

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		15-0102		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: 5/25/2011 TIME 17:38

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:
 STARKE MEMORIAL HOSPITAL 15-0102

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	72,485	515,646	0
3	SWING BED - SNF	0	-14,970	0	0
100	TOTAL	0	57,515	515,646	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 STATISTICAL DATA

PROVIDER NO: 15-0102 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/25/2011
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		49				1,242	94
2 HMO						75	276
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						65	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		49				1,307	94
6 INTENSIVE CARE UNIT		4				277	5
12 TOTAL		53				1,584	99
13 RPCH VISITS							
16 NURSING FACILITY							
25 TOTAL		53					
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 / ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,685				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			89				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			1,774				
6 INTENSIVE CARE UNIT			686				
12 TOTAL			2,460				
13 RPCH VISITS							
16 NURSING FACILITY							
25 TOTAL							
26 OBSERVATION BED DAYS			373				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					423	110	734
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		141.70			423	110	734
13 RPCH VISITS							
16 NURSING FACILITY							
25 TOTAL		141.70					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	7,402,729		7,402,729	294,027.25	25.18	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	61,405		61,405	4,387.68	13.99	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	24,816		24,816	278.00	89.27	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS		356,424	356,424	9,178.11	38.83	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	1,245,497		1,245,497			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	14,922		14,922			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	64,972		64,972	3,709.19	17.52	
22 ADMINISTRATIVE & GENERAL	1,690,862		1,690,862	55,876.80	30.26	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	263,574		263,574	14,218.19	18.54	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	150,387		150,387	12,998.20	11.57	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	167,906	-123,859	44,047	8,913.56	4.94	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		123,859	123,859	3,169.84	39.07	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	356,157		356,157	11,163.61	31.90	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	226,040		226,040	15,067.81	15.00	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	7,402,729		7,402,729	294,027.25	25.18	
2 EXCLUDED AREA SALARIES	61,405		61,405	4,387.68	13.99	
3 SUBTOTAL SALARIES	7,341,324		7,341,324	289,639.57	25.35	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	24,816	356,424	381,240	9,456.11	40.32	
5 SUBTOTAL WAGE-RELATED COSTS	1,245,497		1,245,497		16.97	
6 TOTAL	8,611,637	356,424	8,968,061	299,095.68	29.98	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	2,919,898		2,919,898	125,117.20	23.34	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET S-7

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

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

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

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06		5
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL				65	

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0102	FROM 1/1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	-51,164
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	-51,164
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)	.360812
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	7,751,391

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0102	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,796,795
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,041,469
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	375,775
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,796,795

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				303,587	303,587
5	0500 EMPLOYEE BENEFITS	64,972	771,304	836,276		836,276
6	0600 ADMINISTRATIVE & GENERAL	1,690,862	5,756,176	7,447,038	-81,727	7,365,311
8	0800 OPERATION OF PLANT	263,574	560,787	824,361	-14,263	810,098
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	150,387	112,242	262,629	-23,684	238,945
11	1100 DIETARY	167,906	94,249	262,155	-195,954	66,201
12	1200 CAFETERIA				186,156	186,156
14	1400 NURSING ADMINISTRATION	356,157	38,879	395,036		395,036
15	1500 CENTRAL SERVICES & SUPPLY				623,311	623,311
17	1700 MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS	226,040	53,591	279,631	-4,303	275,328
25	2500 ADULTS & PEDIATRICS	752,165	105,958	858,123	-36,324	821,799
26	2600 INTENSIVE CARE UNIT	417,453	60,091	477,544	-15,673	461,871
35	3500 NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	529,638	459,056	988,694	-229,915	758,779
38	3800 RECOVERY ROOM		298	298	-298	
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY		468,780	468,780		468,780
41	4100 RADIOLOGY-DIAGNOSTIC	582,801	327,344	910,145	-43,751	866,394
41.01	4101 CAT SCAN		152,077	152,077	-19,789	132,288
41.02	4102 MAGNETIC RESONANCE IMAGING (MRI)	112,473	383,677	496,150	-22,836	473,314
44	4400 LABORATORY	414,445	699,224	1,113,669	-122,043	991,626
49	4900 RESPIRATORY THERAPY	361,514	89,091	450,605	-40,218	410,387
50	5000 PHYSICAL THERAPY	156,968	16,004	172,972	-2,446	170,526
51	5100 OCCUPATIONAL THERAPY	57,147	5,639	62,786	-777	62,009
52	5200 SPEECH PATHOLOGY	10,293	643	10,936		10,936
53	5300 ELECTROCARDIOLOGY	101,177	21,400	122,577	-1,806	120,771
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	75,925	562,981	638,906	-270,807	368,099
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				29,305	29,305
56	5600 DRUGS CHARGED TO PATIENTS	276,678	444,760	721,438	15,371	736,809
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	6,385	1,533	7,918	-43	7,875
61	6100 EMERGENCY	566,364	1,148,931	1,715,295	-31,073	1,684,222
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	7,341,324	12,334,715	19,676,039	-0-	19,676,039
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	61,405	334,458	395,863		395,863
100.01	7951 VACANT SPACE					
101	TOTAL	7,402,729	12,669,173	20,071,902	-0-	20,071,902

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
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	57,894	57,894
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	188,339	491,926
5	0500 EMPLOYEE BENEFITS	414,941	1,251,217
6	0600 ADMINISTRATIVE & GENERAL	-2,836,038	4,529,273
8	0800 OPERATION OF PLANT	94,786	904,884
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING	19,694	258,639
11	1100 DIETARY		66,201
12	1200 CAFETERIA	-35,897	150,259
14	1400 NURSING ADMINISTRATION		395,036
15	1500 CENTRAL SERVICES & SUPPLY		623,311
17	1700 MEDICAL RECORDS & LIBRARY	-800	274,528
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,200	820,599
26	2600 INTENSIVE CARE UNIT		461,871
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		758,779
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-451,718	17,062
41	4100 RADIOLOGY-DIAGNOSTIC		866,394
41.01	4101 CAT SCAN		132,288
41.02	4102 MAGNETIC RESONANCE IMAGING (MRI)		473,314
44	4400 LABORATORY	-193,544	798,082
49	4900 RESPIRATORY THERAPY		410,387
50	5000 PHYSICAL THERAPY		170,526
51	5100 OCCUPATIONAL THERAPY		62,009
52	5200 SPEECH PATHOLOGY		10,936
53	5300 ELECTROCARDIOLOGY		120,771
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-1	368,098
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		29,305
56	5600 DRUGS CHARGED TO PATIENTS	-4,520	732,289
59.97	3997 CARDIAC REHABILITATION		7,875
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-321,760	1,362,462
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-3,069,824	16,606,215
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-7,058	388,805
100.01	7951 VACANT SPACE		
101	TOTAL	-3,076,882	16,995,020

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 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	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
35	NURSING FACILITY	3500	
	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	MAGNETIC RESONANCE IMAGING (MRI)	4102	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
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	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	VACANT SPACE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150102

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

PREPARED 5/25/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	B	CAFETERIA	12	123,859	62,297
2 DRUGS	C	DRUGS CHARGED TO PATIENTS	56		32,398
3					
4 BILLABLE MED SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		58,587
5					
6 IMPLANTABLE DEVICES	E	IMPL. DEV. CHARGED TO PATIENT	55.30		29,305
7 NON-BILLABLE MED SUPPLIES	F	ADMINISTRATIVE & GENERAL	6		14,164
8		CENTRAL SERVICES & SUPPLY	15		623,311
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 RENTAL EXP	G	NEW CAP REL COSTS-MVBLE EQUIP	4		303,587
28					
29					
30					
31					
32					
33					
34					
35					
1 RENTAL EXP	G				
2					
3					
4					
5					
6					
7					
8					
36 TOTAL RECLASSIFICATIONS				123,859	1,123,649

