERVICES	1,869	1,869		
4.22	5	EMPLOYEE BENEFITS	10,075	10,075		
4.23	6	ADMINISTRATIVE & GENERAL	34,781	34,781		
4.24	12	CAFETERIA	2,698	2,698		
4.25	16	PHARMACY	627	627		
4.26	6	ADMINISTRATIVE & GENERAL	4,069,546		4,069,546	
4.27	5	EMPLOYEE BENEFITS	221,067		221,067	
4.28	16	PHARMACY	561		561	
5		TOTALS	7,222,556	3,085,348	4,137,208	

* 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	100.00	BALL MEMORIAL HOSPITAL	0.00	HOSPITAL
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: 15-1302
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 6/20/2011
 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 6	DEDUCTIONS FROM REVENUE	1,100	1,100					
2 40	ANESTHESIA	91,044	91,044					
3 44	LABORATORY	36,000	36,000					
4 59 97	CARDIO/PULMONARY REHAB	280	280					
5 61	EMERGENCY PHYSICIANS	1,043,232	1,043,232					
6 65	AMBULANCE	8,719	8,719					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,180,375	1,180,375					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1302
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 6/20/2011
 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	6	DEDUCTIONS FROM REVENUE						1,100
2	40	ANESTHESIA						91,044
3	44	LABORATORY						36,000
4	59 97	CARDIO/PULMONARY REHAB						280
5	61	EMERGENCY PHYSICIANS						1,043,232
6	65	AMBULANCE						8,719
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						1,180,375

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1302
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/20/2011
 NOT A CMS WORKSHEET

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,367,346	1,367,346					
005 NEW CAP REL COSTS-MVBLE	151,993		151,993				
006 EMPLOYEE BENEFITS	1,783,793			1,783,793			
008 ADMINISTRATIVE & GENERAL	6,322,646	105,090	11,682	230,841	6,670,259	6,670,259	
009 OPERATION OF PLANT	642,085	364,827	40,554	35,675	1,083,141	585,366	1,668,507
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	283,742	17,323	1,926	43,998	346,989	187,525	32,207
012 DIETARY	67,596	18,968	2,108	10,094	98,766	53,377	35,265
014 CAFETERIA	182,555	50,270	5,588	26,768	265,181	143,313	93,462
015 NURSING ADMINISTRATION	575,996	4,194	466	157,601	738,257	398,979	7,797
016 CENTRAL SERVICES & SUPPLY	271,079	22,065	2,453	13,602	309,199	167,102	41,023
017 PHARMACY	321,399	14,993	1,667	1,862	339,921	183,705	27,876
025 MEDICAL RECORDS & LIBRARY	200,318	21,051	2,340	18,024	241,733	130,641	39,138
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,041,421	208,261	23,150	268,863	1,541,695	833,185	387,198
037 INTENSIVE CARE UNIT							
040 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	451,578	142,888	15,883	76,779	687,128	371,347	265,659
046 ANESTHESIOLOGY	10,711				10,711	5,789	
049 RADIOLOGY-DIAGNOSTIC	834,161	111,120	12,352	122,618	1,080,251	583,804	206,595
051 01 SLEEP LAB	63,416			153	63,569	34,355	
052 04 LABORATORY	1,129,444	30,315	3,370		1,163,129	628,594	56,363
053 046 WHOLE BLOOD & PACKED RED							
055 049 RESPIRATORY THERAPY	531,827	11,485	1,277	144,463	689,052	372,387	21,353
056 050 PHYSICAL THERAPY	393,386			87,998	481,384	260,156	
059 051 OCCUPATIONAL THERAPY	74,996			21,033	96,029	51,897	
060 052 SPEECH PATHOLOGY	8,779			2,462	11,241	6,075	
062 053 ELECTROCARDIOLOGY		15,130	1,682		16,812	9,086	28,130
065 055 MEDICAL SUPPLIES CHARGED	130,512				130,512	70,533	
071 055 30 IMPL. DEV. CHARGED TO PAT	22,187				22,187	11,991	
095 056 DRUGS CHARGED TO PATIENTS	369,629			90,744	460,373	248,801	
096 059 CARDIOLOGY							
098 059 97 CARDIAC REHABILITATION	68,188			17,990	86,178	46,574	
099 060 OUTPAT SERVICE COST CNTRS							
100 061 CLINIC							
101 062 EMERGENCY	689,327	104,377	11,602	163,659	968,965	523,662	194,059
102 062 OBSERVATION BEDS (NON-DIS							
103 065 OTHER REIMBURS COST CNTRS							
104 065 AMBULANCE SERVICES	944,717	65,784	7,312	229,102	1,246,915	673,875	122,306
105 071 HOME HEALTH AGENCY							
106 095 SPEC PURPOSE COST CENTERS							
107 095 SUBTOTALS	18,934,827	1,308,141	145,412	1,764,329	18,849,577	6,582,119	1,558,431
108 096 NONREIMBURS COST CENTERS							
109 096 GIFT, FLOWER, COFFEE SHOP		7,181	798		7,979	4,312	13,352
110 098 PHYSICIANS' PRIVATE OFFICE	77,841	52,024	5,783	19,464	155,112	83,828	96,724
111 100 OTHER NONREIMBURSABLE COS							
112 100 01 OTHER NONREIMBURSABLE COS							
113 100 02 PHARMACY							
114 101 CROSS FOOT ADJUSTMENT							
115 102 NEGATIVE COST CENTER							
116 103 TOTAL	19,012,668	1,367,346	151,993	1,783,793	19,012,668	6,670,259	1,668,507

