

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		18-0102		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 10:40

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:
 LOURDES HOSPITAL INC, 18-0102
 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	5	
1	HOSPITAL	0	39,191	99,433	0	
2	SUBPROVIDER	0	-132,132	0	0	
2.01	SUBPROVIDER II	0	52,650	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-40,291	99,433	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1530 LONE OAK RD. P. O. BOX: 7100
1.01 CITY: PADUCAH STATE: KY ZIP CODE: 42003- COUNTY: MCCRACKEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	18-0102	2.01	7/ 1/1966	4	5	6
03.00	SUBPROVIDER	18-T102		1/10/1985	N	P	O
03.01	SUBPROVIDER 2	18-S102		10/ 1/1988	N	P	N
06.00	HOSPITAL-BASED SNF	18-5412		6/12/1995	N	P	N
09.00	HOSPITAL-BASED HHA	18-7100		1/ 1/1988	N	P	N
12.00	HOSP-BASED HOSPI CE	18-1507		1/27/1987			
12.01	HOSP-BASED HOSPI CE 2	14-1548		4/15/1992			

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 5
20.01 SUBPROVIDER II 4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 17300
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N
25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR I ME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.
25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)
25.09 0000 0.00
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. N
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

100 0.7813 0.7830
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 2 18 99918

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)
28.03 STAFFING % Y/N 40.45% Y
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		Y			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		N	N		
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N	N	0	

MULTI CAMPUS

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

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

LINE	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

MISCELLANEOUS DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS /		O/P VISITS /		TRIPS	
				TITLE V 3	TITLE XVII 4	NOT LTCH N/A 4.01	TITLE XIX 5		
1 ADULTS & PEDIATRICS	185	67,525			21,497		2,401		
2 HMO					1,571		1,053		
2 01 HMO - (IRF PPS SUBPROVIDER)									
3 ADULTS & PED-SB SNF									
4 ADULTS & PED-SB NF									
5 TOTAL ADULTS AND PEDS	185	67,525			21,497		2,401		
6 INTENSIVE CARE UNIT	14	5,110			2,122				
7 CORONARY CARE UNIT	12	4,380			1,465				
11 NURSERY									
12 TOTAL	211	77,015			25,084		2,401		
13 RPCH VISITS									
14 SUBPROVIDER	28	10,220			5,606		263		
14 01 SUBPROVIDER 2 PSYCH	26	9,490			2,526		1,854		
15 SKILLED NURSING FACILITY	20	7,300			5,217				
18 HOME HEALTH AGENCY					30,029		1,270		
21 HOSPICE									
21 01 HOSPICE 2									
25 TOTAL	285								
26 OBSERVATION BED DAYS									
26 01 OBSERVATION BED DAYS-SUB I									
26 02 OBSERVATION BED DAYS-SUB II									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									
29 LABOR & DELIVERY DAYS									

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS	INTERNS & RES. FTES	
	TITLE XIX 5.01	OBSERVATION BEDS NOT ADMITTED 5.02			TITLE XIX 6.01	TITLE XIX 6.02
1 ADULTS & PEDIATRICS			35,038			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			35,038			
6 INTENSIVE CARE UNIT			3,613			
7 CORONARY CARE UNIT			2,272			
11 NURSERY			580			
12 TOTAL			41,503			
13 RPCH VISITS						
14 SUBPROVIDER			7,496			
14 01 SUBPROVIDER 2 PSYCH			8,100			
15 SKILLED NURSING FACILITY			5,831			
18 HOME HEALTH AGENCY			41,208			
21 HOSPICE						
21 01 HOSPICE 2						
25 TOTAL			2,458			
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVII 13	TITLE XIX 14	TITLE XIX 15
1 ADULTS & PEDIATRICS					5,224	551	9,577
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							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		1,032.52			5,224	551	9,577
13 RPCH VISITS							
14 SUBPROVIDER		27.22			419	17	567
14 01 SUBPROVIDER 2 PSYCH		39.08			348	313	1,332
15 SKILLED NURSING FACILITY		21.29					
18 HOME HEALTH AGENCY		60.96					
21 HOSPICE		44.60					
21 01 HOSPICE 2		3.91					
25 TOTAL		1,229.58					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-3
		PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
26 02 OBSERVATION BED DAYS-SUB II	9	10	11	12	13	14	15
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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	54,566,324		54,566,324	2,557,536.17	21.34	
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	940,567		940,567	44,290.21	21.24	
8.01 EXCLUDED AREA SALARIES	8,014,770		8,014,770	427,013.79	18.77	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	700,568		700,568	15,434.72	45.39	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	158,388		158,388	1,302.89	121.57	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,045,741		2,045,741	21,191.00	96.54	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,656,212		12,656,212			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,697,812		2,697,812			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,010,196		1,010,196	69,816.50	14.47	
22 ADMINISTRATIVE & GENERAL	10,117,681		10,117,681	327,995.73	30.85	
22.01 A & G UNDER CONTRACT	45,948		45,948	2,270.13	20.24	
23 MAINTENANCE & REPAIRS	702,935		702,935	34,956.81	20.11	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	967,660		967,660	26,381.17	36.68	
31 CENTRAL SERVICE AND SUPPLY	597,094		597,094	42,688.60	13.99	
32 PHARMACY	1,935,115		1,935,115	66,607.56	29.05	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,238,569		1,238,569	92,260.79	13.42	
34 SOCIAL SERVICE	566,604		566,604	24,455.05	23.17	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	54,612,272		54,612,272	2,559,806.30	21.33	
2 EXCLUDED AREA SALARIES	8,955,337		8,955,337	471,304.00	19.00	
3 SUBTOTAL SALARIES	45,656,935		45,656,935	2,088,502.30	21.86	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,904,697		2,904,697	37,928.61	76.58	
5 SUBTOTAL WAGE-RELATED COSTS	12,656,212		12,656,212		27.72	
6 TOTAL	61,217,844		61,217,844	2,126,430.91	28.79	
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	17,181,802		17,181,802	687,432.34	24.99	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 18-0102
HHA NO: 18-7100
COUNTY: MCCRACKEN
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,029	245	1,148
2 UNDUPLICATED CENSUS COUNT		1,478.00	90.00	421.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	5,422
2 UNDUPLICATED CENSUS COUNT	1,989.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	10.98		10.98
6 DIRECTING NURSING SERVICE	26.88		26.88
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	12.68		12.68
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.82		2.82
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	1.57		1.57
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.03		1.03
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.61		2.61
17 HOME HEALTH AIDE SUPERVISOR			
18	1.72		1.72

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		99914
20.01		99918

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	11,418	207	434	69
22 SKILLED NURSING VISIT CHARGES	2,889,770	52,578	110,082	17,526
23 PHYSICAL THERAPY VISITS	11,271	125	88	96
24 PHYSICAL THERAPY VISIT CHARGES	1,965,085	21,875	15,380	16,800
25 OCCUPATIONAL THERAPY VISITS	1,951	113	23	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	378,255	22,035	4,475	975
27 SPEECH PATHOLOGY VISITS	922	86	5	11
28 SPEECH PATHOLOGY VISIT CHARGES	178,920	16,770	975	2,145
29 MEDICAL SOCIAL SERVICE VISITS	394	18	1	9
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	76,568	3,510	195	1,755
31 HOME HEALTH AIDE VISITS	2,740	39	4	0
32 HOME HEALTH AIDE VISIT CHARGES	205,298	2,925	300	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	28,696	588	555	190
34 OTHER CHARGES	44,229	86	1,001	1,186
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	5,738,125	119,779	132,408	40,387
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,598	0	209	14
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	9	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	151,732	5,197	6,348	97

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 18-0102
 HHA NO: 18-7100
 COUNTY: MCCRACKEN
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	12,128
22 SKILLED NURSING VISIT CHARGES	0	0	3,069,956
23 PHYSICAL THERAPY VISITS	0	0	11,580
24 PHYSICAL THERAPY VISIT CHARGES	0	0	2,019,140
25 OCCUPATIONAL THERAPY VISITS	0	0	2,092
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	405,740
27 SPEECH PATHOLOGY VISITS	0	0	1,024
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	198,810
29 MEDICAL SOCIAL SERVICE VISITS	0	0	422
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	82,028
31 HOME HEALTH AIDE VISITS	0	0	2,783
32 HOME HEALTH AIDE VISIT CHARGES	0	0	208,523
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	30,029
34 OTHER CHARGES	0	0	46,502
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	6,030,699
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,821
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	9
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	163,374

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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	4.03 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		60				
8	RHB		84				
9	RHA		363				
9.01	RHX		2				
9.02	RHL						
10	RMC		128				
11	RMB		182				
12	RMA		600				
12.01	RMX		992				
12.02	RML		1,857				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		143				
16	SE2		155				
17	SE1						
18	SSC						
19	SSB						
20	SSA		156				
21	CC2		8				
22	CC1		3				
23	CB2		5				
24	CB1		70				
25	CA2		12				
26	CA1		143				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1		14				
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1		14				
41	PB2						
42	PB1		8				
43	PA2						
44	PA1		15				
45	CD1						
45.01	ES3						
45.02	ES2						
45.03	ES1		14				
45.04	HE2		3				
45.05	HE1		3				
45.06	HD2						
45.07	HD1		14				
45.08	HC2						
45.09	HC1		35				
45.10	HB2						
45.11	HB1		13				
45.12	LE2		11				
45.13	LE1		2				
45.14	LD2						
45.15	LD1		17				
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1		41				
45.20	CE2						
45.21	CE1						
45.22	CD2		12				
45.23	CD1		38				
46	TOTAL		5,217				

(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: 18-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.7813
 Wage Index Factor (after 10/01): 0.7830
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 18
 SNF CBSA Code : 99918

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	CD1			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-7

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

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

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.7813
 Wage Index Factor (after 10/01) : 0.7830
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 18
 SNF CBSA Code : 99918

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	18-0102	PERIOD:	FROM 1/1/2010	PREPARED	5/26/2011
HOSPICE NO:	18-1507	TO	12/31/2010	WORKSHEET	S-9

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAL D DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE	6			
2 ROUTINE HOME CARE	28,968	1,683	6,139	517
3 INPATIENT RESPI TE CARE	93	2		
4 GENERAL INPATIENT CARE	547	31		
5 TOTAL HOSPICE DAYS	29,614	1,716	6,139	517

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE	3	9
2 ROUTINE HOME CARE	2,408	33,059
3 INPATIENT RESPI TE CARE		95
4 GENERAL INPATIENT CARE	44	622
5 TOTAL HOSPICE DAYS	2,455	33,785

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	651	38	132	10
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	55.00			
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	45.49	45.16	46.51	51.70
9 UNDUPLICATED CENSUS COUNT	651	38	132	10

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	84	773
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.23	43.71
9 UNDUPLICATED CENSUS COUNT	84	773

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
14-1548		

HOSPICE 2

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	5,193	545	2,750	54
3 INPATIENT RESPIRE CARE	5			
4 GENERAL INPATIENT CARE	96	11		
5 TOTAL HOSPICE DAYS	5,294	556	2,750	54

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	233	5,971
3 INPATIENT RESPIRE CARE		5
4 GENERAL INPATIENT CARE		107
5 TOTAL HOSPICE DAYS	233	6,083

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	117	5	63	1
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	45.25	111.20	43.65	54.00
9 UNDUPLICATED CENSUS COUNT	117	5	63	1

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	8	130
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.13	46.79
9 UNDUPLICATED CENSUS COUNT	8	130

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
	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	8,383,121
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1,354,292
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,737,413
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	8,050,916
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.280100
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,255,062
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	35,195,428

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	9,858,239
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,690,703
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,274,566
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,113,301