(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:
150102

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

PREPARED 5/25/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 CAFETERIA	B	DIETARY	11	123,859	62,297	
2 DRUGS	C	RADIOLOGY-DIAGNOSTIC	41		2,413	
3		LABORATORY	44		29,985	
4 BILLABLE MED SUPPLIES	D	ADMINISTRATIVE & GENERAL	6		85	
5		OPERATING ROOM	37		58,502	
6 IMPLANTABLE DEVICES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		29,305	
7 NON-BILLABLE MED SUPPLIES	F	OPERATION OF PLANT	8		3,959	
8		HOUSEKEEPING	10		23,684	
9		DIETARY	11		9,798	
10		MEDICAL RECORDS & LIBRARY	17		2,189	
11		ADULTS & PEDIATRICS	25		18,224	
12		INTENSIVE CARE UNIT	26		6,774	
13		OPERATING ROOM	37		152,566	
14		RECOVERY ROOM	38		298	
15		RADIOLOGY-DIAGNOSTIC	41		20,812	
16		CAT SCAN	41.01		18,499	
17		MAGNETIC RESONANCE IMAGING (MRI)	41.02		1,611	
18		LABORATORY	44		35,414	
19		RESPIRATORY THERAPY	49		16,851	
20		PHYSICAL THERAPY	50		2,067	
21		OCCUPATIONAL THERAPY	51		597	
22		ELECTROCARDIOLOGY	53		11	
23		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		300,089	
24		DRUGS CHARGED TO PATIENTS	56		6,680	
25		CARDIAC REHABILITATION	59.97		28	
26		EMERGENCY	61		17,324	
27 RENTAL EXP	G	ADMINISTRATIVE & GENERAL	6		95,806	10
28		OPERATION OF PLANT	8		10,304	
29		MEDICAL RECORDS & LIBRARY	17		2,114	
30		ADULTS & PEDIATRICS	25		18,100	
31		INTENSIVE CARE UNIT	26		8,899	
32		OPERATING ROOM	37		18,847	
33		RADIOLOGY-DIAGNOSTIC	41		20,526	
34		CAT SCAN	41.01		1,290	
35		MAGNETIC RESONANCE IMAGING (MRI)	41.02		21,225	
1 RENTAL EXP	G	LABORATORY	44		56,644	
2		RESPIRATORY THERAPY	49		23,367	
3		PHYSICAL THERAPY	50		379	
4		OCCUPATIONAL THERAPY	51		180	
5		ELECTROCARDIOLOGY	53		1,795	
6		DRUGS CHARGED TO PATIENTS	56		10,347	
7		CARDIAC REHABILITATION	59.97		15	
8		EMERGENCY	61		13,749	
36 TOTAL RECLASSIFICATIONS				123,859	1,123,649	

(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:
150102

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

PREPARED 5/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	186,156
TOTAL RECLASSIFICATIONS FOR CODE B			186,156

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	186,156	
		186,156	

RECLASS CODE: C
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	32,398
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			32,398

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	2,413	
LABORATORY	44	29,985	
		32,398	

RECLASS CODE: D
EXPLANATION : BILLABLE MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	58,587
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			58,587

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	85	
OPERATING ROOM	37	58,502	
		58,587	

RECLASS CODE: E
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	29,305
TOTAL RECLASSIFICATIONS FOR CODE E			29,305

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	29,305	
		29,305	

RECLASS CODE: F
EXPLANATION : NON-BILLABLE MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	14,164
2.00	CENTRAL SERVICES & SUPPLY	15	623,311
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			637,475

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	3,959	
HOUSEKEEPING	10	23,684	
DIETARY	11	9,798	
MEDICAL RECORDS & LIBRARY	17	2,189	
ADULTS & PEDIATRICS	25	18,224	
INTENSIVE CARE UNIT	26	6,774	
OPERATING ROOM	37	152,566	
RECOVERY ROOM	38	298	
RADIOLOGY-DIAGNOSTIC	41	20,812	
CAT SCAN	41.01	18,499	
MAGNETIC RESONANCE IMAGING (MR)	41.02	1,611	
LABORATORY	44	35,414	
RESPIRATORY THERAPY	49	16,851	
PHYSICAL THERAPY	50	2,067	
OCCUPATIONAL THERAPY	51	597	
ELECTROCARDIOLOGY	53	11	
MEDICAL SUPPLIES CHARGED TO PA	55	300,089	
DRUGS CHARGED TO PATIENTS	56	6,680	
CARDIAC REHABILITATION	59.97	28	
EMERGENCY	61	17,324	
		637,475	

RECLASS CODE: G
EXPLANATION : RENTAL EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	303,587
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
8.00			0
9.00			0
10.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	95,806	
OPERATION OF PLANT	8	10,304	
MEDICAL RECORDS & LIBRARY	17	2,114	
ADULTS & PEDIATRICS	25	18,100	
INTENSIVE CARE UNIT	26	8,899	
OPERATING ROOM	37	18,847	
RADIOLOGY-DIAGNOSTIC	41	20,526	
CAT SCAN	41.01	1,290	
MAGNETIC RESONANCE IMAGING (MR)	41.02	21,225	

RECLASSIFICATIONS

PROVIDER NO:
150102

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

PREPARED 5/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : RENTAL EXP

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			303,587

----- DECREASE -----		----- INCREASE -----	
COST CENTER	LINE	AMOUNT	LINE
LABORATORY	44	56,644	
RESPIRATORY THERAPY	49	23,367	
PHYSICAL THERAPY	50	379	
OCCUPATIONAL THERAPY	51	180	
ELECTROCARDIOLOGY	53	1,795	
DRUGS CHARGED TO PATIENTS	56	10,347	
CARDIAC REHABILITATION	59.97	15	
EMERGENCY	61	13,749	
TOTAL RECLASSIFICATIONS FOR CODE G		303,587	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	142,789					142,789	
2 LAND IMPROVEMENTS	4,448					4,448	
3 BUILDINGS & FIXTURE	1,509,571					1,509,571	
4 BUILDING IMPROVEMENT	3,322,366	1,150,314		1,150,314		4,472,680	
5 FIXED EQUIPMENT		6,651		6,651		6,651	
6 MOVABLE EQUIPMENT	2,323,179	620,702		620,702		2,943,881	
7 SUBTOTAL	7,302,353	1,777,667		1,777,667		9,080,020	
8 RECONCILING ITEMS							
9 TOTAL	7,302,353	1,777,667		1,777,667		9,080,020	

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	6,136,139		6,136,139	.675785				
4	NEW CAP REL COSTS-MV	2,943,881		2,943,881	.324215				
5	TOTAL	9,080,020		9,080,020	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	57,894						57,894
4	NEW CAP REL COSTS-MV	188,339	303,587					491,926
5	TOTAL	246,233	303,587					549,820

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

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

* 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

PROVIDER NO: 15-0102

PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
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					
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	A	-208	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-832,904			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,081,028			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-37,791	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-1	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,520	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-800	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**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 MARKETING AND ADVERTISING	A	-64,998	ADMINISTRATIVE & GENERAL	6	
38 EMPLOYEE BENEFITS	A	263,638	EMPLOYEE BENEFITS	5	
39 PATIENT PHONES	A	-10,826	OPERATION OF PLANT	8	
40 PATIENT PHONES	A	-25,997	ADMINISTRATIVE & GENERAL	6	
41 PATIENT PHONES	A	-4,447	EMPLOYEE BENEFITS	5	
42 WELLNESS CTR REV	B	-944	EMPLOYEE BENEFITS	5	
43 OTHER MISCELLANEOUS INCOME	B	-5,088	ADMINISTRATIVE & GENERAL	6	
44 BAD DEBT	A	-3,425,966	ADMINISTRATIVE & GENERAL	6	
45 BAD DEBT	A	-7,058	OTHER NONREIMBURSABLE COS	100	
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,076,882			