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING		566,721					
012 DIETARY		13,286	200,694				
014 CAFETERIA		35,211		537,167			
015 NURSING ADMINISTRATION		2,937		12,635	1,160,605		
016 CENTRAL SERVICES & SUPPLY		15,455		12,169		544,948	
017 PHARMACY		10,502				1,336	563,340
025 MEDICAL RECORDS & LIBRARY		14,745		11,970			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		145,877	200,694	181,271	675,306	12,560	
037 INTENSIVE CARE UNIT							
040 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		100,085		28,195	105,037	88,459	
046 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC		77,833		49,142		24,673	2,724
051 SLEEP LAB							
055 LABORATORY		21,234				66,642	206
056 WHOLE BLOOD & PACKED RED							
059 RESPIRATORY THERAPY		8,044				17,688	
060 PHYSICAL THERAPY						260,505	
065 OCCUPATIONAL THERAPY						49,663	
071 SPEECH PATHOLOGY						5,814	
095 ELECTROCARDIOLOGY		10,598					
096 MEDICAL SUPPLIES CHARGED							
098 30 IMPL. DEV. CHARGED TO PAT							
099 DRUGS CHARGED TO PATIENTS							352,407
100 CARDIOLOGY							
101 97 CARDIAC REHABILITATION				9,243	34,434	69	
102 OUTPAT SERVICE COST CNTRS							
103 CLINIC							
104 EMERGENCY		73,110		92,831	345,828	7,472	
105 OBSERVATION BEDS (NON-DIS							
106 OTHER REIMBURS COST CNTRS							
107 AMBULANCE SERVICES				127,941		9,860	207,095
108 HOME HEALTH AGENCY							
109 SPEC PURPOSE COST CENTERS							
110 SUBTOTALS		528,917	200,694	525,397	1,160,605	544,741	562,432
111 NONREIMBURS COST CENTERS							
112 GIFT, FLOWER, COFFEE SHOP		4,589					
113 PHYSICIANS' PRIVATE OFFIC		33,215		11,770		207	908
114 OTHER NONREIMBURSABLE COS							
115 01 OTHER NONREIMBURSABLE COS							
116 02 PHARMACY							
117 CROSS FOOT ADJUSTMENT							
118 NEGATIVE COST CENTER							
119 TOTAL		566,721	200,694	537,167	1,160,605	544,948	563,340

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	438,227			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	25,190	4,002,976		4,002,976
033 INTENSIVE CARE UNIT				
037 NURSERY				
040 ANCILLARY SRVC COST CNTRS				
041 OPERATING ROOM	25,966	1,671,876		1,671,876
041 ANESTHESIOLOGY	1,500	18,000		18,000
041 RADIOLOGY-DIAGNOSTIC	106,283	2,131,305		2,131,305
041 01 SLEEP LAB	3,511	101,435		101,435
044 LABORATORY	74,486	2,010,654		2,010,654
046 WHOLE BLOOD & PACKED RED				
049 RESPIRATORY THERAPY	11,139	1,119,663		1,119,663
050 PHYSICAL THERAPY	7,716	1,009,761		1,009,761
051 OCCUPATIONAL THERAPY	673	198,262		198,262
052 SPEECH PATHOLOGY	132	23,262		23,262
053 ELECTROCARDIOLOGY	7,653	72,279		72,279
055 MEDICAL SUPPLIES CHARGED	17,429	218,474		218,474
055 30 IMPL. DEV. CHARGED TO PAT	1,613	35,791		35,791
056 DRUGS CHARGED TO PATIENTS	44,708	1,106,289		1,106,289
059 RADIOLOGY				
059 97 CARDIAC REHABILITATION	1,493	177,991		177,991
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
061 EMERGENCY	61,909	2,267,836		2,267,836
062 OBSERVATION BEDS (NON-DIS				
065 OTHER REIMBURS COST CNTRS				
071 AMBULANCE SERVICES	44,153	2,432,145		2,432,145
071 HOME HEALTH AGENCY				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	435,554	18,597,999		18,597,999
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		30,232		30,232
100 PHYSICIANS' PRIVATE OFFIC	2,673	384,437		384,437
100 OTHER NONREIMBURSABLE COS				
100 01 OTHER NONREIMBURSABLE COS				
100 02 PHARMACY				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	438,227	19,012,668		19,012,668