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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		4,738,723	4,738,723	3,210,958	7,949,681
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		5,009,329	5,009,329	2,565,898	7,575,227
5	0500 EMPLOYEE BENEFITS	1,010,196	12,305,492	13,315,688	5,422,547	18,738,235
6.01	0610 NONPATIENT TELEPHONES	258,401	432,248	690,649	-50,482	640,167
6.02	0611 DATA PROCESSING	597,388	2,198,283	2,795,671	-891,912	1,903,759
6.03	0612 PURCHASING, RECEIVING		2,272	2,272	-2,272	
6.04	0630 BUSINESS OFFICE	649,129	2,223,928	2,873,057	-84,414	2,788,643
6.05	0613 REGIONAL TEAM	5,297,159	5,194,343	10,491,502	-383,675	10,107,827
6.06	0640 ADMINISTRATION	1,094,973	337,245	1,432,218	-89,355	1,342,863
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	2,220,631	3,230,137	5,450,768	647,059	6,097,827
7	0700 MAINTENANCE & REPAIRS	702,935	5,338,645	6,041,580	2,345,231	8,386,811
9	0900 LAUNDRY & LINEN SERVICE		60,262	60,262	-4,667	55,595
10	1000 HOUSEKEEPING		1,777,332	1,777,332	-419,549	1,357,783
11	1100 DIETARY		845,330	845,330	-11,146	834,184
12	1200 CAFETERIA		2,017,994	2,017,994	-586,553	1,431,441
14	1400 NURSING ADMINISTRATION	967,660	109,430	1,077,090	-76,706	1,000,384
15	1500 CENTRAL SERVICES & SUPPLY	597,094	1,286,188	1,883,282	-923,232	960,050
16	1600 PHARMACY	1,935,115	8,886,148	10,821,263	-8,862,412	1,958,851
17	1700 MEDICAL RECORDS & LIBRARY	1,238,569	492,217	1,730,786	-346,453	1,384,333
18	1800 SOCIAL SERVICE	566,604	472,701	1,039,305	-62,958	976,347
19	1950 CENTRAL TRANSPORTATION		395,507	395,507	-97,993	297,514
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,327,971	1,564,347	8,892,318	-1,105,463	7,786,855
26	2600 INTENSIVE CARE UNIT	1,719,527	462,324	2,181,851	-355,699	1,826,152
27	2700 CORONARY CARE UNIT	994,035	168,184	1,162,219	-140,195	1,022,024
31	3100 SUBPROVIDER	1,102,441	1,517,420	2,619,861	-135,014	2,484,847
31.01	3101 SUBPROVIDER 2 PSYCH	1,603,065	972,486	2,575,551	-236,340	2,339,211
33	3300 NURSERY	1,047,934	226,601	1,274,535	-451,011	823,524
34	3400 SKILLED NURSING FACILITY	940,567	231,200	1,171,767	-134,568	1,037,199
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,614,708	17,689,535	21,304,243	-14,483,015	6,821,228
37.01	3701 REHAB MEDICINE	971,836	41,719	1,013,555	-20,397	993,158
38	3800 RECOVERY ROOM	317,794	100,102	417,896	-46,651	371,245
39	3900 DELIVERY ROOM & LABOR ROOM				286,487	286,487
40	4000 ANESTHESIOLOGY	668,411	528,967	1,197,378	-502,163	695,215
41	4100 RADIOLOGY-DIAGNOSTIC	1,806,806	2,447,705	4,254,511	-2,163,354	2,091,157
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 CT SCAN	390,429	861,906	1,252,335	-710,352	541,983
43	4300 RADIOISOTOPE					
43.01	4301 NUCLEAR MEDICINE	172,976	632,053	805,029	-134,385	670,644
43.02	4302 ULTRASOUND	263,991	223,485	487,476	-193,820	293,656
44	4400 LABORATORY	2,010,667	3,284,279	5,294,946	-218,311	5,076,635
48	4800 INTRAVENOUS THERAPY				357,468	357,468
49	4900 RESPIRATORY THERAPY	817,987	332,247	1,150,234	-247,575	902,659
50	5000 PHYSICAL THERAPY	808,185	122,037	930,222	-92,632	837,590
51	5100 OCCUPATIONAL THERAPY	181,393	14,601	195,994	-14,152	181,842
52	5200 SPEECH PATHOLOGY	140,422	30,050	170,472	-28,041	142,431
53	5300 ELECTROCARDIOLOGY	821,502	413,332	1,234,834	-324,812	910,022
54	5400 ELECTROENCEPHALOGRAPHY	275,754	57,501	333,255	-39,229	294,026
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				15,413,254	15,413,254
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				5,571,917	5,571,917
56	5600 DRUGS CHARGED TO PATIENTS				9,170,510	9,170,510
57	5700 RENAL DIALYSIS		658,051	658,051	-10,788	647,263
58	5800 ASC (NON-DISTINCT PART)					
58.01	5801 CARDIAC CATHETERIZATION	1,001,868	4,615,588	5,617,456	-4,630,683	986,773
59	3950 LIOTHOTRIPTER				613,030	613,030
59.01	3020 DIABETES CENTER		10,103	10,103	-10,103	
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	332,986	572,941	905,927	-201,601	704,326
60.01	6001 PARTIAL HOSP PRG	215,744	183,033	398,777	74,909	473,686
60.02	6002 PAIN MANAGEMENT	637,602	577,693	1,215,295	-511,153	704,142
61	6100 EMERGENCY	1,934,605	683,190	2,617,795	-484,547	2,133,248
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		30,882	30,882	-37	30,845
68	5950 HOMECARE SUPPORT					
71	7100 HOME HEALTH AGENCY	2,915,830	1,912,056	4,827,886	-1,266,486	3,561,400
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,984,363	1,984,363	-1,984,363	
93	9300 HOSPICE	1,827,498	3,260,273	5,087,771	-1,693,311	3,394,460
93.01	9301 HOSPICE 2	152,895	346,243	499,138	-139,813	359,325
95	SUBTOTALS	54,153,283	104,110,251	158,263,534	75,425	158,338,959
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CENTER FOR AGING	29,472	26,687	56,159	-3,032	53,127
100	7950 ADULT DAYCARES					
100.01	7951 MEDICAL BUILDING AND OTHER	252,128	97,673	349,801	-72,393	277,408
100.02	7952 MARCUM AND WALLACE HOSP					
100.05	7955 FOUNDATION	131,441	828,442	959,883		959,883
101	TOTAL	54,566,324	105,063,053	159,629,377	-0-	159,629,377

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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	440,157	8,389,838
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,204	7,576,431
5	0500 EMPLOYEE BENEFITS	-740,663	17,997,572
6.01	0610 NONPATIENT TELEPHONES	-8,318	631,849
6.02	0611 DATA PROCESSING	-13	1,903,746
6.03	0612 PURCHASING, RECEIVING		
6.04	0630 BUSINESS OFFICE	-13	2,788,630
6.05	0613 REGIONAL TEAM	1,697,108	11,804,935
6.06	0640 ADMINITTING		1,342,863
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	-1,407,660	4,690,167
7	0700 MAINTENANCE & REPAIRS	-25,963	8,360,848
9	0900 LAUNDRY & LINEN SERVICE	-55,595	
10	1000 HOUSEKEEPING	-4,904	1,352,879
11	1100 DIETARY		834,184
12	1200 CAFETERIA	-858,666	572,775
14	1400 NURSING ADMINISTRATION	-12	1,000,372
15	1500 CENTRAL SERVICES & SUPPLY	-59	959,991
16	1600 PHARMACY	-174	1,958,677
17	1700 MEDICAL RECORDS & LIBRARY	-32,635	1,351,698
18	1800 SOCIAL SERVICE	-18,114	958,233
19	1950 CENTRAL TRANSPORTATION		297,514
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		7,786,855
26	2600 INTENSIVE CARE UNIT	-15	1,826,137
27	2700 CORONARY CARE UNIT		1,022,024
31	3100 SUBPROVIDER		2,484,847
31.01	3101 SUBPROVIDER 2 PSYCH	-17,153	2,322,058
33	3300 NURSERY		823,524
34	3400 SKILLED NURSING FACILITY		1,037,199
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-1,531,290	5,289,938
37.01	3701 REHAB MEDICINE		993,158
38	3800 RECOVERY ROOM		371,245
39	3900 DELIVERY ROOM & LABOR ROOM		286,487
40	4000 ANESTHESIOLOGY	-681,487	13,728
41	4100 RADIOLOGY-DIAGNOSTIC	-56,115	2,035,042
42	4200 RADIOLOGY-THERAPEUTIC		
42.01	4201 CT SCAN	-1,425	540,558
43	4300 RADIOISOTOPE		
43.01	4301 NUCLEAR MEDICINE		670,644
43.02	4302 ULTRASOUND	-230	293,426
44	4400 LABORATORY	-135,135	4,941,500
48	4800 INTRAVENOUS THERAPY		357,468
49	4900 RESPIRATORY THERAPY		902,659
50	5000 PHYSICAL THERAPY		837,590
51	5100 OCCUPATIONAL THERAPY		181,842
52	5200 SPEECH PATHOLOGY		142,431
53	5300 ELECTROCARDIOLOGY	-4,065	905,957
54	5400 ELECTROENCEPHALOGRAPHY		294,026
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,413,254
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		5,571,917
56	5600 DRUGS CHARGED TO PATIENTS		9,170,510
57	5700 RENAL DIALYSIS		647,263
58	5800 ASC (NON-DISTINCT PART)		
58.01	5801 CARDIAC CATHETERIZATION	-8	986,765
59	3950 LITHOTRIPTER		613,030
59.01	3020 DIABETES CENTER		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-14,309	690,017
60.01	6001 PARTIAL HOSP PRG	-1,666	472,020
60.02	6002 PAIN MANAGEMENT	-917	703,225
61	6100 EMERGENCY		2,133,248
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		30,845
68	5950 HOMECARE SUPPORT		
71	7100 HOME HEALTH AGENCY	-3,599	3,557,801
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-168,740	3,225,720
93.01	9301 HOSPICE 2	-50	359,275
95	SUBTOTALS	-3,630,524	154,708,435
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CENTER FOR AGING		53,127
100	7950 ADULT DAYCARES		
100.01	7951 MEDICAL BUILDING AND OTHER		277,408
100.02	7952 MARCUM AND WALLACE HOSP	13,302,527	13,302,527
100.05	7955 FOUNDATION		959,883
101	TOTAL	9,672,003	169,301,380

COST CENTERS USED IN COST REPORT

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 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	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING	0612	NONPATIENT TELEPHONES
6.04	BUSINESS OFFICE	0630	PURCHASING, RECEIVING AND STORES
6.05	REGIONAL TEAM	0613	NONPATIENT TELEPHONES
6.06	ADMINISTRATION	0640	ADMINISTRATION
6.07	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	REHAB MEDICINE	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	CT SCAN	4201	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE	4300	
43.01	NUCLEAR MEDICINE	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION	5801	ASC (NON-DISTINCT PART)
59	LITHOTRIPTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	DIABETES CENTER	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSP PRG	6001	CLINIC
60.02	PAIN MANAGEMENT	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	HOMECARE SUPPORT	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
93.01	HOSPICE 2	9301	HOSPICE #####
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CENTER FOR AGING	9801	PHYSICIANS' PRIVATE OFFICES
100	ADULT DAYCARES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL BUILDING AND OTHER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARCUM AND WALLACE HOSP	7952	OTHER NONREIMBURSABLE COST CENTERS
100.05	FOUNDATION	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,895,670
2		NEW CAP REL COSTS-MVBLE EQUIP	4		88,693
3 BENEFITS	B	EMPLOYEE BENEFITS	5		5,448,533
4		OTHER ADMINISTRATIVE AND GENERAL	6.07		523,797
5					
6					
7					
8					
9					
10					
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35					

1 BENEFITS	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 HOSPI CE OVERHEAD	C	OTHER ADMINISTRATIVE AND GENERAL	6.07		377,192
16					
17					
18 RENT	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,315,288
19		NEW CAP REL COSTS-MVBLE EQUIP	4		2,477,205
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES	E				
2					
3					
4 MAINTENANCE	F	MAINTENANCE & REPAIRS	7		2,406,334
5		SKILLED NURSING FACILITY	34		24
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 IV	H	INTRAVENOUS THERAPY	48		357,468
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 IV	H				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 LITHOTRIPTER	I	LITHOTRIPTER	59		613,030
25 LABOR & DELIVERY	J	DELIVERY ROOM & LABOR ROOM	39	272,350	14,137
26 PSYCH	K	PARTIAL HOSP PRG	60.01		94,862
36 TOTAL RECLASSIFICATIONS				272,350	45,767,914