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG &	57,894		57,894	9
2	4	NEW CAP REL COSTS-MVBLE E	188,339		188,339	9
3	5	EMPLOYEE BENEFITS	180,494		180,494	
4	6	ADMINISTRATIVE & GENERAL	1,158,203	437,766	720,437	
4.01	8	OPERATION OF PLANT	105,820		105,820	
4.02	10	HOUSEKEEPING	19,694		19,694	
4.03	12	CAFETERIA	1,894		1,894	
4.04	44	LABORATORY	46,263	239,807	-193,544	
4.05	100	OTHER NONREIMBURSABLE COS	13,415	13,415		
4.06	6	ADMINISTRATIVE & GENERAL	437,124	437,124		
4.07	6	ADMINISTRATIVE & GENERAL	3,255,783	3,255,783		
4.08	9	LAUNDRY & LINEN SERVICE	55,674	55,674		
4.09	17	MEDICAL RECORDS & LIBRARY	197,577	197,577		
5		TOTALS	5,718,174	4,637,146	1,081,028	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	B	LAPORTE REGIONAL HEALTH	100.00		0.00 HEALTH SYSTEM
2	B	CLARIAN HEALTH PARTNERS	0.00	LAPORTE REGIONAL HEALTH	100.00 HEALTH SYSTEM
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: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/25/2011
 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 5	WELLNESS CENTER	23,800	23,800					
2 6	ADMINISTRATION	34,426	34,426					
3 25	MED/SURG	1,200	1,200					
4 40	ANESTHESIOLOGY	451,718	451,718					
5 44	PATHOLOGY	18,333		18,333	208,000	236	23,600	1,180
6 61	EMERGENCY SERVICES	994,764		994,764	159,800	8,760	673,004	33,650
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	1,524,241	511,144	1,013,097		8,996	696,604	34,830

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/25/2011
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A IDENTIFIER	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	5	WELLNESS CENTER							23,800
2	6	ADMINISTRATION							34,426
3	25	MED/SURG							1,200
4	40	ANESTHESIOLOGY							451,718
5	44	PATHOLOGY					23,600		
6	61	EMERGENCY SERVICES					673,004	321,760	321,760
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					696,604	321,760	832,904

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011
 I 15-0102 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	7	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT DAYS	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	NURSING SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	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 & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	57,894	57,894					
005 NEW CAP REL COSTS-MVBLE	491,926		491,926				
006 EMPLOYEE BENEFITS	1,251,217	237	2,017	1,253,471			
008 ADMINISTRATIVE & GENERAL	4,529,273	4,159	35,336	285,413	4,854,181	4,854,181	
009 OPERATION OF PLANT	904,884	20,118	170,963	45,185	1,141,150	456,258	1,597,408
010 LAUNDRY & LINEN SERVICE		299	2,539		2,838	1,135	14,302
011 HOUSEKEEPING	258,639	285	2,422	25,781	287,127	114,800	13,639
012 DIETARY	66,201	527	4,475	7,551	78,754	31,488	25,205
014 CAFETERIA	150,259	1,482	12,593	21,233	185,567	74,194	70,931
015 NURSING ADMINISTRATION	395,036	63	537	61,057	456,693	182,596	3,026
017 CENTRAL SERVICES & SUPPLY	623,311				623,311	249,214	
025 MEDICAL RECORDS & LIBRARY	274,528	994	8,442	38,750	322,714	129,028	47,550
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	820,599	6,393	54,318	128,945	1,010,255	403,923	305,942
035 INTENSIVE CARE UNIT	461,871	1,233	10,481	71,565	545,150	217,964	59,033
037 NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	758,779	5,371	45,641	90,797	900,588	360,076	257,066
039 RECOVERY ROOM		267	2,267		2,534	1,013	12,768
040 DELIVERY ROOM & LABOR ROOM							
040 ANESTHESIOLOGY	17,062				17,062	6,822	
041 RADIOLOGY-DIAGNOSTIC	866,394	2,930	24,892	99,911	994,127	397,475	140,203
041 01 CAT SCAN	132,288	320	2,716		135,324	54,106	15,297
041 02 MAGNETIC RESONANCE IMAGING	473,314	298	2,532	19,281	495,425	198,082	14,261
044 LABORATORY	798,082	1,677	14,249	71,049	885,057	353,866	80,258
049 RESPIRATORY THERAPY	410,387	1,879	15,964	61,975	490,205	195,995	89,917
050 PHYSICAL THERAPY	170,526	1,336	11,349	26,909	210,120	84,011	63,925
051 OCCUPATIONAL THERAPY	62,009	192	1,634	9,797	73,632	29,440	9,203
052 SPEECH PATHOLOGY	10,936	192	1,634	1,765	14,527	5,808	9,203
053 ELECTROCARDIOLOGY	120,771	371	3,150	17,345	141,637	56,630	17,743
055 MEDICAL SUPPLIES CHARGED	368,098	1,168	9,922	13,016	392,204	156,812	55,882
055 30 IMPL. DEV. CHARGED TO PAT	29,305				29,305	11,717	
056 DRUGS CHARGED TO PATIENTS	732,289	462	3,923	47,431	784,105	313,503	22,096
059 97 CARDIAC REHABILITATION	7,875	709	6,021	1,095	15,700	6,277	33,911
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,362,462	2,335	19,843	97,093	1,481,733	592,425	111,764
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	16,606,215	55,297	469,860	1,242,944	16,571,025	4,684,658	1,473,125
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		185	1,575		1,760	704	8,871
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS	388,805			10,527	399,332	159,662	
100 01 VACANT SPACE		2,412	20,491		22,903	9,157	115,412
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,995,020	57,894	491,926	1,253,471	16,995,020	4,854,181	1,597,408

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	17		
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	18,275								
011 HOUSEKEEPING		415,566							
012 DIETARY		6,674		142,121					
014 CAFETERIA		18,781			349,473				
015 NURSING ADMINISTRATION		801			20,003	663,119			
017 CENTRAL SERVICES & SUPPLY							872,525		
025 MEDICAL RECORDS & LIBRARY		12,590			26,968		3,183	542,033	
026 INPAT ROUTINE SRVC CNTRS									
035 ADULTS & PEDIATRICS	13,179	81,008	102,489	57,625	169,145	26,500	24,861		
037 INTENSIVE CARE UNIT	5,096	15,631	39,632	28,309	93,876	9,850	12,944		
038 NURSING FACILITY									
039 ANCILLARY SRVC COST CNTRS									
040 OPERATING ROOM		68,066			36,691	119,103	221,850	29,667	
041 RECOVERY ROOM		3,381					433	3,743	
041 DELIVERY ROOM & LABOR ROOM									
041 ANESTHESIOLOGY									
041 RADIOLOGY-DIAGNOSTIC		37,123			32,966		30,263	59,601	
041 01 CAT SCAN		4,050					26,900	111,559	
041 02 MAGNETIC RESONANCE IMAGING		3,776			5,625		2,343	33,601	
044 LABORATORY		21,251			33,152		51,496	89,970	
049 RESPIRATORY THERAPY		23,808			20,785	81,296	24,503	18,769	
050 PHYSICAL THERAPY		16,926			10,989	35,298	3,006	11,252	
051 OCCUPATIONAL THERAPY		2,437			2,794	12,851	868	2,812	
052 SPEECH PATHOLOGY		2,437			484			68	
053 ELECTROCARDIOLOGY		4,698			4,656	22,752	16	17,132	
055 MEDICAL SUPPLIES CHARGED		14,797			7,673		357,137	15,281	
055 30 IMPL. DEV. CHARGED TO PAT							79,231	3,390	
056 DRUGS CHARGED TO PATIENTS		5,851			11,361		9,714	41,555	
059 97 CARDIAC REHABILITATION		8,979			968	1,436	41	63	
061 OUTPAT SERVICE COST CNTRS									
062 EMERGENCY		29,593			40,564	127,362	25,191	65,765	
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)	18,275	382,658	142,121	341,613	663,119	872,525	542,033		
096 SUBTOTALS									
096 NONREIMBURS COST CENTERS		2,349							
097 GIFT, FLOWER, COFFEE SHOP									
098 RESEARCH									
098 PHYSICIANS' PRIVATE OFFICE									
099 NONPAID WORKERS									
100 OTHER NONREIMBURSABLE COSTS					7,860				
100 01 VACANT SPACE		30,559							
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	18,275	415,566	142,121	349,473	663,119	872,525	542,033		