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1302
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/20/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL		105,090	11,682	116,772		116,772	
009 OPERATION OF PLANT		364,827	40,554	405,381		10,248	415,629
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING		17,323	1,926	19,249		3,283	8,023
012 DIETARY		18,968	2,108	21,076		934	8,785
014 CAFETERIA		50,270	5,588	55,858		2,509	23,282
015 NURSING ADMINISTRATIVE		4,194	466	4,660		6,985	1,942
016 CENTRAL SERVICES & SUPPLY		22,065	2,453	24,518		2,925	10,219
017 PHARMACY		14,993	1,667	16,660		3,216	6,944
025 MEDICAL RECORDS & LIBRARY		21,051	2,340	23,391		2,287	9,749
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		208,261	23,150	231,411		14,588	96,453
037 INTENSIVE CARE UNIT							
040 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		142,888	15,883	158,771		6,501	66,176
046 ANESTHESIOLOGY						101	
049 RADIOLOGY-DIAGNOSTIC		111,120	12,352	123,472		10,220	51,463
051 SLEEP LAB						601	
055 LABORATORY		30,315	3,370	33,685		11,004	14,040
056 WHOLE BLOOD & PACKED RED							
059 RESPIRATORY THERAPY		11,485	1,277	12,762		6,519	5,319
065 PHYSICAL THERAPY						4,554	
071 OCCUPATIONAL THERAPY						909	
080 SPEECH PATHOLOGY						106	
095 ELECTROCARDIOLOGY		15,130	1,682	16,812		159	7,007
100 MEDICAL SUPPLIES CHARGED						1,235	
101 30 IMPL. DEV. CHARGED TO PAT						210	
102 DRUGS CHARGED TO PATIENTS						4,356	
103 CARDIOLOGY							
104 97 CARDIAC REHABILITATION						815	
105 OUTPAT SERVICE COST CNTRS							
106 CLINIC							
107 EMERGENCY		104,377	11,602	115,979		9,167	48,340
108 OBSERVATION BEDS (NON-DIS							
109 OTHER REIMBURS COST CNTRS							
110 AMBULANCE SERVICES		65,784	7,312	73,096		11,797	30,467
111 HOME HEALTH AGENCY							
112 SPEC PURPOSE COST CENTERS							
113 SUBTOTALS		1,308,141	145,412	1,453,553		115,229	388,209
114 NONREIMBURS COST CENTERS							
115 GIFT, FLOWER, COFFEE SHOP		7,181	798	7,979		75	3,326
116 PHYSICIANS' PRIVATE OFFIC		52,024	5,783	57,807		1,468	24,094
117 OTHER NONREIMBURSABLE COS							
118 01 OTHER NONREIMBURSABLE COS							
119 02 PHARMACY							
120 CROSS FOOT ADJUSTMENTS							
121 NEGATIVE COST CENTER							
122 TOTAL		1,367,346	151,993	1,519,339		116,772	415,629

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-1302

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING		30,555					
012 DIETARY		716	31,511				
014 CAFETERIA		1,898		83,547			
015 NURSING ADMINISTRATION		158		1,965	15,710		
016 CENTRAL SERVICES & SUPPLY		833		1,893		40,388	
017 PHARMACY		566				99	27,485
025 MEDICAL RECORDS & LIBRARY		795		1,862			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		7,867	31,511	28,193	9,141	931	
037 INTENSIVE CARE UNIT							
040 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		5,396		4,385	1,422	6,556	
046 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC		4,196		7,643		1,829	133
051 01 SLEEP LAB							
053 LABORATORY		1,145				4,939	10
055 WHOLE BLOOD & PACKED RED							
056 RESPIRATORY THERAPY		434				1,311	
059 PHYSICAL THERAPY						19,306	
061 OCCUPATIONAL THERAPY						3,681	
065 SPEECH PATHOLOGY						431	
071 ELECTROCARDIOLOGY		571					
095 MEDICAL SUPPLIES CHARGED							
096 30 IMPL. DEV. CHARGED TO PAT							
098 DRUGS CHARGED TO PATIENTS							17,194
100 CARDIOLOGY							
102 97 CARDIAC REHABILITATION				1,438	466	5	
103 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		3,942		14,438	4,681	554	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				19,899		731	10,104
095 HOME HEALTH AGENCY							
096 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		28,517	31,511	81,716	15,710	40,373	27,441
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		247					
102 PHYSICIANS' PRIVATE OFFIC		1,791		1,831		15	44
103 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 PHARMACY							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		30,555	31,511	83,547	15,710	40,388	27,485

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	38,084			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	2,188	422,283		422,283
033 INTENSIVE CARE UNIT				
037 NURSERY				
037 ANCILLARY SRVC COST CNTRS				
040 OPERATING ROOM	2,255	251,462		251,462
041 ANESTHESIOLOGY	130	231		231
041 RADIOLOGY-DIAGNOSTIC	9,253	208,209		208,209
041 01 SLEEP LAB	305	906		906
044 LABORATORY	6,470	71,293		71,293
046 WHOLE BLOOD & PACKED RED				
049 RESPIRATORY THERAPY	968	27,313		27,313
050 PHYSICAL THERAPY	670	24,530		24,530
051 OCCUPATIONAL THERAPY	58	4,648		4,648
052 SPEECH PATHOLOGY	11	548		548
053 ELECTROCARDIOLOGY	665	25,214		25,214
055 MEDICAL SUPPLIES CHARGED	1,514	2,749		2,749
055 30 IMPL. DEV. CHARGED TO PAT	140	350		350
056 DRUGS CHARGED TO PATIENTS	3,883	25,433		25,433
059 RADIOLOGY				
059 97 CARDIAC REHABILITATION	130	2,854		2,854
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
061 EMERGENCY	5,377	202,478		202,478
062 OBSERVATION BEDS (NON-DIS				
065 OTHER REIMBURS COST CNTRS				
071 AMBULANCE SERVICES	3,835	149,929		149,929
071 HOME HEALTH AGENCY				
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	37,852	1,420,430		1,420,430
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		11,627		11,627
098 PHYSICIANS' PRIVATE OFFIC	232	87,282		87,282
100 OTHER NONREIMBURSABLE COS				
100 01 OTHER NONREIMBURSABLE COS				
100 02 PHARMACY				
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	38,084	1,519,339		1,519,339