(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:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 INTEREST	A	INTEREST EXPENSE	88			1,984,363	11
2							11
3 BENEFITS	B	NONPATIENT TELEPHONES	6.01			18,535	
4		DATA PROCESSING	6.02			46,959	
5		BUSINESS OFFICE	6.04			50,383	
6		REGIONAL TEAM	6.05			318,868	
7		ADMINISTRATIVE	6.06			76,822	
8		MAINTENANCE & REPAIRS	7			51,041	
9		LAUNDRY & LINEN SERVICE	9			3,659	
10		HOUSEKEEPING	10			405,539	
11		CAFETERIA	12			586,553	
12		NURSING ADMINISTRATION	14			72,457	
13		CENTRAL SERVICES & SUPPLY	15			43,100	
14		PHARMACY	16			144,333	
15		MEDICAL RECORDS & LIBRARY	17			90,410	
16		SOCIAL SERVICE	18			41,091	
17		CENTRAL TRANSPORTATION	19			92,668	
18		ADULTS & PEDIATRICS	25			563,127	
19		INTENSIVE CARE UNIT	26			134,205	
20		CORONARY CARE UNIT	27			79,190	
21		SUBPROVIDER	31			78,675	
22		SUBPROVIDER 2 PSYCH	31.01			120,661	
23		NURSERY	33			76,797	
24		SKILLED NURSING FACILITY	34			66,222	
25		OPERATING ROOM	37			263,857	
26		REHAB MEDICINE	37.01			378	
27		RECOVERY ROOM	38			24,556	
28		ANESTHESIOLOGY	40			35,242	
29		RADIOLOGY-DIAGNOSTIC	41			133,102	
30		CT SCAN	42.01			29,442	
31		NUCLEAR MEDICINE	43.01			12,776	
32		ULTRASOUND	43.02			20,181	
33		LABORATORY	44			147,087	
34		RESPIRATORY THERAPY	49			60,177	
35		PHYSICAL THERAPY	50			74,123	
1 BENEFITS	B	OCCUPATIONAL THERAPY	51			13,320	
2		SPEECH PATHOLOGY	52			10,560	
3		ELECTROCARDIOLOGY	53			57,661	
4		ELECTROENCEPHALOGRAPHY	54			24,752	
5		CARDIAC CATHETERIZATION	58.01			73,586	
6		CLINIC	60			24,197	
7		PARTIAL HOSP PRG	60.01			19,817	
8		EMERGENCY	61			144,928	
9		HOME HEALTH AGENCY	71			899,496	
10		HOSPICE	93			607,836	
11		HOSPICE 2	93.01			15,482	
12		CENTER FOR AGING	98.01			2,276	
13		MEDICAL BUILDING AND OTHER	100.01			71,555	
14		PAIN MANAGEMENT	60.02			44,648	
15 HOSPICE OVERHEAD	C	HOSPICE	93			195,610	
16		HOSPICE 2	93.01			1,562	
17		HOME HEALTH AGENCY	71			180,020	
18 RENT	D	EMPLOYEE BENEFITS	5			9,678	10
19		NONPATIENT TELEPHONES	6.01			1,459	10
20		DATA PROCESSING	6.02			5,144	
21		PURCHASING, RECEIVING	6.03			2,272	
22		BUSINESS OFFICE	6.04			33,826	
23		REGIONAL TEAM	6.05			15,642	
24		ADMINISTRATIVE	6.06			11,706	
25		OTHER ADMINISTRATIVE AND GENERAL	6.07			168,983	
26		MAINTENANCE & REPAIRS	7			9,542	
27		DIETARY	11			1,868	
28		NURSING ADMINISTRATION	14			3,654	
29		CENTRAL SERVICES & SUPPLY	15			568,188	
30		PHARMACY	16			330,277	
31		MEDICAL RECORDS & LIBRARY	17			8,219	
32		SOCIAL SERVICE	18			2,667	
33		ADULTS & PEDIATRICS	25			8,920	
34		INTENSIVE CARE UNIT	26			2,001	
35		CORONARY CARE UNIT	27			1,440	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 RENT	D	SUBPROVIDER	31			673	
2		SUBPROVIDER 2 PSYCH	31.01			6,866	
3		NURSERY	33			1,751	
4		SKILLED NURSING FACILITY	34			2,637	
5		OPERATING ROOM	37			62,080	
6		REHAB MEDICINE	37.01			2,908	
7		RECOVERY ROOM	38			2,572	
8		ANESTHESIOLOGY	40			494	
9		RADIOLOGY-DIAGNOSTIC	41			1,103,940	
10		CT SCAN	42.01			466,574	
11		NUCLEAR MEDICINE	43.01			32,764	
12		ULTRASOUND	43.02			117,577	
13		LABORATORY	44			10,704	
14		RESPIRATORY THERAPY	49			37,685	
15		PHYSICAL THERAPY	50			1,637	
16		ELECTROCARDIOLOGY	53			176,478	
17		ELECTROENCEPHALOGRAPHY	54			1,787	
18		CARDIAC CATHETERIZATION	58.01			6,750	
19		DIABETES CENTER	59.01			10,103	
20		CLINIC	60			51,011	
21		PARTIAL HOSP PRG	60.01			60	
22		EMERGENCY	61			4,129	
23		HOME HEALTH AGENCY	71			102,812	
24		HOSPICE	93			337,660	
25		HOSPICE 2	93.01			59,290	
26		PAIN MANAGEMENT	60.02			6,065	
27 MEDICAL SUPPLIES	E	EMPLOYEE BENEFITS	5			2,149	
28		NONPATIENT TELEPHONES	6.01			75	
29		DATA PROCESSING	6.02			3,384	
30		BUSINESS OFFICE	6.04			13	
31		REGIONAL TEAM	6.05			514	
32		ADMINISTRATIVE	6.06			747	
33		OTHER ADMINISTRATIVE AND GENERAL	6.07			38,354	
34		MAINTENANCE & REPAIRS	7			520	
35		HOUSEKEEPING	10			6,692	
1 MEDICAL SUPPLIES	E	DIETARY	11			1,365	
2		NURSING ADMINISTRATION	14			595	
3		CENTRAL SERVICES & SUPPLY	15			310,119	
4		PHARMACY	16			168,553	
5		MEDICAL RECORDS & LIBRARY	17			758	
6		CENTRAL TRANSPORTATION	19			4,348	
7		ADULTS & PEDIATRICS	25			436,735	
8		INTENSIVE CARE UNIT	26			169,311	
9		CORONARY CARE UNIT	27			48,906	
10		SUBPROVIDER	31			50,646	
11		SUBPROVIDER 2 PSYCH	31.01			13,450	
12		NURSERY	33			72,544	
13		SKILLED NURSING FACILITY	34			47,861	
14		OPERATING ROOM	37			13,233,541	
15		REHAB MEDICINE	37.01			17,060	
16		RECOVERY ROOM	38			17,886	
17		ANESTHESIOLOGY	40			239,715	
18		RADIOLOGY-DIAGNOSTIC	41			525,373	
19		CT SCAN	42.01			94,977	
20		NUCLEAR MEDICINE	43.01			11,322	
21		ULTRASOUND	43.02			11,532	
22		LABORATORY	44			44,845	
23		RESPIRATORY THERAPY	49			149,700	
24		PHYSICAL THERAPY	50			16,842	
25		OCCUPATIONAL THERAPY	51			832	
26		SPEECH PATHOLOGY	52			17,481	
27		ELECTROCARDIOLOGY	53			31,532	
28		ELECTROENCEPHALOGRAPHY	54			12,690	
29		RENAL DIALYSIS	57			10,378	
30		CARDIAC CATHETERIZATION	58.01			4,545,220	
31		CLINIC	60			121,331	
32		PARTIAL HOSP PRG	60.01			76	
33		EMERGENCY	61			297,593	
34		AMBULANCE SERVICES	65			37	
35		HOSPICE	93			79,825	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 MEDICAL SUPPLIES	E	HOSPICE 2	93.01		5,161	
2		MEDICAL BUILDING AND OTHER	100.01		96	
3		PAIN MANAGEMENT	60.02		122,487	
4 MAINTENANCE	F	EMPLOYEE BENEFITS	5		308	
5		NONPATIENT TELEPHONES	6.01		30,413	
6		DATA PROCESSING	6.02		836,425	
7		BUSINESS OFFICE	6.04		192	
8		REGIONAL TEAM	6.05		48,651	
9		OTHER ADMINISTRATIVE AND GENERAL	6.07		43,368	
10		LAUNDRY & LINEN SERVICE	9		1,008	
11		HOUSEKEEPING	10		7,318	
12		DIETARY	11		7,913	
13		CENTRAL SERVICES & SUPPLY	15		22	
14		PHARMACY	16		128,308	
15		MEDICAL RECORDS & LIBRARY	17		247,066	
16		SOCIAL SERVICE	18		19,200	
17		CENTRAL TRANSPORTATION	19		977	
18		ADULTS & PEDIATRICS	25		1,868	
19		INTENSIVE CARE UNIT	26		23,707	
20		SUBPROVIDER 2 PSYCH	31.01		218	
21		NURSERY	33		10,898	
22		OPERATING ROOM	37		241,487	
23		REHAB MEDICINE	37.01		51	
24		ANESTHESIOLOGY	40		5,589	
25		RADIOLOGY-DIAGNOSTIC	41		375,296	
26		CT SCAN	42.01		115,374	
27		NUCLEAR MEDICINE	43.01		44,073	
28		ULTRASOUND	43.02		44,177	
29		LABORATORY	44		15,143	
30		RESPIRATORY THERAPY	49		13	
31		ELECTROCARDIOLOGY	53		34,219	
32		CLINIC	60		48	
33		EMERGENCY	61		206	
34		HOME HEALTH AGENCY	71		81,744	
35		HOSPICE	93		39,628	
1 MAINTENANCE	F	CENTER FOR AGING	98.01		756	
2		MEDICAL BUILDING AND OTHER	100.01		694	
3 DRUGS	G	EMPLOYEE BENEFITS	5		13,851	
4		OTHER ADMINISTRATIVE AND GENERAL	6.07		3,092	
5		CENTRAL SERVICES & SUPPLY	15		207	
6		PHARMACY	16		8,000,716	
7		ADULTS & PEDIATRICS	25		16,753	
8		INTENSIVE CARE UNIT	26		674	
9		CORONARY CARE UNIT	27		683	
10		SUBPROVIDER	31		1,634	
11		SUBPROVIDER 2 PSYCH	31.01		193	
12		NURSERY	33		1,247	
13		SKI LLED NURSING FACILITY	34		308	
14		OPERATING ROOM	37		1,430	
15		RECOVERY ROOM	38		593	
16		ANESTHESIOLOGY	40		219,685	
17		RADIOLOGY-DIAGNOSTIC	41		24,588	
18		CT SCAN	42.01		35	
19		NUCLEAR MEDICINE	43.01		31,688	
20		PHYSICAL THERAPY	50		22	
21		ELECTROCARDIOLOGY	53		15,044	
22		RENAL DIALYSIS	57		117	
23		CARDIAC CATHETERIZATION	58.01		1,205	
24		CLINIC	60		5,007	
25		EMERGENCY	61		4,447	
26		HOME HEALTH AGENCY	71		1,840	
27		HOSPICE	93		431,453	
28		HOSPICE 2	93.01		58,318	
29		MEDICAL BUILDING AND OTHER	100.01		48	
30		PAIN MANAGEMENT	60.02		335,632	
31 IV	H	ADMITTING	6.06		80	
32		OTHER ADMINISTRATIVE AND GENERAL	6.07		133	
33		CENTRAL SERVICES & SUPPLY	15		1,596	
34		PHARMACY	16		90,225	
35		ADULTS & PEDIATRICS	25		78,060	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 IV	H		26		25,801	
2			27		9,976	
3			31		3,386	
4			31.01		90	
5			33		1,287	
6			34		17,564	
7			37		67,590	
8			38		1,044	
9			40		1,438	
10			41		1,055	
11			42.01		3,950	
12			43.01		1,762	
13			43.02		353	
14			44		532	
15			50		8	
16			53		9,878	
17			57		293	
18			58.01		3,922	
19			60		7	
20			61		33,244	
21			71		574	
22			93		1,299	
23			60.02		2,321	
24 LITHORTIPER	I		37		613,030	
25 LABOR & DELIVERY	J		33	272,350	14,137	
26 PSYCH	K		31.01		94,862	
36 TOTAL RECLASSIFICATIONS				272,350	45,767,914	

(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:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,895,670
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	88,693
TOTAL RECLASSIFICATIONS FOR CODE A			1,984,363