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	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			
017 CENTRAL SERVICES & SUPPLY			
025 MEDICAL RECORDS & LIBRARY			
026 INPAT ROUTINE SRVC CNTRS			
035 ADULTS & PEDIATRICS	2,194,927		2,194,927
037 INTENSIVE CARE UNIT	1,027,485		1,027,485
038 NURSING FACILITY			
039 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	1,993,107		1,993,107
041 RECOVERY ROOM	23,872		23,872
042 DELIVERY ROOM & LABOR ROO			
043 ANESTHESIOLOGY	23,884		23,884
044 RADIOLOGY-DIAGNOSTIC	1,691,758		1,691,758
045 01 CAT SCAN	347,236		347,236
046 02 MAGNETIC RESONANCE IMAGIN	753,113		753,113
047 LABORATORY	1,515,050		1,515,050
048 049 RESPIRATORY THERAPY	945,278		945,278
049 050 PHYSICAL THERAPY	435,527		435,527
050 051 OCCUPATIONAL THERAPY	134,037		134,037
051 052 SPEECH PATHOLOGY	32,527		32,527
052 053 ELECTROCARDIOLOGY	265,264		265,264
053 055 MEDICAL SUPPLIES CHARGED	999,786		999,786
054 055 30 IMPL. DEV. CHARGED TO PAT	123,643		123,643
055 056 DRUGS CHARGED TO PATIENTS	1,188,185		1,188,185
056 059 97 CARDIAC REHABILITATION	67,375		67,375
057 061 OUTPAT SERVICE COST CNTRS			
058 EMERGENCY	2,474,397		2,474,397
059 062 OBSERVATION BEDS (NON-DIS			
060 SPEC PURPOSE COST CENTERS			
061 095 SUBTOTALS	16,236,451		16,236,451
062 096 NONREIMBURS COST CENTERS			
063 GIFT, FLOWER, COFFEE SHOP	13,684		13,684
064 097 RESEARCH			
065 098 PHYSICIANS' PRIVATE OFFIC			
066 099 NONPAID WORKERS			
067 100 OTHER NONREIMBURSABLE COS	566,854		566,854
068 100 01 VACANT SPACE	178,031		178,031
069 101 CROSS FOOT ADJUSTMENT			
070 102 NEGATIVE COST CENTER			
071 103 TOTAL	16,995,020		16,995,020

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 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		237	2,017	2,254	2,254		
008 ADMINISTRATIVE & GENERAL		4,159	35,336	39,495	514	40,009	
009 OPERATION OF PLANT		20,118	170,963	191,081	81	3,760	194,922
010 LAUNDRY & LINEN SERVICE		299	2,539	2,838		9	1,745
011 HOUSEKEEPING		285	2,422	2,707	46	946	1,664
012 DIETARY		527	4,475	5,002	14	259	3,076
014 CAFETERIA		1,482	12,593	14,075	38	611	8,655
015 NURSING ADMINISTRATION		63	537	600	110	1,505	369
017 CENTRAL SERVICES & SUPPLY						2,054	
025 MEDICAL RECORDS & LIBRARY		994	8,442	9,436	70	1,063	5,802
026 INPAT ROUTINE SRVC CNTRS							
035 ADULTS & PEDIATRICS		6,393	54,318	60,711	232	3,329	37,334
037 INTENSIVE CARE UNIT		1,233	10,481	11,714	129	1,796	7,203
038 NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		5,371	45,641	51,012	163	2,967	31,368
041 RECOVERY ROOM		267	2,267	2,534		8	1,558
044 DELIVERY ROOM & LABOR ROOM							
049 ANESTHESIOLOGY						56	
051 RADIOLOGY-DIAGNOSTIC		2,930	24,892	27,822	180	3,276	17,108
052 01 CAT SCAN		320	2,716	3,036		446	1,867
053 02 MAGNETIC RESONANCE IMAGING		298	2,532	2,830	35	1,632	1,740
055 LABORATORY		1,677	14,249	15,926	128	2,916	9,793
056 RESPIRATORY THERAPY		1,879	15,964	17,843	111	1,615	10,972
057 PHYSICAL THERAPY		1,336	11,349	12,685	48	692	7,800
058 OCCUPATIONAL THERAPY		192	1,634	1,826	18	243	1,123
059 SPEECH PATHOLOGY		192	1,634	1,826	3	48	1,123
061 ELECTROCARDIOLOGY		371	3,150	3,521	31	467	2,165
062 MEDICAL SUPPLIES CHARGED		1,168	9,922	11,090	23	1,292	6,819
066 30 IMPL. DEV. CHARGED TO PAT						97	
067 97 DRUGS CHARGED TO PATIENTS		462	3,923	4,385	85	2,584	2,696
068 CARDIAC REHABILITATION		709	6,021	6,730	2	52	4,138
069 OUTPAT SERVICE COST CNTRS							
070 EMERGENCY		2,335	19,843	22,178	174	4,889	13,638
071 OBSERVATION BEDS (NON-DIS							
072 SPEC PURPOSE COST CENTERS							
073 SUBTOTALS		55,297	469,860	525,157	2,235	38,612	179,756
074 NONREIMBURS COST CENTERS							
075 GIFT, FLOWER, COFFEE SHOP		185	1,575	1,760		6	1,083
076 RESEARCH							
077 PHYSICIANS' PRIVATE OFFICE							
078 NONPAID WORKERS							
079 OTHER NONREIMBURSABLE COS					19	1,316	
080 01 VACANT SPACE		2,412	20,491	22,903		75	14,083
081 CROSS FOOT ADJUSTMENTS							
082 NEGATIVE COST CENTER							
083 TOTAL		57,894	491,926	549,820	2,254	40,009	194,922