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	49,885					
005 NEW CAP REL COSTS-MVB		49,885				
006 EMPLOYEE BENEFITS			6,360,432			
008 ADMINISTRATIVE & GENE	3,834	3,834	823,102	-6,670,259	12,342,409	
009 OPERATION OF PLANT	13,310	13,310	127,206		1,083,141	32,741
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING	632	632	156,881		346,989	632
012 DIETARY	692	692	35,992		98,766	692
014 CAFETERIA	1,834	1,834	95,447		265,181	1,834
015 NURSING ADMINISTRATION	153	153	561,955		738,257	153
016 CENTRAL SERVICES & SU	805	805	48,502		309,199	805
017 PHARMACY	547	547	6,640		339,921	547
025 MEDICAL RECORDS & LIB	768	768	64,268		241,733	768
026 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	7,598	7,598	958,691		1,541,695	7,598
037 INTENSIVE CARE UNIT						
040 NURSERY						
041 ANCILLARY SRVC COST C						
044 OPERATING ROOM	5,213	5,213	273,769		687,128	5,213
046 ANESTHESIOLOGY					10,711	
049 RADIOLOGY-DIAGNOSTIC	4,054	4,054	437,214		1,080,251	4,054
050 SLEEP LAB			545		63,569	
051 LABORATORY	1,106	1,106			1,163,129	1,106
052 WHOLE BLOOD & PACKED						
053 RESPIRATORY THERAPY	419	419	515,106		689,052	419
055 PHYSICAL THERAPY			313,772		481,384	
059 OCCUPATIONAL THERAPY			74,996		96,029	
060 SPEECH PATHOLOGY			8,779		11,241	
062 ELECTROCARDIOLOGY	552	552			16,812	552
065 MEDICAL SUPPLIES CHAR					130,512	
066 30 IMPL. DEV. CHARGED TO					22,187	
067 DRUGS CHARGED TO PATI			323,562		460,373	
068 97 CARDIAC REHABILITATIO			64,148		86,178	
069 OUTPAT SERVICE COST C						
071 CLINIC						
075 EMERGENCY	3,808	3,808	583,553		968,965	3,808
076 OBSERVATION BEDS (NON						
077 OTHER REIMBURS COST C						
078 AMBULANCE SERVICES	2,400	2,400	816,902		1,246,915	2,400
079 HOME HEALTH AGENCY						
080 SPEC PURPOSE COST CEN						
085 SUBTOTALS	47,725	47,725	6,291,030	-6,670,259	12,179,318	30,581
086 NONREIMBURS COST CENT						
087 GIFT, FLOWER, COFFEE	262	262			7,979	262
088 PHYSICIANS' PRIVATE O	1,898	1,898	69,402		155,112	1,898
089 OTHER NONREIMBURSABLE						
090 01 OTHER NONREIMBURSABLE						
091 02 PHARMACY						
092 CROSS FOOT ADJUSTMENT						
093 NEGATIVE COST CENTER						
094 COST TO BE ALLOCATED	1,367,346	151,993	1,783,793		6,670,259	1,668,507
095 (WRKSHT B, PART I)						
096 UNIT COST MULTIPLIER	27.409963		.280452		.540434	
097 (WRKSHT B, PT I)		3.046868				50.960783
098 COST TO BE ALLOCATED						
099 (WRKSHT B, PART II)						
100 UNIT COST MULTIPLIER						
101 (WRKSHT B, PT II)						
102 COST TO BE ALLOCATED					116,772	415,629
103 (WRKSHT B, PART III)						
104 UNIT COST MULTIPLIER					.009461	
105 (WRKSHT B, PT III)						12.694450