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,984,363	0
			1,984,363

RECLASS CODE: B
EXPLANATION : BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	5,448,533
2.00	OTHER ADMINISTRATIVE AND GENER	6.07	523,797
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			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
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
42.00			0
43.00			0
44.00			0
45.00			0
46.00			0
47.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			5,972,330

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	18,535	
DATA PROCESSING	6.02	46,959	
BUSINESS OFFICE	6.04	50,383	
REGIONAL TEAM	6.05	318,868	
ADMINISTRATIVE	6.06	76,822	
MAINTENANCE & REPAIRS	7	51,041	
LAUNDRY & LINEN SERVICE	9	3,659	
HOUSEKEEPING	10	405,539	
CAFETERIA	12	586,553	
NURSING ADMINISTRATION	14	72,457	
CENTRAL SERVICES & SUPPLY	15	43,100	
PHARMACY	16	144,333	
MEDICAL RECORDS & LIBRARY	17	90,410	
SOCIAL SERVICE	18	41,091	
CENTRAL TRANSPORTATION	19	92,668	
ADULTS & PEDIATRICS	25	563,127	
INTENSIVE CARE UNIT	26	134,205	
CORONARY CARE UNIT	27	79,190	
SUBPROVIDER	31	78,675	
SUBPROVIDER 2 PSYCH	31.01	120,661	
NURSERY	33	76,797	
SKILLED NURSING FACILITY	34	66,222	
OPERATING ROOM	37	263,857	
REHAB MEDICINE	37.01	378	
RECOVERY ROOM	38	24,556	
ANESTHESIOLOGY	40	35,242	
RADIOLOGY-DIAGNOSTIC	41	133,102	
CT SCAN	42.01	29,442	
NUCLEAR MEDICINE	43.01	12,776	
ULTRASOUND	43.02	20,181	
LABORATORY	44	147,087	
RESPIRATORY THERAPY	49	60,177	
PHYSICAL THERAPY	50	74,123	
OCCUPATIONAL THERAPY	51	13,320	
SPEECH PATHOLOGY	52	10,560	
ELECTROCARDIOLOGY	53	57,661	
ELECTROENCEPHALOGRAPHY	54	24,752	
CARDIAC CATHETERIZATION	58.01	73,586	
CLINIC	60	24,197	
PARTIAL HOSP PRG	60.01	19,817	
EMERGENCY	61	144,928	
HOME HEALTH AGENCY	71	899,496	
HOSPICE	93	607,836	
HOSPICE 2	93.01	15,482	
CENTER FOR AGING	98.01	2,276	
MEDICAL BUILDING AND OTHER	100.01	71,555	
PAIN MANAGEMENT	60.02	44,648	
			5,972,330

RECLASS CODE: C
EXPLANATION : HOSPICE OVERHEAD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	377,192
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			377,192

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOSPICE	93	195,610	
HOSPICE 2	93.01	1,562	
HOME HEALTH AGENCY	71	180,020	
			377,192

RECLASS CODE: D
EXPLANATION : RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,315,288

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	9,678	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : RENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,477,205	NONPATIENT TELEPHONES	6.01	1,459	
3.00			0	DATA PROCESSING	6.02	5,144	
4.00			0	PURCHASING, RECEIVING	6.03	2,272	
5.00			0	BUSINESS OFFICE	6.04	33,826	
6.00			0	REGIONAL TEAM	6.05	15,642	
7.00			0	ADMINITTING	6.06	11,706	
8.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	168,983	
9.00			0	MAINTENANCE & REPAIRS	7	9,542	
10.00			0	DIETARY	11	1,868	
11.00			0	NURSING ADMINISTRATION	14	3,654	
12.00			0	CENTRAL SERVICES & SUPPLY	15	568,188	
13.00			0	PHARMACY	16	330,277	
14.00			0	MEDICAL RECORDS & LIBRARY	17	8,219	
15.00			0	SOCIAL SERVICE	18	2,667	
16.00			0	ADULTS & PEDIATRICS	25	8,920	
17.00			0	INTENSIVE CARE UNIT	26	2,001	
18.00			0	CORONARY CARE UNIT	27	1,440	
19.00			0	SUBPROVIDER	31	673	
20.00			0	SUBPROVIDER 2 PSYCH	31.01	6,866	
21.00			0	NURSERY	33	1,751	
22.00			0	SKILLED NURSING FACILITY	34	2,637	
23.00			0	OPERATING ROOM	37	62,080	
24.00			0	REHAB MEDICINE	37.01	2,908	
25.00			0	RECOVERY ROOM	38	2,572	
26.00			0	ANESTHESIOLOGY	40	494	
27.00			0	RADIOLOGY-DIAGNOSTIC	41	1,103,940	
28.00			0	CT SCAN	42.01	466,574	
29.00			0	NUCLEAR MEDICINE	43.01	32,764	
30.00			0	ULTRASOUND	43.02	117,577	
31.00			0	LABORATORY	44	10,704	
32.00			0	RESPIRATORY THERAPY	49	37,685	
33.00			0	PHYSICAL THERAPY	50	1,637	
34.00			0	ELECTROCARDIOLOGY	53	176,478	
35.00			0	ELECTROENCEPHALOGRAPHY	54	1,787	
36.00			0	CARDIAC CATHETERIZATION	58.01	6,750	
37.00			0	DIABETES CENTER	59.01	10,103	
38.00			0	CLINIC	60	51,011	
39.00			0	PARTIAL HOSP PRG	60.01	60	
40.00			0	EMERGENCY	61	4,129	
41.00			0	HOME HEALTH AGENCY	71	102,812	
42.00			0	HOSPICE	93	337,660	
43.00			0	HOSPICE 2	93.01	59,290	
44.00			0	PAIN MANAGEMENT	60.02	6,065	
TOTAL RECLASSIFICATIONS FOR CODE D			3,792,493				3,792,493

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,413,254	EMPLOYEE BENEFITS	5	2,149	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	5,571,917	NONPATIENT TELEPHONES	6.01	75	
3.00			0	DATA PROCESSING	6.02	3,384	
4.00			0	BUSINESS OFFICE	6.04	13	
5.00			0	REGIONAL TEAM	6.05	514	
6.00			0	ADMINITTING	6.06	747	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	38,354	
8.00			0	MAINTENANCE & REPAIRS	7	520	
9.00			0	HOUSEKEEPING	10	6,692	
10.00			0	DIETARY	11	1,365	
11.00			0	NURSING ADMINISTRATION	14	595	
12.00			0	CENTRAL SERVICES & SUPPLY	15	310,119	
13.00			0	PHARMACY	16	168,553	
14.00			0	MEDICAL RECORDS & LIBRARY	17	758	
15.00			0	CENTRAL TRANSPORTATION	19	4,348	
16.00			0	ADULTS & PEDIATRICS	25	436,735	
17.00			0	INTENSIVE CARE UNIT	26	169,311	
18.00			0	CORONARY CARE UNIT	27	48,906	
19.00			0	SUBPROVIDER	31	50,646	
20.00			0	SUBPROVIDER 2 PSYCH	31.01	13,450	
21.00			0	NURSERY	33	72,544	
22.00			0	SKILLED NURSING FACILITY	34	47,861	
23.00			0	OPERATING ROOM	37	13,233,541	
24.00			0	REHAB MEDICINE	37.01	17,060	

RECLASSIFICATIONS

PROVIDER NO:
180102

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

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
25.00			0	RECOVERY ROOM	38	17,886	
26.00			0	ANESTHESIOLOGY	40	239,715	
27.00			0	RADIOLOGY-DIAGNOSTIC	41	525,373	
28.00			0	CT SCAN	42.01	94,977	
29.00			0	NUCLEAR MEDICINE	43.01	11,322	
30.00			0	ULTRASOUND	43.02	11,532	
31.00			0	LABORATORY	44	44,845	
32.00			0	RESPIRATORY THERAPY	49	149,700	
33.00			0	PHYSICAL THERAPY	50	16,842	
34.00			0	OCCUPATIONAL THERAPY	51	832	
35.00			0	SPEECH PATHOLOGY	52	17,481	
36.00			0	ELECTROCARDIOLOGY	53	31,532	
37.00			0	ELECTROENCEPHALOGRAPHY	54	12,690	
38.00			0	RENAL DIALYSIS	57	10,378	
39.00			0	CARDIAC CATHETERIZATION	58.01	4,545,220	
40.00			0	CLINIC	60	121,331	
41.00			0	PARTIAL HOSP PRG	60.01	76	
42.00			0	EMERGENCY	61	297,593	
43.00			0	AMBULANCE SERVICES	65	37	
44.00			0	HOSPICE	93	79,825	
45.00			0	HOSPICE 2	93.01	5,161	
46.00			0	MEDICAL BUILDING AND OTHER	100.01	96	
47.00			0	PAIN MANAGEMENT	60.02	122,487	
TOTAL RECLASSIFICATIONS FOR CODE E			20,985,171				20,985,171

RECLASS CODE: F
EXPLANATION : MAINTENANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	2,406,334	EMPLOYEE BENEFITS	5	308	
2.00	SKILLED NURSING FACILITY	34	24	NONPATIENT TELEPHONES	6.01	30,413	
3.00			0	DATA PROCESSING	6.02	836,425	
4.00			0	BUSINESS OFFICE	6.04	192	
5.00			0	REGIONAL TEAM	6.05	48,651	
6.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	43,368	
7.00			0	LAUNDRY & LINEN SERVICE	9	1,008	
8.00			0	HOUSEKEEPING	10	7,318	
9.00			0	DIETARY	11	7,913	
10.00			0	CENTRAL SERVICES & SUPPLY	15	22	
11.00			0	PHARMACY	16	128,308	
12.00			0	MEDICAL RECORDS & LIBRARY	17	247,066	
13.00			0	SOCIAL SERVICE	18	19,200	
14.00			0	CENTRAL TRANSPORTATION	19	977	
15.00			0	ADULTS & PEDIATRICS	25	1,868	
16.00			0	INTENSIVE CARE UNIT	26	23,707	
17.00			0	SUBPROVIDER 2 PSYCH	31.01	218	
18.00			0	NURSERY	33	10,898	
19.00			0	OPERATING ROOM	37	241,487	
20.00			0	REHAB MEDICINE	37.01	51	
21.00			0	ANESTHESIOLOGY	40	5,589	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	375,296	
23.00			0	CT SCAN	42.01	115,374	
24.00			0	NUCLEAR MEDICINE	43.01	44,073	
25.00			0	ULTRASOUND	43.02	44,177	
26.00			0	LABORATORY	44	15,143	
27.00			0	RESPIRATORY THERAPY	49	13	
28.00			0	ELECTROCARDIOLOGY	53	34,219	
29.00			0	CLINIC	60	48	
30.00			0	EMERGENCY	61	206	
31.00			0	HOME HEALTH AGENCY	71	81,744	
32.00			0	HOSPICE	93	39,628	
33.00			0	CENTER FOR AGING	98.01	756	
34.00			0	MEDICAL BUILDING AND OTHER	100.01	694	
TOTAL RECLASSIFICATIONS FOR CODE F			2,406,358				2,406,358

RECLASS CODE: G
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	9,170,510	EMPLOYEE BENEFITS	5	13,851	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	3,092	

RECLASSIFICATIONS

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PREPARED 5/26/2011
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NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	CENTRAL SERVICES & SUPPLY	15	207	
4.00			0	PHARMACY	16	8,000,716	
5.00			0	ADULTS & PEDIATRICS	25	16,753	
6.00			0	INTENSIVE CARE UNIT	26	674	
7.00			0	CORONARY CARE UNIT	27	683	
8.00			0	SUBPROVIDER	31	1,634	
9.00			0	SUBPROVIDER 2 PSYCH	31.01	193	
10.00			0	NURSERY	33	1,247	
11.00			0	SKILLED NURSING FACILITY	34	308	
12.00			0	OPERATING ROOM	37	1,430	
13.00			0	RECOVERY ROOM	38	593	
14.00			0	ANESTHESIOLOGY	40	219,685	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	24,588	
16.00			0	CT SCAN	42.01	35	
17.00			0	NUCLEAR MEDICINE	43.01	31,688	
18.00			0	PHYSICAL THERAPY	50	22	
19.00			0	ELECTROCARDIOLOGY	53	15,044	
20.00			0	RENAL DIALYSIS	57	117	
21.00			0	CARDIAC CATHETERIZATION	58.01	1,205	
22.00			0	CLINIC	60	5,007	
23.00			0	EMERGENCY	61	4,447	
24.00			0	HOME HEALTH AGENCY	71	1,840	
25.00			0	HOSPICE	93	431,453	
26.00			0	HOSPICE 2	93.01	58,318	
27.00			0	MEDICAL BUILDING AND OTHER	100.01	48	
28.00			0	PAIN MANAGEMENT	60.02	335,632	
TOTAL RECLASSIFICATIONS FOR CODE G			9,170,510				9,170,510