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	17		
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	4,592								
011 HOUSEKEEPING		5,363							
012 DIETARY		86	8,437						
014 CAFETERIA		242		23,621					
015 NURSING ADMINISTRATION		10		1,352	3,946				
017 CENTRAL SERVICES & SUPPLY						2,054			
025 MEDICAL RECORDS & LIBRARY		162		1,823		7		18,363	
026 INPAT ROUTINE SRVC CNTRS									
026 ADULTS & PEDIATRICS	3,311	1,048	6,084	3,894	1,006	62		842	
035 INTENSIVE CARE UNIT	1,281	202	2,353	1,913	559	23		438	
037 NURSING FACILITY									
038 ANCILLARY SRVC COST CNTRS									
039 OPERATING ROOM		878		2,480	709	522		1,004	
040 RECOVERY ROOM		44				1		127	
041 DELIVERY ROOM & LABOR ROOM									
041 ANESTHESIOLOGY									
041 RADIOLOGY-DIAGNOSTIC		479		2,228		71		2,018	
041 01 CAT SCAN		52				63		3,791	
041 02 MAGNETIC RESONANCE IMAGING		49			380	6		1,137	
044 LABORATORY		274		2,241		121		3,046	
049 RESPIRATORY THERAPY		307		1,405	484	58		635	
050 PHYSICAL THERAPY		218		743	210	7		381	
051 OCCUPATIONAL THERAPY		31		189	76	2		95	
052 SPEECH PATHOLOGY		31		33				2	
053 ELECTROCARDIOLOGY		61		315	135			580	
055 MEDICAL SUPPLIES CHARGED		191		519		842		517	
056 30 IMPL. DEV. CHARGED TO PAT						187		115	
059 97 DRUGS CHARGED TO PATIENTS		76		768		23		1,407	
061 CARDIAC REHABILITATION		116		65	9			2	
062 OUTPAT SERVICE COST CNTRS									
062 EMERGENCY		382		2,742	758	59		2,226	
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)	4,592	4,939	8,437	23,090	3,946	2,054		18,363	
096 SUBTOTALS	4,592	4,939	8,437	23,090	3,946	2,054		18,363	
096 NONREIMBURS COST CENTERS									
097 GIFT, FLOWER, COFFEE SHOP		30							
097 RESEARCH									
098 PHYSICIANS' PRIVATE OFFICE									
099 NONPAID WORKERS									
100 OTHER NONREIMBURSABLE COSTS				531					
100 01 VACANT SPACE		394							
101 CROSS FOOT ADJUSTMENTS									
102 NEGATIVE COST CENTER									
103 TOTAL	4,592	5,363	8,437	23,621	3,946	2,054		18,363	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	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			
017 CENTRAL SERVICES & SUPPLY			
025 MEDICAL RECORDS & LIBRARY			
026 INPAT ROUTINE SRVC CNTRS	117,853		117,853
035 ADULTS & PEDIATRICS	27,611		27,611
037 INTENSIVE CARE UNIT			
038 NURSING FACILITY			
039 ANCILLARY SRVC COST CNTRS			
040 OPERATING ROOM	91,103		91,103
041 RECOVERY ROOM	4,272		4,272
044 DELIVERY ROOM & LABOR ROO			
049 ANESTHESIOLOGY	56		56
050 RADIOLOGY-DIAGNOSTIC	53,182		53,182
051 01 CAT SCAN	9,255		9,255
052 02 MAGNETIC RESONANCE IMAGIN	7,809		7,809
053 LABORATORY	34,445		34,445
055 RESPIRATORY THERAPY	33,430		33,430
056 PHYSICAL THERAPY	22,784		22,784
059 OCCUPATIONAL THERAPY	3,603		3,603
061 SPEECH PATHOLOGY	3,066		3,066
062 ELECTROCARDIOLOGY	7,275		7,275
066 MEDICAL SUPPLIES CHARGED	21,293		21,293
069 30 IMPL. DEV. CHARGED TO PAT	399		399
070 DRUGS CHARGED TO PATIENTS	12,024		12,024
071 97 CARDIAC REHABILITATION	11,114		11,114
072 OUTPAT SERVICE COST CNTRS			
073 EMERGENCY	47,046		47,046
074 OBSERVATION BEDS (NON-DIS			
075 SPEC PURPOSE COST CENTERS			
076 SUBTOTALS	507,620		507,620
077 NONREIMBURS COST CENTERS			
078 GIFT, FLOWER, COFFEE SHOP	2,879		2,879
079 RESEARCH			
080 PHYSICIANS' PRIVATE OFFIC			
081 NONPAID WORKERS			
082 OTHER NONREIMBURSABLE COS	1,866		1,866
083 01 VACANT SPACE	37,455		37,455
084 CROSS FOOT ADJUSTMENTS			
085 NEGATIVE COST CENTER			
086 TOTAL	549,820		549,820

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	S RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	66,836					
004 NEW CAP REL COSTS-MVB		66,836				
005 EMPLOYEE BENEFITS	274	274	7,311,760			
006 ADMINISTRATIVE & GENE	4,801	4,801	1,664,865	-4,854,181	12,140,839	
008 OPERATION OF PLANT	23,228	23,228	263,574		1,141,150	38,533
009 LAUNDRY & LINEN SERVI	345	345			2,838	345
010 HOUSEKEEPING	329	329	150,387		287,127	329
011 DIETARY	608	608	44,047		78,754	608
012 CAFETERIA	1,711	1,711	123,859		185,567	1,711
014 NURSING ADMINISTRATIO	73	73	356,157		456,693	73
015 CENTRAL SERVICES & SU					623,311	
017 MEDICAL RECORDS & LIB	1,147	1,147	226,040		322,714	1,147
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICALS	7,380	7,380	752,165		1,010,255	7,380
026 INTENSIVE CARE UNIT	1,424	1,424	417,453		545,150	1,424
035 NURSING FACILITY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,201	6,201	529,638		900,588	6,201
038 RECOVERY ROOM	308	308			2,534	308
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY					17,062	
041 RADIOLOGY-DIAGNOSTIC	3,382	3,382	582,801		994,127	3,382
041 01 CAT SCAN	369	369			135,324	369
041 02 MAGNETIC RESONANCE IM	344	344	112,473		495,425	344
044 LABORATORY	1,936	1,936	414,445		885,057	1,936
049 RESPIRATORY THERAPY	2,169	2,169	361,514		490,205	2,169
050 PHYSICAL THERAPY	1,542	1,542	156,968		210,120	1,542
051 OCCUPATIONAL THERAPY	222	222	57,147		73,632	222
052 SPEECH PATHOLOGY	222	222	10,293		14,527	222
053 ELECTROCARDIOLOGY	428	428	101,177		141,637	428
055 MEDICAL SUPPLIES CHAR	1,348	1,348	75,925		392,204	1,348
055 30 IMPL. DEV. CHARGED TO					29,305	
056 DRUGS CHARGED TO PATI	533	533	276,678		784,105	533
059 97 CARDIAC REHABILITATIO	818	818	6,385		15,700	818
OUTPAT SERVICE COST C						
061 EMERGENCY	2,696	2,696	566,364		1,481,733	2,696
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	63,838	63,838	7,250,355	-4,854,181	11,716,844	35,535
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	214	214			1,760	214
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE			61,405		399,332	
100 01 VACANT SPACE	2,784	2,784			22,903	2,784
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	57,894	491,926	1,253,471		4,854,181	1,597,408
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.866210		.171432		.399823	
(WRKSHT B, PT I)		7.360195				41.455584
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			2,254		40,009	194,922
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000308		.003295	
(WRKSHT B, PT III)						5.058573

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY
	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(FTE'S)	(NURSING SALARIES)	(COSTED EQUIP.)	(GROSS CHARGES)
	9	10	11	12	14	15	17
GENERAL SERVICE COST							
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	2,460						
010 HOUSEKEEPING		37,859					
011 DIETARY		608	2,460				
012 CAFETERIA		1,711		9,382			
014 NURSING ADMINISTRATION		73		537	2,948,811		
015 CENTRAL SERVICES & SUPPLY						600,034	
017 MEDICAL RECORDS & LIBRARY		1,147		724		2,189	43,481,237
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,774	7,380	1,774	1,547	752,165	18,224	1,994,313
026 INTENSIVE CARE UNIT	686	1,424	686	760	417,453	6,774	1,038,315
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		6,201		985	529,638	152,566	2,379,832
038 RECOVERY ROOM		308				298	300,224
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		3,382		885		20,812	4,781,096
041 01 CAT SCAN		369				18,499	8,949,367
041 02 MAGNETIC RESONANCE IM		344		151		1,611	2,695,449
044 LABORATORY		1,936		890		35,414	7,217,260
049 RESPIRATORY THERAPY		2,169		558	361,514	16,851	1,505,610
050 PHYSICAL THERAPY		1,542		295	156,968	2,067	902,652
051 OCCUPATIONAL THERAPY		222		75	57,147	597	225,585
052 SPEECH PATHOLOGY		222		13			5,464
053 ELECTROCARDIOLOGY		428		125	101,177	11	1,374,291
055 MEDICAL SUPPLIES CHAR		1,348		206		245,602	1,225,838
055 30 IMPL. DEV. CHARGED TO						54,487	271,953
056 DRUGS CHARGED TO PATI		533		305		6,680	3,333,428
059 97 CARDIAC REHABILITATIO		818		26	6,385	28	5,031
061 OUTPAT SERVICE COST C							
061 EMERGENCY		2,696		1,089	566,364	17,324	5,275,529
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	2,460	34,861	2,460	9,171	2,948,811	600,034	43,481,237
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		214					
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE				211			
100 01 VACANT SPACE		2,784					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	18,275	415,566	142,121	349,473	663,119	872,525	542,033
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		10.976677		37.249307		1.454126	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	7.428862		57.772764		.224877		.012466
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	4,592	5,363	8,437	23,621	3,946	2,054	18,363
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.141657		2.517693		.003423	
(WRKSHT B, PT III)							
	1.866667		3.429675		.001338		.000422