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(FTE'S)	(COSTED) EQUI S.	R(COSTED) EQUI S.	
GENERAL SERVICE COST	9	10	11	12	14	15	16	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING		29,518						
011 DIETARY			100					
012 CAFETERIA		1,834		8,078				
014 NURSING ADMINISTRATION		153		190	4,685			
015 CENTRAL SERVICES & SUPPLY		805		183		822,918		
016 PHARMACY		547				2,017	13,650	
017 MEDICAL RECORDS & LIBRARY		768		180				
025 ADULTS & PEDIATRICS		7,598	100	2,726	2,726	18,967		
026 INTENSIVE CARE UNIT								
033 NURSERY								
037 ANCILLARY SRVC COST CENTER								
040 OPERATING ROOM		5,213		424	424	133,580		
041 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC		4,054		739		37,258	66	
044 LABORATORY		1,106				100,635	5	
046 WHOLE BLOOD & PACKED								
049 RESPIRATORY THERAPY		419				26,711		
050 PHYSICAL THERAPY						393,386		
051 OCCUPATIONAL THERAPY						74,996		
052 SPEECH PATHOLOGY						8,779		
053 ELECTROCARDIOLOGY		552						
055 MEDICAL SUPPLIES CHAR								
056 30 IMPL. DEV. CHARGED TO								
059 97 DRUGS CHARGED TO PATIENT							8,539	
059 97 CARDIAC REHABILITATION				139	139	104		
060 OUTPAT SERVICE COST CENTER								
061 CLINIC EMERGENCY		3,808		1,396	1,396	11,283		
062 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)								
065 AMBULANCE SERVICES				1,924		14,889	5,018	
071 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTER								
096 SUBTOTALS		27,549	100	7,901	4,685	822,605	13,628	
096 NONREIMBURS COST CENTER								
098 GIFT, FLOWER, COFFEE		239						
100 PHYSICIANS' PRIVATE OFFICE		1,730		177		313	22	
100 OTHER NONREIMBURSABLE								
100 01 OTHER NONREIMBURSABLE								
100 02 PHARMACY								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		566,721	200,694	537,167	1,160,605	544,948	563,340	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		19.199167		66.497524		.662214	41.270330	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			2,006.940000		247.727855			
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		30,555	31,511	83,547	15,710	40,388	27,485	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		1.035131		10.342535		.049079	2.013553	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	(GROSS CHARGES)
		17
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
017 MEDICAL RECORDS & LIB	43,107,521	
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	2,477,837	
033 INTENSIVE CARE UNIT		
037 NURSERY		
040 ANCILLARY SRVC COST C		
040 OPERATING ROOM	2,554,163	
041 ANESTHESIOLOGY	147,584	
041 RADIOLOGY-DIAGNOSTIC	10,455,100	
044 01 SLEEP LAB	345,332	
046 LABORATORY	7,327,012	
049 WHOLE BLOOD & PACKED		
050 RESPIRATORY THERAPY	1,095,738	
051 PHYSICAL THERAPY	759,001	
052 OCCUPATIONAL THERAPY	66,197	
053 SPEECH PATHOLOGY	13,013	
055 ELECTROCARDIOLOGY	752,787	
056 MEDICAL SUPPLIES CHAR	1,714,400	
059 30 IMPL. DEV. CHARGED TO	158,650	
059 DRUGS CHARGED TO PATI	4,397,805	
059 97 CARDIOLOGY		
060 CARDIAC REHABILITATIO	146,850	
061 OUTPAT SERVICE COST C		
062 CLINIC		
065 EMERGENCY	6,089,854	
071 OBSERVATION BEDS (NON		
095 OTHER REIMBURS COST C		
096 AMBULANCE SERVICES	4,343,229	
098 HOME HEALTH AGENCY		
098 SPEC PURPOSE COST CEN		
098 SUBTOTALS	42,844,552	
096 NONREIMBURS COST CENT		
098 GIFT, FLOWER, COFFEE		
100 PHYSICIANS' PRIVATE O	262,969	
100 OTHER NONREIMBURSABLE		
100 01 OTHER NONREIMBURSABLE		
100 02 PHARMACY		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	438,227	
104 (PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
105 (WRKSHT B, PT I)	.010166	
105 COST TO BE ALLOCATED		
106 (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
107 (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	38,084	
108 (PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
108 (WRKSHT B, PT III)	.000883	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED
15-1302	FROM 1/ 1/2010	6/20/2011
	TO 12/31/2010	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,002,976		4,002,976		
26	INTENSIVE CARE UNIT					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,671,876		1,671,876		
40	ANESTHESIOLOGY	18,000		18,000		
41	RADIOLOGY-DIAGNOSTIC	2,131,305		2,131,305		
41	01 SLEEP LAB	101,435		101,435		
44	LABORATORY	2,010,654		2,010,654		
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY	1,119,663		1,119,663		
50	PHYSICAL THERAPY	1,009,761		1,009,761		
51	OCCUPATIONAL THERAPY	198,262		198,262		
52	SPEECH PATHOLOGY	23,262		23,262		
53	ELECTROCARDIOLOGY	72,279		72,279		
55	MEDICAL SUPPLIES CHARGED	218,474		218,474		
55	30 IMPL. DEV. CHARGED TO PAT	35,791		35,791		
56	DRUGS CHARGED TO PATIENTS	1,106,289		1,106,289		
59	CARDIOLOGY					
59	97 CARDIAC REHABILITATION	177,991		177,991		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,267,836		2,267,836		
62	OBSERVATION BEDS (NON-DIS	222,853		222,853		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	2,432,145		2,432,145		
101	SUBTOTAL	18,820,852		18,820,852		
102	LESS OBSERVATION BEDS	222,853		222,853		
103	TOTAL	18,597,999		18,597,999		