RECLASS CODE: H
EXPLANATION : IV

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTRAVENOUS THERAPY	48	357,468	ADMINITTING	6.06	80	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	133	
3.00			0	CENTRAL SERVICES & SUPPLY	15	1,596	
4.00			0	PHARMACY	16	90,225	
5.00			0	ADULTS & PEDIATRICS	25	78,060	
6.00			0	INTENSIVE CARE UNIT	26	25,801	
7.00			0	CORONARY CARE UNIT	27	9,976	
8.00			0	SUBPROVIDER	31	3,386	
9.00			0	SUBPROVIDER 2 PSYCH	31.01	90	
10.00			0	NURSERY	33	1,287	
11.00			0	SKILLED NURSING FACILITY	34	17,564	
12.00			0	OPERATING ROOM	37	67,590	
13.00			0	RECOVERY ROOM	38	1,044	
14.00			0	ANESTHESIOLOGY	40	1,438	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	1,055	
16.00			0	CT SCAN	42.01	3,950	
17.00			0	NUCLEAR MEDICINE	43.01	1,762	
18.00			0	ULTRASOUND	43.02	353	
19.00			0	LABORATORY	44	532	
20.00			0	PHYSICAL THERAPY	50	8	
21.00			0	ELECTROCARDIOLOGY	53	9,878	
22.00			0	RENAL DIALYSIS	57	293	
23.00			0	CARDIAC CATHETERIZATION	58.01	3,922	
24.00			0	CLINIC	60	7	
25.00			0	EMERGENCY	61	33,244	
26.00			0	HOME HEALTH AGENCY	71	574	
27.00			0	HOSPICE	93	1,299	
28.00			0	PAIN MANAGEMENT	60.02	2,321	
TOTAL RECLASSIFICATIONS FOR CODE H			357,468				357,468

RECLASS CODE: I
EXPLANATION : LI THORTIPTR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LI THOTRIPTER	59	613,030	OPERATING ROOM	37	613,030	
TOTAL RECLASSIFICATIONS FOR CODE I			613,030				613,030

RECLASS CODE: J
EXPLANATION : LABOR & DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	286,487	NURSERY	33	286,487	
TOTAL RECLASSIFICATIONS FOR CODE J			286,487				286,487

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : PSYCH

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARTIAL HOSP PRG	94,862	SUBPROVIDER 2 PSYCH	31.01	94,862
TOTAL RECLASSIFICATIONS FOR CODE K		94,862			94,862

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 IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	453,242					453,242	
2 LAND IMPROVEMENTS	2,807,619					2,807,619	
3 BUILDINGS & FIXTURE	88,553,472				213,694	88,339,778	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	31,570,336	563,480		563,480		32,133,816	
6 MOVABLE EQUIPMENT	67,360,867	1,599,674		1,599,674		68,960,541	
7 SUBTOTAL	190,745,536	2,163,154		2,163,154	213,694	192,694,996	
8 RECONCILING ITEMS							
9 TOTAL	190,745,536	2,163,154		2,163,154	213,694	192,694,996	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*									
3	NEW CAP REL COSTS-BL	123,734,455		123,734,455	.642126				
4	NEW CAP REL COSTS-MV	68,960,541		68,960,541	.357874				
5	TOTAL	192,694,996		192,694,996	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	4,477,323	1,686,522	1,964,593	261,400			8,389,838
4	NEW CAP REL COSTS-MV	4,990,415	2,477,205	89,897	18,914			7,576,431
5	TOTAL	9,467,738	4,163,727	2,054,490	280,314			15,966,269

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	4,477,323			261,400			4,738,723
4	NEW CAP REL COSTS-MV	4,990,415			18,914			5,009,329
5	TOTAL	9,467,738			280,314			9,748,052

* 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).

PROVIDER NO:
18-0102

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

PREPARED 5/26/2011
WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,179	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-91	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-8,318	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,965,078			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,057,505			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-858,666	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-32,635	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 EMPLOYEE BENEFITS - OTHER REV	B	-673,894	EMPLOYEE BENEFITS	5	
38 OTHER A&G - OTHER REV	B	-1,171,959	OTHER ADMINSTRATIVE AND	6.07	
39 HOUSEKEEPING - OTHER REV	B	-4,904	HOUSEKEEPING	10	
40 RADIOLOGY - OTHER REV	B	-53,923	RADIOLOGY-DIAGNOSTIC	41	
41 LAB - OTHER REV	B	-260	LABORATORY	44	
42 HOSPITCE - OTHER REV	B	-15,589	HOSPICE	93	
43 TELEPHONE SERVICES BENEFITS	A	-2,276	EMPLOYEE BENEFITS	5	
44 SURGERY - CABLE	A	-100	OPERATING ROOM	37	
45 ELECTROCARDIOLOGY - CABLE	A	-265	ELECTROCARDIOLOGY	53	
46 RADIOLOGY - CABLE	A	-989	RADIOLOGY-DIAGNOSTIC	41	
47 ULTRASOUND - CABLE	A	-230	ULTRASOUND	43.02	
48 CLINIC - CABLE	A	-489	CLINIC	60	
49 MAINT - CABLE	A	-24,955	MAINTENANCE & REPAIRS	7	
49.01 ADVERTISING - EMPLOYEE BENEFITS	A	-25,592	EMPLOYEE BENEFITS	5	
49.02 ADVERTISING - REGIONAL TEAM	A	-3,556	REGIONAL TEAM	6.05	
49.03 ADVERTISING - OTHER A&G	A	-816,320	OTHER ADMINSTRATIVE AND	6.07	
49.04 ADVERTISING - PSYCH	A	-17,153	SUBPROVIDER 2 PSYCH	31.01	
49.05 ADVERTISING - SURGERY	A	-2,670	OPERATING ROOM	37	
49.06 ADVERTISING - RADIOLOGY	A	-1,199	RADIOLOGY-DIAGNOSTIC	41	
49.07 ADVERTISING - CLINIC	A	-13,820	CLINIC	60	
49.08 ADVERTISING - OP PSYCH	A	-1,666	PARTIAL HOSP PRG	60.01	
49.09 ADVERTISING - HOME HEALTH	A	-3,585	HOME HEALTH AGENCY	71	
49.10 ADVERTISING - HOSPICE	A	-2,936	HOSPICE	93	
49.11 ADVERTISING - HOSPICE II	A	-50	HOSPICE 2	93.01	
49.12 ALCOHOL - DATA PROCESSING	A	-13	DATA PROCESSING	6.02	
49.13 ALCOHOL - BUS OFFICE	A	-13	BUSINESS OFFICE	6.04	
49.14 ALCOHOL - REGIONAL TEAM	A	-3,721	REGIONAL TEAM	6.05	
49.15 ALCOHOL - OTHER A&G	A	-1,854	OTHER ADMINSTRATIVE AND	6.07	
49.16 ALCOHOL - NURSING ADMIN	A	-12	NURSING ADMINSTRATION	14	
49.17 ALCOHOL - CENTRAL SUPPLY	A	-59	CENTRAL SERVICES & SUPPLY	15	
49.18 ALCOHOL - PHARMACY	A	-174	PHARMACY	16	
49.19 ALCOHOL - ICU	A	-15	INTENSIVE CARE UNIT	26	
49.20 ALCOHOL - RADIOLOGY	A	-4	RADIOLOGY-DIAGNOSTIC	41	
49.21 ALCOHOL - CARDIAC CATH LAB	A	-8	CARDIAC CATHETERIZATION	58.01	
49.22 ALCOHOL - HOME HEALTH	A	-14	HOME HEALTH AGENCY	71	
49.23 CHA DUES	A	-1,474	OTHER ADMINSTRATIVE AND	6.07	
49.24 AHA DUES	A	-14,941	OTHER ADMINSTRATIVE AND	6.07	
49.25 PHYSICIAN RECRUITMENT	A	-659,563	OTHER ADMINSTRATIVE AND	6.07	
49.26 CRNA ADJ	A	-413,421	OTHER ADMINSTRATIVE AND	6.07	
49.27 PROVIDER TAX ADJ	A	1,967,805	OTHER ADMINSTRATIVE AND	6.07	
49.28 OFFSET LOSS ON BOND DEFEASENCE	A	71,102	NEW CAP REL COSTS-BLDG &	3	11
49.29 OFFSET LOSS ON BOND DEFEASENCE	A	1,295	NEW CAP REL COSTS-MVBLE E	4	11
49.30 OFFSET LOSS ON BOND DEFEASENCE	A	525	OTHER ADMINSTRATIVE AND	6.07	
49.31 M&W ADJ	A	13,302,527	MARCUM AND WALLACE HOSP	100.02	
49.32 HOSPITCE I - EXCLUDED SALARIES	A	-112,723	HOSPICE	93	
49.33 HOSPITCE I - EXCLUDED BENEFITS	A	-37,492	HOSPICE	93	
49.34 DEPT 8606 SALARIES	A	-51,894	LAUNDRY & LINEN SERVICE	9	
49.35 DEPT 8606 FICA	A	-3,659	EMPLOYEE BENEFITS	5	
49.36 DEPT 8606 MAINT	A	-1,008	MAINTENANCE & REPAIRS	7	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 18-0102
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 PREPARED 5/26/2011
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	5	
49.37 DEPT 8606 OTHER EXP	A	-3,701	LAUNDRY & LINEN SERVICE	9		
49.38 DEPT 7352 SALARIES	A	-668,411	ANESTHESIOLOGY	40		
49.39 DEPT 7352 FICA	A	-35,242	EMPLOYEE BENEFITS	5		
49.40 DEPT 7352 OTHER EXP	A	-13,076	ANESTHESIOLOGY	40		
49.41 PAIN MGMT OTHER REV	B	-100	PAIN MANAGEMENT	60.02		
49.42 PAIN MGMT CABLE	A	-619	PAIN MANAGEMENT	60.02		
49.43 PAIN MGMT ADVERTISING	A	-198	PAIN MANAGEMENT	60.02		
50 TOTAL (SUM OF LINES 1 THRU 49)		9,672,003				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3	NEW CAP REL COSTS-BLDG &	CHP CORPORATE - DEBT (DIR	2,266,904	1,895,670	371,234	10
2	6 5	REGIONAL TEAM	CHP CORPORATE (FUNCTIONAL	2,448,290	967,844	1,480,446	
3	6 5	REGIONAL TEAM	CHP CORPORATE (POOLED) KY	2,073,138	1,920,441	152,697	
4	6 5	REGIONAL TEAM	REGIONAL TEAM	406,331	335,089	71,242	
4.01	18	SOCIAL SERVICE	SOCIAL SERVICES CARE MGMT		18,114	-18,114	
5		TOTALS		7,194,663	5,137,158	2,057,505	

* 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) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	MERCY HEALTH PARTNERS	100.00		0.00	HEALTHCARE MANAGEMENT
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		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: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 7	OTHER ADMIN & GENERAL	385,726	227,338	158,388	142,500	1,303	89,268	4,463
2 37	OPERATING ROOM	1,528,520	1,528,520					
3 42 1	CT SCAN	1,425	1,425					
4 44	LAB	134,875	134,875					
5 53	ELECTROCARDIOLOGY	3,800	3,800					
6	0							
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	2,054,346	1,895,958	158,388		1,303	89,268	4,463

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 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
			12	13	14	15	16	17	18
1	6	7 OTHER ADMIN & GENERAL					89,268	69,120	296,458
2	37	OPERATING ROOM							1,528,520
3	42	1 CT SCAN							1,425
4	44	LAB							134,875
5	53	ELECTROCARDIOLOGY							3,800
6		0							
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					89,268	69,120	1,965,078