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,194,927		2,194,927		2,194,927
26	INTENSIVE CARE UNIT	1,027,485		1,027,485		1,027,485
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,993,107		1,993,107		1,993,107
38	RECOVERY ROOM	23,872		23,872		23,872
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY	23,884		23,884		23,884
41	RADIOLOGY-DIAGNOSTIC	1,691,758		1,691,758		1,691,758
41	01 CAT SCAN	347,236		347,236		347,236
41	02 MAGNETIC RESONANCE IMAGING	753,113		753,113		753,113
44	LABORATORY	1,515,050		1,515,050		1,515,050
49	RESPIRATORY THERAPY	945,278		945,278		945,278
50	PHYSICAL THERAPY	435,527		435,527		435,527
51	OCCUPATIONAL THERAPY	134,037		134,037		134,037
52	SPEECH PATHOLOGY	32,527		32,527		32,527
53	ELECTROCARDIOLOGY	265,264		265,264		265,264
55	MEDICAL SUPPLIES CHARGED	999,786		999,786		999,786
55	30 IMPL. DEV. CHARGED TO PAT	123,643		123,643		123,643
56	DRUGS CHARGED TO PATIENTS	1,188,185		1,188,185		1,188,185
59	97 CARDIAC REHABILITATION	67,375		67,375		67,375
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,474,397		2,474,397	321,760	2,796,157
62	OBSERVATION BEDS (NON-DIS)	395,414		395,414		395,414
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	16,631,865		16,631,865	321,760	16,953,625
102	LESS OBSERVATION BEDS	395,414		395,414		395,414
103	TOTAL	16,236,451		16,236,451	321,760	16,558,211

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	1,994,313		1,994,313			
26	INTENSIVE CARE UNIT	1,038,315		1,038,315			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	231,308	2,148,524	2,379,832	.837499	.837499	.837499
38	RECOVERY ROOM	32,835	267,389	300,224	.079514	.079514	.079514
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	113,963	806,385	920,348	.025951	.025951	.025951
41	RADIOLOGY-DIAGNOSTIC	403,767	4,377,329	4,781,096	.353843	.353843	.353843
41 01	CAT SCAN	1,051,987	7,897,380	8,949,367	.038800	.038800	.038800
41 02	MAGNETIC RESONANCE IMAGIN	85,011	2,610,438	2,695,449	.279402	.279402	.279402
44	LABORATORY	1,492,485	5,724,775	7,217,260	.209920	.209920	.209920
49	RESPIRATORY THERAPY	1,124,721	380,889	1,505,610	.627837	.627837	.627837
50	PHYSICAL THERAPY	70,471	832,181	902,652	.482497	.482497	.482497
51	OCCUPATIONAL THERAPY	42,025	183,560	225,585	.594175	.594175	.594175
52	SPEECH PATHOLOGY	3,484	1,980	5,464	5.952965	5.952965	5.952965
53	ELECTROCARDIOLOGY	323,589	1,050,702	1,374,291	.193019	.193019	.193019
55	MEDICAL SUPPLIES CHARGED	303,187	922,651	1,225,838	.815594	.815594	.815594
55 30	IMPL. DEV. CHARGED TO PAT	41,002	230,951	271,953	.454648	.454648	.454648
56	DRUGS CHARGED TO PATIENTS	1,890,927	1,442,501	3,333,428	.356445	.356445	.356445
59 97	CARDIAC REHABILITATION		5,031	5,031	13.391970	13.391970	13.391970
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	829,094	4,446,435	5,275,529	.469033	.469033	.530024
62	OBSERVATION BEDS (NON-DIS	25,120	572,996	598,116	.661099	.661099	.661099
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,097,604	33,902,097	44,999,701			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,097,604	33,902,097	44,999,701			

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	1,993,107	91,103	1,902,004			1,993,107
38	RECOVERY ROOM	23,872	4,272	19,600			23,872
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	23,884	56	23,828			23,884
41	RADIOLOGY-DIAGNOSTIC	1,691,758	53,182	1,638,576			1,691,758
41 01	CAT SCAN	347,236	9,255	337,981			347,236
41 02	MAGNETIC RESONANCE IMAGIN	753,113	7,809	745,304			753,113
44	LABORATORY	1,515,050	34,445	1,480,605			1,515,050
49	RESPIRATORY THERAPY	945,278	33,430	911,848			945,278
50	PHYSICAL THERAPY	435,527	22,784	412,743			435,527
51	OCCUPATIONAL THERAPY	134,037	3,603	130,434			134,037
52	SPEECH PATHOLOGY	32,527	3,066	29,461			32,527
53	ELECTROCARDIOLOGY	265,264	7,275	257,989			265,264
55	MEDICAL SUPPLIES CHARGED	999,786	21,293	978,493			999,786
55 30	IMPL. DEV. CHARGED TO PAT	123,643	399	123,244			123,643
56	DRUGS CHARGED TO PATIENTS	1,188,185	12,024	1,176,161			1,188,185
59 97	CARDIAC REHABILITATION	67,375	11,114	56,261			67,375
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,474,397	47,046	2,427,351			2,474,397
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	395,414	21,360	374,054			395,414
101	SUBTOTAL	13,409,453	383,516	13,025,937			13,409,453
102	LESS OBSERVATION BEDS	395,414	21,360	374,054			395,414
103	TOTAL	13,014,039	362,156	12,651,883			13,014,039

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	1,993,107	91,103	1,902,004	9,110	110,316	1,873,681
38	RECOVERY ROOM	23,872	4,272	19,600	427	1,137	22,308
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	23,884	56	23,828	6	1,382	22,496
41	RADIOLOGY-DIAGNOSTIC	1,691,758	53,182	1,638,576	5,318	95,037	1,591,403
41	01 CAT SCAN	347,236	9,255	337,981	926	19,603	326,707
41	02 MAGNETIC RESONANCE IMAGIN	753,113	7,809	745,304	781	43,228	709,104
44	LABORATORY	1,515,050	34,445	1,480,605	3,445	85,875	1,425,730
49	RESPIRATORY THERAPY	945,278	33,430	911,848	3,343	52,887	889,048
50	PHYSICAL THERAPY	435,527	22,784	412,743	2,278	23,939	409,310
51	OCCUPATIONAL THERAPY	134,037	3,603	130,434	360	7,565	126,112
52	SPEECH PATHOLOGY	32,527	3,066	29,461	307	1,709	30,511
53	ELECTROCARDIOLOGY	265,264	7,275	257,989	728	14,963	249,573
55	MEDICAL SUPPLIES CHARGED	999,786	21,293	978,493	2,129	56,753	940,904
55	30 IMPL. DEV. CHARGED TO PAT	123,643	399	123,244	40	7,148	116,455
56	DRUGS CHARGED TO PATIENTS	1,188,185	12,024	1,176,161	1,202	68,217	1,118,766
59	97 CARDIAC REHABILITATION	67,375	11,114	56,261	1,111	3,263	63,001
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,474,397	47,046	2,427,351	4,705	140,786	2,328,906
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	395,414	21,360	374,054	2,136	21,695	371,583
101	SUBTOTAL	13,409,453	383,516	13,025,937	38,352	755,503	12,615,598
102	LESS OBSERVATION BEDS	395,414	21,360	374,054	2,136	21,695	371,583
103	TOTAL	13,014,039	362,156	12,651,883	36,216	733,808	12,244,015