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	2,477,837		2,477,837			
26	INTENSIVE CARE UNIT						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	579,224	1,974,939	2,554,163	.654569	.654569	
40	ANESTHESIOLOGY	19,907	127,677	147,584	.121964	.121964	
41	RADIOLOGY-DIAGNOSTIC	737,015	9,718,085	10,455,100	.203853	.203853	
41	01 SLEEP LAB	11,519	333,813	345,332	.293732	.293732	
44	LABORATORY	1,233,218	6,093,794	7,327,012	.274417	.274417	
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	899,217	196,521	1,095,738	1.021835	1.021835	
50	PHYSICAL THERAPY	144,823	614,178	759,001	1.330382	1.330382	
51	OCCUPATIONAL THERAPY	62,222	4,500	66,722	2.971464	2.971464	
52	SPEECH PATHOLOGY	12,488		12,488	1.862748	1.862748	
53	ELECTROCARDIOLOGY	76,666	676,121	752,787	.096015	.096015	
55	MEDICAL SUPPLIES CHARGED	1,253,997	460,403	1,714,400	.127435	.127435	
55	30 IMPL. DEV. CHARGED TO PAT		158,650	158,650	.225597	.225597	
56	DRUGS CHARGED TO PATIENTS	2,550,031	1,847,774	4,397,805	.251555	.251555	
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	4,413	142,437	146,850	1.212060	1.212060	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	92,904	5,996,950	6,089,854	.372396	.372396	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,905	242,614	250,519	.889565	.889565	
65	AMBULANCE SERVICES	637	4,342,592	4,343,229	.559985	.559985	
101	SUBTOTAL	10,164,023	32,931,048	43,095,071			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,164,023	32,931,048	43,095,071			

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	2,477,837		2,477,837			
26	INTENSIVE CARE UNIT						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	579,224	1,974,939	2,554,163	.654569	.654569	
40	ANESTHESIOLOGY	19,907	127,677	147,584	.121964	.121964	
41	RADIOLOGY-DIAGNOSTIC	737,015	9,718,085	10,455,100	.203853	.203853	
41	01 SLEEP LAB	11,519	333,813	345,332	.293732	.293732	
44	LABORATORY	1,233,218	6,093,794	7,327,012	.274417	.274417	
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	899,217	196,521	1,095,738	1.021835	1.021835	
50	PHYSICAL THERAPY	144,823	614,178	759,001	1.330382	1.330382	
51	OCCUPATIONAL THERAPY	62,222	4,500	66,722	2.971464	2.971464	
52	SPEECH PATHOLOGY	12,488		12,488	1.862748	1.862748	
53	ELECTROCARDIOLOGY	76,666	676,121	752,787	.096015	.096015	
55	MEDICAL SUPPLIES CHARGED	1,253,997	460,403	1,714,400	.127435	.127435	
55	30 IMPL. DEV. CHARGED TO PAT		158,650	158,650	.225597	.225597	
56	DRUGS CHARGED TO PATIENTS	2,550,031	1,847,774	4,397,805	.251555	.251555	
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	4,413	142,437	146,850	1.212060	1.212060	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	92,904	5,996,950	6,089,854	.372396	.372396	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,905	242,614	250,519	.889565	.889565	
65	AMBULANCE SERVICES	637	4,342,592	4,343,229	.559985	.559985	
101	SUBTOTAL	10,164,023	32,931,048	43,095,071			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,164,023	32,931,048	43,095,071			

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	1,671,876	251,462	1,420,414			1,671,876
40	ANESTHESIOLOGY	18,000	231	17,769			18,000
41	RADIOLOGY-DIAGNOSTIC	2,131,305	208,209	1,923,096			2,131,305
41	01 SLEEP LAB	101,435	906	100,529			101,435
44	LABORATORY	2,010,654	71,293	1,939,361			2,010,654
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	1,119,663	27,313	1,092,350			1,119,663
50	PHYSICAL THERAPY	1,009,761	24,530	985,231			1,009,761
51	OCCUPATIONAL THERAPY	198,262	4,648	193,614			198,262
52	SPEECH PATHOLOGY	23,262	548	22,714			23,262
53	ELECTROCARDIOLOGY	72,279	25,214	47,065			72,279
55	MEDICAL SUPPLIES CHARGED	218,474	2,749	215,725			218,474
55	30 IMPL. DEV. CHARGED TO PAT	35,791	350	35,441			35,791
56	DRUGS CHARGED TO PATIENTS	1,106,289	25,433	1,080,856			1,106,289
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	177,991	2,854	175,137			177,991
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	2,267,836	202,478	2,065,358			2,267,836
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	222,853		222,853			222,853
65	AMBULANCE SERVICES	2,432,145	149,929	2,282,216			2,432,145
101	SUBTOTAL	14,817,876	998,147	13,819,729			14,817,876
102	LESS OBSERVATION BEDS	222,853		222,853			222,853
103	TOTAL	14,595,023	998,147	13,596,876			14,595,023