COST ALLOCATION STATISTICS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	NO. OF PHONE	ENTERED
6.02	DATA PROCESSING	5	TIME SPENT	ENTERED
6.03	PURCHASING, RECEIVING	6	REQUISITION 0 0 ON	ENTERED
6.04	BUSINESS OFFICE	7	GROSS CHARGES	ENTERED
6.05	REGIONAL TEAM	-8	ACCUM. COST	NOT ENTERED
6.06	ADMINISTRATIVE	9	GROSS CHARGES	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	LBS. OF LAUND	ENTERED
10	HOUSEKEEPING	13	TIME SPENT	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTES	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME SPENT	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
19	CENTRAL TRANSPORTATION	9	GROSS CHARGES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OST S-BLDG & 3	NEW CAP REL C OST S-MVBLE E 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	8,389,838	8,389,838					
005 NEW CAP REL COSTS-MVBLE E	7,576,431		7,576,431				
006 EMPLOYEE BENEFITS	17,997,572	188,350	397,467	18,583,389			
006 01 NONPATIENT TELEPHONES	631,849	5,554	5,864	89,662	732,929		
006 02 DATA PROCESSING	1,903,746	80,337	755,247	207,287	17,451	2,964,068	
006 03 PURCHASING, RECEIVING		166,037	36,529		10,341	9,037	221,944
006 04 BUSINESS OFFICE	2,788,630		21,653	225,241	14,219	352,435	70
006 05 REGIONAL TEAM	11,804,935	188,174	882,586	1,838,056	41,365	162,662	526
006 06 ADMINISTRATION	1,342,863	90,229	3,339	379,944	16,158	45,184	367
006 07 OTHER ADMINISTRATIVE AND	4,690,167	285,383	30,785	770,535	48,474	78,319	1,329
007 MAINTENANCE & REPAIRS	8,360,848	1,778,802	261,268	243,911	20,036	9,037	4,564
009 LAUNDRY & LINEN SERVICE		35,999			646		37
010 HOUSEKEEPING	1,352,879	44,226	3,134		2,585	6,025	134
011 DIETARY	834,184	162,996	64,398		9,695	51,208	159
012 CAFETERIA	572,775	73,214	7,299		1,293		
014 NURSING ADMINISTRATION	1,000,372	68,348	2,435	335,767	11,634	325,325	184
015 CENTRAL SERVICES & SUPPLY	959,991	177,418	39,340	207,185	646		18,157
016 PHARMACY	1,958,677	93,047	25,210	671,464	5,817	358,459	4,174
017 MEDICAL RECORDS & LIBRARY	1,351,698	133,656	18,517	429,770	19,390	63,258	160
018 SOCIAL SERVICE	958,233	9,172	20,321	196,605	3,232	24,098	14
019 CENTRAL TRANSPORTATION	297,514						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,786,855	883,071	228,937	2,542,727	33,609	126,515	1,005
026 INTENSIVE CARE UNIT	1,826,137	146,589	27,243	596,657	5,171	18,074	335
027 CORONARY CARE UNIT	1,022,024	122,755	42,491	344,919	2,585	15,061	3,827
031 SUBPROVIDER	2,484,847	195,409	12,297	382,535	18,743	15,061	245
031 01 SUBPROVIDER 2 PSYCH	2,322,058	128,389		556,246	20,682	36,147	338
033 NURSERY	823,524	136,057	121,439	269,119	14,865	15,061	654
034 SKILLED NURSING FACILITY	1,037,199	103,947	37,302	326,366	12,280	27,110	104
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,289,938	734,913	1,092,006	1,254,264	37,487	250,018	102,136
037 01 REHAB MEDICINE	993,158	133,015	335	337,216	1,293	9,037	258
038 RECOVERY ROOM	371,245	48,868	1,454	110,271	1,939		33
039 DELIVERY ROOM & LABOR ROO	286,487	44,915		94,502			230
040 ANESTHESIOLOGY	13,728		99,832	231,931	646	6,025	3,632
041 RADIOLOGY-DIAGNOSTIC	2,035,042	169,783	981,518	626,942	16,804	84,343	36,243
042 RADIOLOGY-THERAPEUTIC							
042 01 CT SCAN	540,558	14,118	485,007	135,475	1,939		3,332
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE	670,644	26,315	30,644	60,021	1,939		419
043 02 ULTRASOUND	293,426	19,912	85,025	91,602	1,293	3,012	144
044 LABORATORY	4,941,500	166,101	405,733	697,679	32,962	93,380	12,234
048 INTRAVENOUS THERAPY	357,468	9,604					
049 RESPIRATORY THERAPY	902,659	26,747	33,898	283,832	2,585	12,049	1,225
050 PHYSICAL THERAPY	837,590	42,370	9,141	280,431	646	9,037	178
051 OCCUPATIONAL THERAPY	181,842	6,163		62,941	6,463		9
052 SPEECH PATHOLOGY	142,431	6,579	258	48,725	646		194
053 ELECTROCARDIOLOGY	905,957	83,155	116,251	285,052	14,219	24,098	913
054 ELECTROENCEPHALOGRAPHY	294,026	83,187	66,420	95,684	5,817	9,037	715
055 MEDICAL SUPPLIES CHARGED	15,413,254					6,025	
055 30 IMPL. DEV. CHARGED TO PAT	5,571,917						
056 DRUGS CHARGED TO PATIENTS	9,170,510						
057 RENAL DIALYSIS	647,263	145,901	4,924		2,585	3,012	317
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION	986,765	45,107	625,620	347,637	5,171	9,037	18,348
059 LIOTHOTRIPTER	613,030						
059 01 DIABETES CENTER			1,136		1,293		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	690,017		9,603	115,542	4,524	6,025	986
060 01 PARTIAL HOSP PRG	472,020	21,161	17,355	74,861			
060 02 PAIN MANAGEMENT	703,225		58,968	221,241			1,203
061 EMERGENCY	2,133,248	142,827	169,633	671,287	18,743	30,123	1,539
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
068 AMBULANCE SERVICES	30,845						25
071 HOMECARE SUPPORT							
071 HOME HEALTH AGENCY	3,557,801		138,440	1,011,761	60,754	48,196	300
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	3,225,720		2,139	634,122	27,792	15,061	906
093 01 HOSPICE 2	359,275			53,053		3,012	
095 SUBTOTALS	154,708,435	7,267,900	7,480,441	18,440,068	578,457	2,358,603	221,902
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		29,548					
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CENTER FOR AGING	53,127			10,226	3,878		2
100 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND OTHE	277,408	1,077,824	95,990	87,486	31,670	144,589	40
100 02 MARCUM AND WALLACE HOSP	13,302,527				113,107	454,851	
100 05 FOUNDATION	959,883	14,566		45,609	5,817	6,025	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	169,301,380	8,389,838	7,576,431	18,583,389	732,929	2,964,068	221,944

COST CENTER DESCRIPTION	BUSINESS OFFICE	SUBTOTAL	REGIONAL TEAM	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		
	6. 04	6a. 04	6. 05	6. 06	6a. 06	6. 07	7	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING								
006 04 BUSINESS OFFICE	3,402,248							
006 05 REGIONAL TEAM		14,918,304	14,918,304					
006 06 ADMINISTRATION		1,878,084	181,483	2,059,567				
006 07 OTHER ADMINISTRATIVE AND		5,904,992	570,611		6,475,603	6,475,603		
007 MAINTENANCE & REPAIRS		10,678,466	1,031,882		11,710,348	514,576	12,224,924	
009 LAUNDRY & LINEN SERVICE		36,682	3,545		40,227	1,768	78,489	
010 HOUSEKEEPING		1,408,983	136,153		1,545,136	67,896	96,427	
011 DIETARY		1,122,640	108,483		1,231,123	54,098	355,381	
012 CAFETERIA		654,581	63,253		717,834	31,543	159,630	
014 NURSING ADMINISTRATION		1,744,065	168,532		1,912,597	84,043	149,021	
015 CENTRAL SERVICES & SUPPLY		1,402,737	135,549		1,538,286	67,595	386,825	
016 PHARMACY		3,116,848	301,187		3,418,035	150,195	202,870	
017 MEDICAL RECORDS & LIBRARY		2,016,449	194,853		2,211,302	97,169	291,410	
018 SOCIAL SERVICE		1,211,675	117,087		1,328,762	58,388	19,997	
019 CENTRAL TRANSPORTATION		297,514	28,749		326,263	14,337		
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	178,556	11,781,275	1,138,448	115,792	13,035,515	572,807	1,925,367	
026 INTENSIVE CARE UNIT	33,134	2,653,340	256,398	21,487	2,931,225	128,804	319,609	
027 CORONARY CARE UNIT	21,108	1,574,770	152,173	13,688	1,740,631	76,487	267,644	
031 SUBPROVIDER	35,040	3,144,177	303,828	22,723	3,470,728	152,511	426,052	
031 01 SUBPROVIDER 2 PSYCH	59,905	3,123,765	301,856	38,848	3,464,469	152,236	279,928	
033 NURSERY	11,094	1,391,813	134,494	7,194	1,533,501	67,385	296,645	
034 SKILLED NURSING FACILITY	22,675	1,566,983	151,421	14,705	1,733,109	76,156	226,637	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	311,795	9,072,557	876,699	202,196	10,151,452	446,075	1,602,338	
037 01 REHAB MEDICINE	32,806	1,507,118	145,636	21,275	1,674,029	73,560	290,014	
038 RECOVERY ROOM	16,395	550,205	53,167	10,632	614,004	26,981	106,548	
039 DELIVERY ROOM & LABOR ROO	4,547	430,681	41,618	2,949	475,248	20,883	97,928	
040 ANESTHESIOLOGY	34,265	390,059	37,692	22,220	449,971	19,773		
041 RADIOLOGY-DIAGNOSTIC	238,479	4,189,154	404,806	154,652	4,748,612	208,664	370,178	
042 RADIOLOGY-THERAPEUTIC	2,300	2,300	222	1,492	4,014	176		
042 01 CT SCAN	302,041	1,482,470	143,254	195,871	1,821,595	80,045	30,781	
043 RADIOISOTOPE								
043 01 NUCLEAR MEDICINE	73,810	863,792	83,470	47,865	995,127	43,728	57,375	
043 02 ULTRASOUND	27,841	522,255	50,467	18,055	590,777	25,960	43,415	
044 LABORATORY	316,744	6,666,333	644,181	205,405	7,515,919	330,265	362,151	
048 INTRAVENOUS THERAPY	574	367,646	35,526	372	403,544	17,733	20,940	
049 RESPIRATORY THERAPY	64,089	1,327,084	128,239	41,561	1,496,884	65,776	58,317	
050 PHYSICAL THERAPY	29,677	1,209,070	116,835	19,246	1,345,151	59,109	92,379	
051 OCCUPATIONAL THERAPY	6,361	263,779	25,489	4,125	293,393	12,892	13,436	
052 SPEECH PATHOLOGY	5,591	204,424	19,754	3,626	227,804	10,010	14,344	
053 ELECTROCARDIOLOGY	123,174	1,552,819	150,052	79,877	1,782,748	78,338	181,303	
054 ELECTROENCEPHALOGRAPHY	19,089	573,975	55,464	12,379	641,818	28,203	181,372	
055 MEDICAL SUPPLIES CHARGED	145,394	15,564,673	1,504,005	94,287	17,162,965	754,185		
055 30 IMPL. DEV. CHARGED TO PAT	339,526	5,911,443	571,235	220,188	6,702,866	294,537		
056 DRUGS CHARGED TO PATIENTS	260,385	9,430,895	911,326	168,857	10,511,078	461,878		
057 RENAL DIALYSIS	14,294	818,296	79,074	9,269	906,639	39,840	318,108	
058 ASC (NON-DIAGNOSTIC PART)								
058 01 CARDIAC CATHETERIZATION	194,086	2,231,771	215,660	125,863	2,573,294	113,076	98,347	
059 LI THOTRIPTER		613,030	59,238		672,268	29,541		
059 01 DIABETES CENTER		2,429	235		2,664	117		
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	24,407	851,104	82,244	15,828	949,176	41,709		
060 01 PARTIAL HOSP PRG	9,229	594,626	57,460	5,985	658,071	28,917	46,137	
060 02 PAIN MANAGEMENT	24,902	1,009,539	97,554	16,148	1,123,241	49,357		
061 EMERGENCY	191,792	3,359,192	324,605	124,375	3,808,172	167,339	311,408	
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
068 AMBULANCE SERVICES	321	31,191	3,014	208	34,413	1,512		
071 HOMECARE SUPPORT								
071 HOME HEALTH AGENCY		4,817,252	465,501		5,282,753	232,135		
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE		3,905,740	377,419		4,283,159	188,211		
093 01 HOSPICE 2		415,340	40,135		455,475	20,014		
095 SUBTOTALS	3,175,426	152,360,385	13,281,261	2,059,243	150,723,018	6,338,533	9,778,751	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP		29,548	2,855		32,403	1,424	64,424	
098 PHYSICIANS' PRIVATE OFFIC								
098 01 CENTER FOR AGING	500	67,733	6,545	324	74,602	3,278		
100 ADULT DAYCARES								
100 01 MEDICAL BUILDING AND OTHE		1,715,007	165,725		1,880,732	82,643	2,349,991	
100 02 MARCUM AND WALLACE HOSP	226,322	14,096,807	1,362,203		15,459,010			
100 05 FOUNDATION		1,031,900	99,715		1,131,615	49,725	31,758	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,402,248	169,301,380	14,918,304	2,059,567	169,301,380	6,475,603	12,224,924	