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	2,379,832	.787316	.833671
38	RECOVERY ROOM	300,224	.074305	.078092
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	920,348	.024443	.025945
41	RADIOLOGY-DIAGNOSTIC	4,781,096	.332853	.352731
41	01 CAT SCAN	8,949,367	.036506	.038697
41	02 MAGNETIC RESONANCE IMAGIN	2,695,449	.263075	.279112
44	LABORATORY	7,217,260	.197544	.209443
49	RESPIRATORY THERAPY	1,505,610	.590490	.625617
50	PHYSICAL THERAPY	902,652	.453453	.479973
51	OCCUPATIONAL THERAPY	225,585	.559044	.592579
52	SPEECH PATHOLOGY	5,464	5.584004	5.896779
53	ELECTROCARDIOLOGY	1,374,291	.181601	.192489
55	MEDICAL SUPPLIES CHARGED	1,225,838	.767560	.813857
55	30 IMPL. DEV. CHARGED TO PAT	271,953	.428217	.454501
56	DRUGS CHARGED TO PATIENTS	3,333,428	.335620	.356085
59	97 CARDIAC REHABILITATION	5,031	12.522560	13.171139
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,275,529	.441454	.468141
62	OBSERVATION BEDS (NON-DIS	598,116	.621256	.657528
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	41,967,073		
102	LESS OBSERVATION BEDS	598,116		
103	TOTAL	41,368,957		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0102 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/25/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				117,853	712	117,141
26	INTENSIVE CARE UNIT				27,611		27,611
101	TOTAL				145,464		144,752

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	2,058	1,242			56.92	70,695
26	INTENSIVE CARE UNIT	686	277			40.25	11,149
101	TOTAL	2,744	1,519				81,844

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0102
 COMPONENT NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038281	5,183
38	RECOVERY ROOM	.014229	251
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.000061	3
41	RADIOLOGY-DIAGNOSTIC	.011123	3,206
41 01	CAT SCAN	.001034	653
41 02	MAGNETIC RESONANCE IMAGIN	.002897	186
44	LABORATORY	.004773	4,544
49	RESPIRATORY THERAPY	.022204	17,360
50	PHYSICAL THERAPY	.025241	1,420
51	OCCUPATIONAL THERAPY	.015972	598
52	SPEECH PATHOLOGY	.561127	1,374
53	ELECTROCARDIOLOGY	.005294	1,228
55	MEDICAL SUPPLIES CHARGED	.017370	3,946
55 30	IMPL. DEV. CHARGED TO PAT	.001467	
56	DRUGS CHARGED TO PATIENTS	.003607	4,570
59 97	CARDIAC REHABILITATION	2.209104	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.008918	4,408
62	OBSERVATION BEDS (NON-DIS	.035712	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		48,930

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					2,058	
26	INTENSIVE CARE UNIT					686	
35	NURSING FACILITY						
101	TOTAL					2,744	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		1,242
26	INTENSIVE CARE UNIT		277
35	NURSING FACILITY		
101	TOTAL		1,519

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	MAGNETIC RESONANCE IMAGIN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	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	870,717					
38	RECOVERY ROOM	89,128					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	306,838					
41	RADIOLOGY-DIAGNOSTIC	1,158,149					
41 01	CAT SCAN	2,446,146					
41 02	MAGNETIC RESONANCE IMAGIN	767,123					
44	LABORATORY	102,601					
49	RESPIRATORY THERAPY	77,671					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	481,245					
55	MEDICAL SUPPLIES CHARGED	369,849					
55 30	IMPL. DEV. CHARGED TO PAT	129,555					
56	DRUGS CHARGED TO PATIENTS	715,219					
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,189,225					
62	OBSERVATION BEDS (NON-DIS	165,661					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	8,869,127					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		870,717			
38 RECOVERY ROOM		89,128			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		306,838			
41 RADIOLOGY-DIAGNOSTIC		1,158,149			
41 01 CAT SCAN		2,446,146			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		767,123			
44 LABORATORY		102,601			
49 RESPIRATORY THERAPY		77,671			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		481,245			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		369,849			
55 30 IMPL. DEV. CHARGED TO PATIENT		129,555			
56 DRUGS CHARGED TO PATIENTS		715,219			
59 97 CARDIAC REHABILITATION					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,189,225			
62 OBSERVATION BEDS (NON-DISTINCT PART)		165,661			
101 SUBTOTAL		8,869,127			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,869,127			

(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	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				729,225	
38 RECOVERY ROOM				7,087	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				7,963	
41 RADIOLOGY-DIAGNOSTIC				409,803	
41 01 CAT SCAN				94,910	
41 02 MAGNETIC RESONANCE IMAGING (MRI)				214,336	
44 LABORATORY				21,538	
49 RESPIRATORY THERAPY				48,765	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				92,889	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				301,647	
55 30 IMPL. DEV. CHARGED TO PATIENT				58,902	
56 DRUGS CHARGED TO PATIENTS				254,936	
59 97 CARDIAC REHABILITATION					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				557,786	
62 OBSERVATION BEDS (NON-DISTINCT PART)				109,518	
101 SUBTOTAL				2,909,305	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,909,305	

(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	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				117,853		117,853
26	INTENSIVE CARE UNIT				27,611		27,611
101	TOTAL				145,464		145,464

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	2,058	94			57.27	5,383
26	INTENSIVE CARE UNIT	686	5			40.25	201
101	TOTAL	2,744	99				5,584

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0102	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-0102		PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038281	133
38	RECOVERY ROOM	.014229	9
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.000061	
41	RADIOLOGY-DIAGNOSTIC	.011123	79
41 01	CAT SCAN	.001034	38
41 02	MAGNETIC RESONANCE IMAGIN	.002897	
44	LABORATORY	.004773	256
49	RESPIRATORY THERAPY	.022204	996
50	PHYSICAL THERAPY	.025241	47
51	OCCUPATIONAL THERAPY	.015972	4
52	SPEECH PATHOLOGY	.561127	
53	ELECTROCARDIOLOGY	.005294	37
55	MEDICAL SUPPLIES CHARGED	.017370	149
55 30	IMPL. DEV. CHARGED TO PAT	.001467	
56	DRUGS CHARGED TO PATIENTS	.003607	256
59 97	CARDIAC REHABILITATION	2.209104	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.008918	253
62	OBSERVATION BEDS (NON-DIS	.035712	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,257

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 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					2,058	
26	INTENSIVE CARE UNIT					686	
35	NURSING FACILITY						
101	TOTAL					2,744	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	94
26	INTENSIVE CARE UNIT		5
35	NURSING FACILITY		
101	TOTAL		99