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	1,671,876	251,462	1,420,414			1,671,876
40	ANESTHESIOLOGY	18,000	231	17,769			18,000
41	RADIOLOGY-DIAGNOSTIC	2,131,305	208,209	1,923,096			2,131,305
41	01 SLEEP LAB	101,435	906	100,529			101,435
44	LABORATORY	2,010,654	71,293	1,939,361			2,010,654
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY	1,119,663	27,313	1,092,350			1,119,663
50	PHYSICAL THERAPY	1,009,761	24,530	985,231			1,009,761
51	OCCUPATIONAL THERAPY	198,262	4,648	193,614			198,262
52	SPEECH PATHOLOGY	23,262	548	22,714			23,262
53	ELECTROCARDIOLOGY	72,279	25,214	47,065			72,279
55	MEDICAL SUPPLIES CHARGED	218,474	2,749	215,725			218,474
55	30 IMPL. DEV. CHARGED TO PAT	35,791	350	35,441			35,791
56	DRUGS CHARGED TO PATIENTS	1,106,289	25,433	1,080,856			1,106,289
59	CARDIOLOGY						
59	97 CARDIAC REHABILITATION	177,991	2,854	175,137			177,991
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	2,267,836	202,478	2,065,358			2,267,836
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	222,853		222,853			222,853
65	AMBULANCE SERVICES	2,432,145	149,929	2,282,216			2,432,145
101	SUBTOTAL	14,817,876	998,147	13,819,729			14,817,876
102	LESS OBSERVATION BEDS	222,853		222,853			222,853
103	TOTAL	14,595,023	998,147	13,596,876			14,595,023

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	2,554,163	.654569	.654569
40	ANESTHESIOLOGY	147,584	.121964	.121964
41	RADIOLOGY-DIAGNOSTIC	10,455,100	.203853	.203853
41	01 SLEEP LAB	345,332	.293732	.293732
44	LABORATORY	7,327,012	.274417	.274417
46	WHOLE BLOOD & PACKED RED			
49	RESPIRATORY THERAPY	1,095,738	1.021835	1.021835
50	PHYSICAL THERAPY	759,001	1.330382	1.330382
51	OCCUPATIONAL THERAPY	66,722	2.971464	2.971464
52	SPEECH PATHOLOGY	12,488	1.862748	1.862748
53	ELECTROCARDIOLOGY	752,787	.096015	.096015
55	MEDICAL SUPPLIES CHARGED	1,714,400	.127435	.127435
55	30 IMPL. DEV. CHARGED TO PAT	158,650	.225597	.225597
56	DRUGS CHARGED TO PATIENTS	4,397,805	.251555	.251555
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	146,850	1.212060	1.212060
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,089,854	.372396	.372396
62	OBSERVATION BEDS (NON-DIS	250,519	.889565	.889565
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	4,343,229	.559985	.559985
101	SUBTOTAL	40,617,234		
102	LESS OBSERVATION BEDS	250,519		
103	TOTAL	40,366,715		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		603,005			
40 ANESTHESIOLOGY		42,236			
41 RADIOLOGY-DIAGNOSTIC		3,421,019			
41 01 SLEEP LAB		85,232			
44 LABORATORY		2,401,944			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY		85,232			
50 PHYSICAL THERAPY		207,656			
51 OCCUPATIONAL THERAPY		4,299			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		346,770			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		192,313			
55 30 IMPL. DEV. CHARGED TO PATIENT		140,046			
56 DRUGS CHARGED TO PATIENTS		679,761			
59 RADIOLOGY					
59 97 CARDIAC REHABILITATION		63,368			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		1,032,827			
62 OBSERVATION BEDS (NON-DISTINCT PART)		126,477			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		9,432,185			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		9,432,185			

(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

Cost Center Description	HOSPITAL		Hospital I/P Part B Charges	Hospital I/P Part B Costs
	All	Other		
	9	10	10	11
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		394,708		
40 ANESTHESIOLOGY		5,151		
41 RADIOLOGY-DIAGNOSTIC		697,385		
41 01 SLEEP LAB		25,035		
44 LABORATORY		659,134		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				
49 RESPIRATORY THERAPY		87,093		
50 PHYSICAL THERAPY		276,262		
51 OCCUPATIONAL THERAPY		12,774		
52 SPEECH PATHOLOGY				
53 ELECTROCARDIOLOGY		33,295		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,507		
55 30 IMPL. DEV. CHARGED TO PATIENT		31,594		
56 DRUGS CHARGED TO PATIENTS		170,997		
59 RADIOLOGY				
59 97 CARDIAC REHABILITATION		76,806		
60 OUTPAT SERVICE COST CNTRS				
60 CLINIC				
61 EMERGENCY		384,621		
62 OBSERVATION BEDS (NON-DISTINCT PART)		112,510		
65 OTHER REIMBURS COST CNTRS				
65 AMBULANCE SERVICES				
101 SUBTOTAL		2,991,872		
102 CRNA CHARGES				
103 LESS PBP CLINIC LAB SVCS-				
104 PROGRAM ONLY CHARGES				
104 NET CHARGES		2,991,872		