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING								
006 04 BUSINESS OFFICE								
006 05 REGIONAL TEAM								
006 06 ADMINISTRATION								
006 07 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVICE	120,484							
010 HOUSEKEEPING		1,709,459						
011 DIETARY			1,640,602					
012 CAFETERIA				909,007				
014 NURSING ADMINISTRATION	8	11,139		11,551	2,168,359			
015 CENTRAL SERVICES & SUPPLY				18,660		2,011,366		
016 PHARMACY		20,901		28,434			3,823,324	
017 MEDICAL RECORDS & LIBRARY		12,537		39,097		1,245		
018 SOCIAL SERVICE		2,795		10,663		236		
019 CENTRAL TRANSPORTATION								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	53,035	676,404	928,647	158,164	768,861	3,361		
026 INTENSIVE CARE UNIT	6,107	59,928	59,832	28,434	138,222	560		
027 CORONARY CARE UNIT	2,898	43,619	56,264	15,994	77,750	134		
031 SUBPROVIDER	5,515	103,248	192,269	23,991	116,625	248		
031 01 SUBPROVIDER 2 PSYCH	3,004	131,675	217,221	34,654	168,458	2,272		
033 NURSERY	2,650	15,371		16,883	112,305	231		
034 SKILLED NURSING FACILITY	6,595	93,286	177,845	18,660	90,708	403		
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	13,225	149,961		103,074	501,055	2,577		
038 REHAB MEDICINE						328		
038 RECOVERY ROOM	903	16,709		8,886		196		
039 DELIVERY ROOM & LABOR ROO					30,236			
040 ANESTHESIOLOGY				3,554				
041 RADIOLOGY-DIAGNOSTIC	6,505	61,286		47,983		1,808		
042 RADIOLOGY-THERAPEUTIC								
042 01 CT SCAN				7,109		58		
043 RADIOISOTOPE								
043 01 NUCLEAR MEDICINE				5,331		86		
043 02 ULTRASOUND				7,109		256		
044 LABORATORY		39,007		42,651		837		
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY		4,172		17,771		213		
050 PHYSICAL THERAPY	1,524	39,007		13,329		131		
051 OCCUPATIONAL THERAPY				2,666				
052 SPEECH PATHOLOGY				1,777		70		
053 ELECTROCARDIOLOGY	1,376	27,848		20,437		740		
054 ELECTROENCEPHALOGRAPHY	416	27,848		7,109		397		
055 MEDICAL SUPPLIES CHARGED						1,488,640		
055 30 IMPL. DEV. CHARGED TO PAT						498,529		
056 DRUGS CHARGED TO PATIENTS								3,823,324
057 RENAL DIALYSIS	504	8,364	1,078					
058 ASC (NON-DISTINCT PART)								
058 01 CARDIAC CATHETERIZATION	3,378	19,504		25,769		98		
059 LIOTHOTRIPTER								
059 01 DIABETES CENTER								
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	358			7,109		643		
060 01 PARTIAL HOSP PRG				3,554		197		
060 02 PAIN MANAGEMENT	1,103			15,106		1,138		
061 EMERGENCY	11,366	144,850	7,446	33,766	164,139	2,813		
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES								
068 HOMECARE SUPPORT								
071 HOME HEALTH AGENCY				54,203				
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE				39,986				
093 01 HOSPICE 2				3,554				
095 SUBTOTALS	120,470	1,709,459	1,640,602	877,018	2,168,359	2,011,334	3,823,324	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 CENTER FOR AGING				1,777				
100 ADULT DAYCARES								
100 01 MEDICAL BUILDING AND OTHE	14			27,546		32		
100 02 MARCUM AND WALLACE HOSP								
100 05 FOUNDATION				2,666				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	120,484	1,709,459	1,640,602	909,007	2,168,359	2,011,366	3,823,324	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	19	25	26	27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 BUSINESS OFFICE						
006 05 REGIONAL TEAM						
006 06 ADMINISTRATION						
006 07 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	2,652,760					
018 SOCIAL SERVICE		1,420,841				
019 CENTRAL TRANSPORTATION			340,600			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	807,798	1,178,553	19,143	20,127,655		20,127,655
026 INTENSIVE CARE UNIT	71,730	89,417	3,552	3,837,420		3,837,420
027 CORONARY CARE UNIT	52,129	72,186	2,263	2,407,999		2,407,999
031 SUBPROVIDER	123,442		3,757	4,618,386		4,618,386
031 01 SUBPROVIDER 2 PSYCH	157,222		6,422	4,617,561		4,617,561
033 NURSERY	18,350		1,189	2,064,510		2,064,510
034 SKILLED NURSING FACILITY	111,348		2,431	2,537,178		2,537,178
037 OPERATING ROOM	238,127		33,427	13,241,311		13,241,311
037 01 REHAB MEDICINE			3,517	2,041,448		2,041,448
038 RECOVERY ROOM			1,758	775,985		775,985
039 DELIVERY ROOM & LABOR ROO			487	624,782		624,782
040 ANESTHESIOLOGY			3,673	476,971		476,971
041 RADIOLOGY-DIAGNOSTIC	399,520		25,567	5,870,123		5,870,123
042 RADIOLOGY-THERAPEUTIC			247	4,437		4,437
042 01 CT SCAN			32,381	1,971,969		1,971,969
043 RADIOISOTOPE						
043 01 NUCLEAR MEDICINE			7,913	1,109,560		1,109,560
043 02 ULTRASOUND			2,985	670,502		670,502
044 LABORATORY	209,769		33,958	8,534,557		8,534,557
048 INTRAVENOUS THERAPY			62	442,279		442,279
049 RESPIRATORY THERAPY	38,367		6,871	1,688,371		1,688,371
050 PHYSICAL THERAPY			3,182	1,553,812		1,553,812
051 OCCUPATIONAL THERAPY	6,673		682	329,742		329,742
052 SPEECH PATHOLOGY	5,421		599	260,025		260,025
053 ELECTROCARDIOLOGY	90,497		13,205	2,196,492		2,196,492
054 ELECTROENCEPHALOGRAPHY	39,618		2,047	928,828		928,828
055 MEDICAL SUPPLIES CHARGED			15,588	19,421,378		19,421,378
055 30 IMPL. DEV. CHARGED TO PAT			36,512	7,532,444		7,532,444
056 DRUGS CHARGED TO PATIENTS			27,916	14,824,196		14,824,196
057 RENAL DIALYSIS			1,532	1,276,065		1,276,065
058 ASC (NON-DISTINCT PART)						
058 01 CARDIAC CATHETERIZATION	88,411		20,808	2,942,685		2,942,685
059 LIOTHOTRIPTER				701,809		701,809
059 01 DIABETES CENTER				2,781		2,781
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC			2,617	1,001,612		1,001,612
060 01 PARTIAL HOSP PRG			989	737,865		737,865
060 02 PAIN MANAGEMENT			2,670	1,192,615		1,192,615
061 EMERGENCY	129,281	80,685	20,562	4,881,827		4,881,827
062 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES			34	35,959		35,959
068 HOMECARE SUPPORT						
071 HOME HEALTH AGENCY				5,569,091		5,569,091
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE				4,511,356		4,511,356
093 01 HOSPICE 2				479,043		479,043
095 SUBTOTALS	2,587,703	1,420,841	340,546	148,042,629		148,042,629
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				98,251		98,251
098 PHYSICIANS' PRIVATE OFFIC						
098 01 CENTER FOR AGING			54	79,711		79,711
100 ADULT DAYCARES						
100 01 MEDICAL BUILDING AND OTHE				4,340,958		4,340,958
100 02 MARCUM AND WALLACE HOSP				15,459,010		15,459,010
100 05 FOUNDATION	65,057			1,280,821		1,280,821
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	2,652,760	1,420,841	340,600	169,301,380		169,301,380

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	9,678	188,350	397,467	595,495	595,495		
006 01 NONPATIENT TELEPHONES	1,459	5,554	5,864	12,877	2,873	15,750	
006 02 DATA PROCESSING	5,144	80,337	755,247	840,728	6,642	375	847,745
006 03 PURCHASING, RECEIVING	2,272	166,037	36,529	204,838		222	2,585
006 04 BUSINESS OFFICE	33,826		21,653	55,479	7,218	306	100,799
006 05 REGIONAL TEAM	15,642	188,174	882,586	1,086,402	58,899	889	46,523
006 06 ADMINISTRATION	11,706	90,229	3,339	105,274	12,175	347	12,923
006 07 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	2,435,887	285,383	30,785	2,752,055	24,691	1,042	22,400
007 LAUNDRY & LINEN SERVICE	9,542	1,778,802	261,268	2,049,612	7,816	431	2,585
009 HOUSEKEEPING		35,999		35,999		14	
010 DIETARY	1,868	44,226	3,134	47,360		56	1,723
011 CAFETERIA		162,996	64,398	229,262		208	14,646
012 NURSING ADMINISTRATION		73,214	7,299	80,513		28	
014 CENTRAL SERVICES & SUPPLY	3,654	68,348	2,435	74,437	10,759	250	93,045
015 PHARMACY	568,188	177,418	39,340	784,946	6,639	14	
016 MEDICAL RECORDS & LIBRARY	330,277	93,047	25,210	448,534	21,517	125	102,522
017 SOCIAL SERVICE	8,219	133,656	18,517	160,392	13,772	417	18,092
018 CENTRAL TRANSPORTATION	2,667	9,172	20,321	32,160	6,300	69	6,892
019 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,920	883,071	228,937	1,120,928	81,487	722	36,184
026 INTENSIVE CARE UNIT	2,001	146,589	27,243	175,833	19,119	111	5,169
027 CORONARY CARE UNIT	1,440	122,755	42,491	166,686	11,053	56	4,308
031 SUBPROVIDER	673	195,409	12,297	208,379	12,258	403	4,308
031 01 SUBPROVIDER 2 PSYCH	6,866	128,389		135,255	17,824	444	10,338
033 NURSERY	1,751	136,057	121,439	259,247	8,624	319	4,308
034 SKILLED NURSING FACILITY	2,637	103,947	37,302	143,886	10,458	264	7,754
037 OPERATING ROOM	62,080	734,913	1,092,006	1,888,999	40,192	806	71,507
037 01 REHAB MEDICINE	2,908	133,015	335	136,258	10,806	28	2,585
038 RECOVERY ROOM	2,572	48,868	1,454	52,894	3,534	42	
039 DELIVERY ROOM & LABOR ROOM		44,915		44,915	3,028		
040 ANESTHESIOLOGY	494		99,832	100,326	7,432	14	1,723
041 RADIOLOGY-DIAGNOSTIC	1,092,166	169,783	981,518	2,243,467	20,090	361	24,123
042 RADIOLOGY-THERAPEUTIC							
042 01 CT SCAN	135,981	14,118	485,007	635,106	4,341	42	
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE	32,764	26,315	30,644	89,723	1,923	42	
043 02 ULTRASOUND	117,577	19,912	85,025	222,514	2,935	28	862
044 LABORATORY	10,704	166,101	405,733	582,538	22,357	708	26,707
048 INTRAVENOUS THERAPY		9,604		9,604			
049 RESPIRATORY THERAPY	37,685	26,747	33,898	98,330	9,095	56	3,446
050 PHYSICAL THERAPY	1,637	42,370	9,141	53,148	8,986	14	2,585
051 OCCUPATIONAL THERAPY		6,163		6,163	2,017	139	
052 SPEECH PATHOLOGY		6,579	258	6,837	1,561	14	
053 ELECTROCARDIOLOGY	176,478	83,155	116,251	375,884	9,134	306	6,892
054 ELECTROENCEPHALOGRAPHY	1,787	83,187	66,420	151,394	3,066	125	2,585
055 MEDICAL SUPPLIES CHARGED							1,723
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		145,901	4,924	150,825		56	862
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION	6,750	45,107	625,620	677,477	11,140	111	2,585
059 LIOTHOTRIPTER							
059 01 DIABETES CENTER	10,103		1,136	11,239		28	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	51,011		9,603	60,614	3,702	97	1,723
060 02 PARTIAL HOSP PRG	60	21,161	17,355	38,576	2,399		
060 02 PAIN MANAGEMENT	6,065		58,968	65,033	7,089		
061 EMERGENCY	4,129	142,827	169,633	316,589	21,511	403	8,615
062 OBSERVATION BEDS (NON-DIS)							
065 OTHER REIMBURS COST CNTRS							
068 AMBULANCE SERVICES							
071 HOME CARE SUPPORT							
071 HOME HEALTH AGENCY	102,812		138,440	241,252	32,421	1,306	13,784
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	337,660		2,139	339,799	20,320	597	4,308
093 01 HOSPICE 2	59,290			59,290	1,700		862
095 SUBTOTALS	5,717,030	7,267,900	7,480,441	20,465,371	590,903	12,435	674,581
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		29,548		29,548			
098 01 PHYSICIANS' PRIVATE OFFICE							
100 CENTER FOR AGING					328	83	
100 01 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND OTHER		1,077,824	95,990	1,173,814	2,803	681	41,353
100 02 MARCUM AND WALLACE HOSP						2,426	130,088
100 05 FOUNDATION		14,566		14,566	1,461	125	1,723
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,717,030	8,389,838	7,576,431	21,683,299	595,495	15,750	847,745