TITLE XIX 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	MAGNETIC RESONANCE IMAGIN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX 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			2,379,832			3,483	
38	RECOVERY ROOM			300,224			624	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			920,348			2,264	
41	RADIOLOGY-DIAGNOSTIC			4,781,096			7,130	
41 01	CAT SCAN			8,949,367			36,378	
41 02	MAGNETIC RESONANCE IMAGIN			2,695,449				
44	LABORATORY			7,217,260			53,712	
49	RESPIRATORY THERAPY			1,505,610			44,848	
50	PHYSICAL THERAPY			902,652			1,857	
51	OCCUPATIONAL THERAPY			225,585			257	
52	SPEECH PATHOLOGY			5,464				
53	ELECTROCARDIOLOGY			1,374,291			6,919	
55	MEDICAL SUPPLIES CHARGED			1,225,838			8,561	
55 30	IMPL. DEV. CHARGED TO PAT			271,953				
56	DRUGS CHARGED TO PATIENTS			3,333,428			71,095	
59 97	CARDIAC REHABILITATION			5,031				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			5,275,529			28,365	
62	OBSERVATION BEDS (NON-DIS			598,116				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			41,967,073			265,493	

TITLE XIX 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	186,919					
38	RECOVERY ROOM	33,452					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	77,157					
41	RADIOLOGY-DIAGNOSTIC	587,732					
41 01	CAT SCAN	1,105,317					
41 02	MAGNETIC RESONANCE IMAGIN	516,633					
44	LABORATORY	775,399					
49	RESPIRATORY THERAPY	37,506					
50	PHYSICAL THERAPY	45,894					
51	OCCUPATIONAL THERAPY	5,374					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	72,665					
55	MEDICAL SUPPLIES CHARGED	126,198					
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	153,328					
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,139,420					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	4,862,994					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.787316				186,919
38 RECOVERY ROOM	.074305				33,452
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.024443				77,157
41 RADIOLOGY-DIAGNOSTIC	.332853				587,732
41 01 CAT SCAN	.036506				1,105,317
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.263075				516,633
44 LABORATORY	.197544				775,399
49 RESPIRATORY THERAPY	.590490				37,506
50 PHYSICAL THERAPY	.453453				45,894
51 OCCUPATIONAL THERAPY	.559044				5,374
52 SPEECH PATHOLOGY	5.584004				
53 ELECTROCARDIOLOGY	.181601				72,665
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.767560				126,198
55 30 IMPL. DEV. CHARGED TO PATIENT	.428217				
56 DRUGS CHARGED TO PATIENTS	.335620				153,328
59 97 CARDIAC REHABILITATION	12.522560				
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.441454				1,139,420
62 OBSERVATION BEDS (NON-DISTINCT PART)	.621256				
101 SUBTOTAL					4,862,994
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					4,862,994

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		147,164			
38 RECOVERY ROOM		2,486			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		1,886			
41 RADIOLOGY-DIAGNOSTIC		195,628			
41 01 CAT SCAN		40,351			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		135,913			
44 LABORATORY		153,175			
49 RESPIRATORY THERAPY		22,147			
50 PHYSICAL THERAPY		20,811			
51 OCCUPATIONAL THERAPY		3,004			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		13,196			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		96,865			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		51,460			
59 97 CARDIAC REHABILITATION					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		503,002			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		1,387,088			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,387,088			

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		1,347,695	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		540,632	
37	OPERATING ROOM	.837499	135,401	113,398
38	RECOVERY ROOM	.079514	17,617	1,401
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.025951	50,399	1,308
41	RADIOLOGY-DIAGNOSTIC	.353843	288,235	101,990
41 01	CAT SCAN	.038800	631,411	24,499
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.279402	64,341	17,977
44	LABORATORY	.209920	951,980	199,840
49	RESPIRATORY THERAPY	.627837	781,852	490,876
50	PHYSICAL THERAPY	.482497	56,244	27,138
51	OCCUPATIONAL THERAPY	.594175	37,441	22,247
52	SPEECH PATHOLOGY	5.952965	2,449	14,579
53	ELECTROCARDIOLOGY	.193019	231,938	44,768
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.815594	227,153	185,265
55 30	IMPL. DEV. CHARGED TO PATIENT	.454648		
56	DRUGS CHARGED TO PATIENTS	.356445	1,266,980	451,609
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	13.391970		
61	EMERGENCY	.530024	494,301	261,991
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.661099		
101	TOTAL		5,237,742	1,958,886
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,237,742	

TITLE XVIII, PART A SWING BED SNF PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.837499	3,022	2,531
38	RECOVERY ROOM	.079514	393	31
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.025951	1,125	29
41	RADIOLOGY-DIAGNOSTIC	.353843	6,434	2,277
41 01	CAT SCAN	.038800	14,094	547
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.279402	1,436	401
44	LABORATORY	.209920	21,249	4,461
49	RESPIRATORY THERAPY	.627837	17,451	10,956
50	PHYSICAL THERAPY	.482497	1,255	606
51	OCCUPATIONAL THERAPY	.594175	836	497
52	SPEECH PATHOLOGY	5.952965	55	327
53	ELECTROCARDIOLOGY	.193019	5,177	999
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.815594	5,070	4,135
55 30	IMPL. DEV. CHARGED TO PATIENT	.454648		
56	DRUGS CHARGED TO PATIENTS	.356445	28,280	10,080
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	13.391970		
61	EMERGENCY	.469033	11,033	5,175
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.661099		
101	TOTAL		116,910	43,052
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		116,910	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0102
 COMPONENT NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	2,164,582	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	1,897,173	
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)	2,164,582	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		172,034
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	2,336,616	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,336,616	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	305,704	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,874	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	129,446	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	90,612	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	92,941	
22 SUBTOTAL	2,114,650	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		130,903
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	2,245,553	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,173,068	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	72,485	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	488,649	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14,984		
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		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		14,984		
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	14,970	
7 TOTAL MEDICARE PROGRAM LIABILITY			14	

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
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
15-0102	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-2
15-U102		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,664	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	65	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	1,664	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	1,664	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	1,664	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	1,650	
14 80% OF PART B COSTS		
15 SUBTOTAL	14	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	14	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	14,984	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	-14,970	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	4,080,212			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	8,369,678			
5 OTHER RECEIVABLES	110,096			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,211,967			
7 INVENTORY	682,027			
8 PREPAID EXPENSES	87,119			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	8,117,165			
FIXED ASSETS				
12 LAND	142,789			
12.01 LAND IMPROVEMENTS	4,448			
13.01 LESS ACCUMULATED DEPRECIATION	-477			
14 BUILDINGS	5,988,902			
14.01 LESS ACCUMULATED DEPRECIATION	-573,480			
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	2,943,881			
18.01 LESS ACCUMULATED DEPRECIATION	-949,379			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	7,556,684			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	15,673,849			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	521,544			
29 SALARIES, WAGES & FEES PAYABLE	813,079			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	70,235			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,134,254			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	2,539,112			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	179,035			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	179,035			
43 TOTAL LIABILITIES	2,718,147			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	12,955,702			
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	12,955,702			
52 TOTAL LIABILITIES AND FUND BALANCES	15,673,849			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		8,769,562		
2 NET INCOME (LOSS)		-2,567,785		
3 TOTAL		6,201,777		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET INCREASE IN ASSETS		3,515,088		
6 NET DECREASE IN LIABILITY		671,051		
7 INTERCOMPANY CONTRIBUTION		2,567,786		
8				
9				
10 TOTAL ADDITIONS		6,753,925		
11 SUBTOTAL		12,955,702		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		12,955,702		

	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 INCREASE IN ASSETS				
6 NET DECREASE IN LIABILITY				
7 INTERCOMPANY CONTRIBUTION				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	47,585,868
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	30,266,853
3	NET PATIENT REVENUES	17,319,015
4	LESS: TOTAL OPERATING EXPENSES	20,071,902
5	NET INCOME FROM SERVICE TO PATIENTS	-2,752,887
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	1
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	39,621
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	800
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	135,961
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REV	8,719
24.01		
25	TOTAL OTHER INCOME	185,102
26	TOTAL	-2,567,785
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,567,785

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0102	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0102		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	162,765
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	9,269
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	6.50
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	172,034
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)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0102	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0102		PARTS I-IV

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	7.47
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	