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

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		1,380,183	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.654569	229,362	150,133
40	ANESTHESIOLOGY	.121964	9,154	1,116
41	RADIOLOGY-DIAGNOSTIC	.203853	400,553	81,654
41	01 SLEEP LAB	.293732	2,909	854
44	LABORATORY	.274417	712,897	195,631
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
49	RESPIRATORY THERAPY	1.021835	396,832	405,497
50	PHYSICAL THERAPY	1.330382	22,293	29,658
51	OCCUPATIONAL THERAPY	2.971464	9,598	28,520
52	SPEECH PATHOLOGY	1.862748	5,249	9,778
53	ELECTROCARDIOLOGY	.096015	59,571	5,720
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.127435	630,538	80,353
55	30 IMPL. DEV. CHARGED TO PATIENT	.225597		
56	DRUGS CHARGED TO PATIENTS	.251555	1,223,892	307,876
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	1.212060	195	236
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.372396	1,945	724
62	OBSERVATION BEDS (NON-DISTINCT PART)	.889565		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		3,704,988	1,297,750
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,704,988	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.654569		
40	ANESTHESIOLOGY	.121964		
41	RADIOLOGY-DIAGNOSTIC	.203853	50,216	10,237
41	01 SLEEP LAB	.293732	6,090	1,789
44	LABORATORY	.274417	243,641	66,859
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
49	RESPIRATORY THERAPY	1.021835	348,728	356,342
50	PHYSICAL THERAPY	1.330382	113,105	150,473
51	OCCUPATIONAL THERAPY	2.971464	52,623	156,367
52	SPEECH PATHOLOGY	1.862748	7,145	13,309
53	ELECTROCARDIOLOGY	.096015	6,940	666
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.127435	369,130	47,040
55	30 IMPL. DEV. CHARGED TO PATIENT	.225597		
56	DRUGS CHARGED TO PATIENTS	.251555	587,756	147,853
59	CARDIOLOGY			
59	97 CARDIAC REHABILITATION	1.212060		
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.372396	16	6
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.889565		
65	AMBULANCE SERVICES			
101	TOTAL		1,785,390	950,941
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,785,390	

TITLE XVII I SWING BED SNF

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		1,901,714		
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 PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	8/12/2010	32,490		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-32,490		NONE
4 TOTAL INTERIM PAYMENTS		1,869,224		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	87,391		
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,956,615		

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.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,041,674	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	960,450	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,356	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	2,002,124	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	2,002,124	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	2,002,124	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	45,509	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,956,615	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,956,615	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,869,224	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	87,391	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,420,381
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,420,381
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,444,585
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,444,585
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	276,068
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,168,517
23	COINSURANCE	2,475
24	SUBTOTAL	2,166,042
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	22,785
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	22,785
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,958
26	SUBTOTAL	2,188,827
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,188,827
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,046,673
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	142,154
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	518,120			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,426,101			
5 OTHER RECEIVABLES	10,317			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	142,464			
8 PREPAID EXPENSES	45,167			
9 OTHER CURRENT ASSETS	-326,090			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	1,816,079			
FIXED ASSETS				
12 LAND	190,324			
12.01 LAND IMPROVEMENTS	275,335			
13.01 LESS ACCUMULATED DEPRECIATION	-125,372			
14 BUILDINGS	14,849,229			
14.01 LESS ACCUMULATED DEPRECIATION	-4,207,058			
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	5,366,986			
18.01 LESS ACCUMULATED DEPRECIATION	-3,416,609			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION	-20,236			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	12,912,599			
OTHER ASSETS				
22 INVESTMENTS	47,664			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	46,877			
26 TOTAL OTHER ASSETS	94,541			
27 TOTAL ASSETS	14,823,219			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	476,116			
29 SALARIES, WAGES & FEES PAYABLE	407,799			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,599,996			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,123,922			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	3,607,833			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,400,014			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	210,676			
42 TOTAL LONG-TERM LIABILITIES	2,610,690			
43 TOTAL LIABILITIES	6,218,523			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	8,604,696			
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	8,604,696			
52 TOTAL LIABILITIES AND FUND BALANCES	14,823,219			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		9,717,907		
2	NET INCOME (LOSS)		-1,551,743		
3	TOTAL		8,166,164		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	NET DECREASE IN LIABILITY	616,060			
6	INTERCOMPANY CONTRIBUTION	1,551,744			
7					
8					
9					
10	TOTAL ADDITIONS		2,167,804		
11	SUBTOTAL		10,333,968		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	NET DECREASE IN ASSETS	1,729,272			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,729,272		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		8,604,696		

		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	NET DECREASE IN LIABILITY				
6	INTERCOMPANY CONTRIBUTION				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	NET DECREASE IN ASSETS				
14					
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	2,499,825		2,499,825
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,499,825		2,499,825
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,499,825		2,499,825
17 00 ANCILLARY SERVICES	7,597,145	22,849,974	30,447,119
18 00 OUTPATIENT SERVICES	92,904	5,996,950	6,089,854
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES	637	4,342,592	4,343,229
24 00			
25 00 TOTAL PATIENT REVENUES	10,190,511	33,189,516	43,380,027

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	16,523,541		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		16,523,541	

DESCRIPTION

1	TOTAL PATIENT REVENUES	43,380,027
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	24,786,009
3	NET PATIENT REVENUES	18,594,018
4	LESS: TOTAL OPERATING EXPENSES	16,523,541
5	NET INCOME FROM SERVICE TO PATIENTS	2,070,477
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	47,842
7	INCOME FROM INVESTMENTS	62,614
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	49,067
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	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	2,925
23	GOVERNMENTAL APPROPRIATIONS	
24	IC REVENUE	63,178
24.01	OTHER REVENUE	50,244
25	TOTAL OTHER INCOME	275,870
26	TOTAL	2,346,347
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	3,701,748
28	INTEREST EXPENSE	196,342
29		
30	TOTAL OTHER EXPENSES	3,898,090
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,551,743