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PURCHASING, RECEIVING	BUSINESS OFFICE	REGIONAL	TEAM	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6.06	6.07	7	9	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING	207,645							
006 04 BUSINESS OFFICE	65	163,867						
006 05 REGIONAL TEAM	492		1,193,205					
006 06 ADMINITTING	344		14,516	145,579				
006 07 OTHER ADMINISTRATIVE AND	1,243		45,640		2,847,071			
007 MAINTENANCE & REPAIRS	4,270		82,534		226,244	2,373,492		
009 LAUNDRY & LINEN SERVICE	34		284		777	15,239	52,347	
010 HOUSEKEEPING	125		10,890		29,852	18,722		
011 DIETARY	149		8,677		23,785	68,998		
012 CAFETERIA			5,059		13,869	30,992		
014 NURSING ADMINISTRATION	172		13,480		36,951	28,933		4
015 CENTRAL SERVICES & SUPPLY	16,987		10,842		29,720	75,103		
016 PHARMACY	3,905		24,090		66,036	39,388		
017 MEDICAL RECORDS & LIBRARY	150		15,585		42,722	56,578		
018 SOCIAL SERVICE	13		9,365		25,672	3,883		
019 CENTRAL TRANSPORTATION			2,299		6,303			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	940	8,609	91,057	8,196	251,846	373,814	23,043	
026 INTENSIVE CARE UNIT	313	1,597	20,508	1,521	56,631	62,053	2,653	
027 CORONARY CARE UNIT	3,581	1,018	12,171	969	33,629	51,964	1,259	
031 SUBPROVIDER	229	1,689	24,301	1,608	67,054	82,719	2,396	
031 01 SUBPROVIDER 2 PSYCH	316	2,888	24,144	2,750	66,934	54,349	1,305	
033 NURSERY	612	535	10,757	509	29,627	57,594	1,152	
034 SKILLED NURSING FACILITY	97	1,093	12,111	1,041	33,484	44,002	2,865	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	95,556	15,033	70,122	14,312	196,126	311,097	5,746	
037 01 REHAB MEDICINE	242	1,582	11,649	1,506	32,342	56,307		
038 RECOVERY ROOM	31	790	4,253	753	11,863	20,686	392	
039 DELIVERY ROOM & LABOR ROO	215	219	3,329	209	9,182	19,013		
040 ANESTHESIOLOGY	3,398	1,652	3,015	1,573	8,693			
041 RADIOLOGY-DIAGNOSTIC	33,907	11,498	32,378	10,947	91,743	71,871	2,826	
042 RADIOLOGY-THERAPEUTIC		111	18	106	78			
042 01 CT SCAN	3,117	14,562	11,458	13,864	35,193	5,976		
043 RADIOISOTOPE								
043 01 NUCLEAR MEDICINE	392	3,559	6,676	3,388	19,226	11,139		
043 02 ULTRASOUND	135	1,342	4,037	1,278	11,414	8,429		
044 LABORATORY	11,446	15,271	51,524	14,539	145,208	70,312		
048 INTRAVENOUS THERAPY		28	2,842	26	7,796	4,065		
049 RESPIRATORY THERAPY	1,146	3,090	10,257	2,942	28,920	11,322		
050 PHYSICAL THERAPY	166	1,431	9,345	1,362	25,988	17,936		662
051 OCCUPATIONAL THERAPY	9	307	2,039	292	5,668	2,609		
052 SPEECH PATHOLOGY	182	270	1,580	257	4,401	2,785		
053 ELECTROCARDIOLOGY	854	5,939	12,002	5,654	34,443	35,200	598	
054 ELECTROENCEPHALOGRAPHY	669	920	4,436	876	12,400	35,214	181	
055 MEDICAL SUPPLIES CHARGED		7,010	120,275	6,674	331,535			
055 30 IMPL. DEV. CHARGED TO PAT		16,202	45,690	15,381	129,499			
056 DRUGS CHARGED TO PATIENTS		12,554	72,891	11,952	203,074			
057 RENAL DIALYSIS	297	689	6,325	656	17,516	61,761	219	
058 ASC (NON-DISTINCT PART)								
058 01 CARDIAC CATHETERIZATION	17,165	9,358	17,249	8,909	49,716	19,094	1,468	
059 LIOTHOTRIPTER			4,738		12,988			
059 01 DIABETES CENTER			19		51			
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC	923	1,177	6,578	1,120	18,338		155	
060 01 PARTIAL HOSP PRG		445	4,596	424	12,714	8,958		
060 02 PAIN MANAGEMENT	1,125	1,201	7,803	1,143	21,701		479	
061 EMERGENCY	1,440	9,247	25,963	8,804	73,574	60,460	4,938	
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
068 AMBULANCE SERVICES	24	15	241	15	665			
071 HOMECARE SUPPORT								
071 HOME HEALTH AGENCY	281		37,233		102,063			
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	848		30,187		82,751			
093 01 HOSPICE 2			3,210		8,800			
095 SUBTOTALS	207,605	152,931	1,062,268	145,556	2,786,805	1,898,565	52,341	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP			228		626	12,508		
098 01 PHYSICIANS' PRIVATE OFFIC								
100 CENTER FOR AGING	2	24	524	23	1,441			
100 ADULT DAYCARES								
100 01 MEDICAL BUILDING AND OTHE	38		13,255		36,336	456,253	6	
100 02 MARCUM AND WALLACE HOSP		10,912	108,954					
100 05 FOUNDATION			7,976		21,863	6,166		
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	207,645	163,867	1,193,205	145,579	2,847,071	2,373,492	52,347	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 BUSINESS OFFICE							
006 05 REGIONAL TEAM							
006 06 ADMINISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	108,728						
011 DIETARY		345,725					
012 CAFETERIA			130,461				
014 NURSING ADMINISTRATION	708		1,658	260,397			
015 CENTRAL SERVICES & SUPPLY			2,678		926,929		
016 PHARMACY	1,329		4,081		1,331	712,858	
017 MEDICAL RECORDS & LIBRARY	797		5,611		574		314,690
018 SOCIAL SERVICE	178		1,530		109		
019 CENTRAL TRANSPORTATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	43,023	195,694	22,701	92,333	1,549		95,827
026 INTENSIVE CARE UNIT	3,812	12,609	4,081	16,599	258		8,509
027 CORONARY CARE UNIT	2,774	11,857	2,296	9,337	62		6,184
031 SUBPROVIDER	6,567	40,517	3,443	14,005	114		14,644
031 01 SUBPROVIDER 2 PSYCH	8,375	45,775	4,974	20,230	1,047		18,651
033 NURSERY	978		2,423	13,487	107		2,177
034 SKILLED NURSING FACILITY	5,933	37,477	2,678	10,893	186		13,209
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	9,538		14,793	60,171	1,187		28,248
038 REHAB MEDICINE					151		
039 RECOVERY ROOM	1,063		1,275		90		
040 DELIVERY ROOM & LABOR ROO				3,631			
040 ANESTHESIOLOGY			510				
041 RADIOLOGY-DIAGNOSTIC	3,898		6,887		833		47,394
042 RADIOLOGY-THERAPEUTIC							
042 01 CT SCAN			1,020		27		
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE			765		40		
043 02 ULTRASOUND			1,020		118		
044 LABORATORY	2,481		6,121		386		24,884
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	265		2,551		98		4,551
050 PHYSICAL THERAPY	2,481		1,913		60		
051 OCCUPATIONAL THERAPY			383				792
052 SPEECH PATHOLOGY			255		32		643
053 ELECTROCARDIOLOGY	1,771		2,933		341		10,735
054 ELECTROENCEPHALOGRAPHY	1,771		1,020		183		4,700
055 MEDICAL SUPPLIES CHARGED					686,034		
055 30 IMPL. DEV. CHARGED TO PAT					229,745		
056 DRUGS CHARGED TO PATIENTS						712,858	
057 RENAL DIALYSIS	532	227					
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION	1,241		3,698		45		10,488
059 LIOTHOTRIPTER							
059 01 DIABETES CENTER							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC			1,020		296		
060 01 PARTIAL HOSP PRG			510		91		
060 02 PAIN MANAGEMENT			2,168		524		
061 EMERGENCY	9,213	1,569	4,846	19,711	1,296		15,336
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
068 AMBULANCE SERVICES							
071 HOMECARE SUPPORT							
071 HOME HEALTH AGENCY			7,779				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			5,739				
093 01 HOSPICE 2			510				
095 SUBTOTALS	108,728	345,725	125,870	260,397	926,914	712,858	306,972
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CENTER FOR AGING			255				
100 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND OTHE			3,953		15		
100 02 MARCUM AND WALLACE HOSP							
100 05 FOUNDATION			383				7,718
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	108,728	345,725	130,461	260,397	926,929	712,858	314,690

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	CENTRAL TRANSPORTATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	19	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING					
006 04 BUSINESS OFFICE					
006 05 REGIONAL TEAM					
006 06 ADMINISTRATION					
006 07 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	86,171				
019 CENTRAL TRANSPORTATION		8,602			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	71,477	495	2,519,925		2,519,925
026 INTENSIVE CARE UNIT	5,423	92	396,891		396,891
027 CORONARY CARE UNIT	4,378	59	323,641		323,641
031 SUBPROVIDER		97	484,731		484,731
031 01 SUBPROVIDER 2 PSYCH		166	415,765		415,765
033 NURSERY		31	392,487		392,487
034 SKILLED NURSING FACILITY		63	327,494		327,494
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		864	2,824,297		2,824,297
037 01 REHAB MEDICINE		91	253,547		253,547
038 RECOVERY ROOM		45	97,711		97,711
039 DELIVERY ROOM & LABOR ROO		13	83,754		83,754
040 ANESTHESIOLOGY		95	128,431		128,431
041 RADIOLOGY-DIAGNOSTIC		661	2,602,884		2,602,884
042 RADIOLOGY-THERAPEUTIC		6	319		319
042 01 CT SCAN		837	725,543		725,543
043 RADIOISOTOPE					
043 01 NUCLEAR MEDICINE		205	137,078		137,078
043 02 ULTRASOUND		77	254,189		254,189
044 LABORATORY		878	975,360		975,360
048 INTRAVENOUS THERAPY		2	24,363		24,363
049 RESPIRATORY THERAPY		178	176,247		176,247
050 PHYSICAL THERAPY		82	126,159		126,159
051 OCCUPATIONAL THERAPY		18	20,436		20,436
052 SPEECH PATHOLOGY		16	18,833		18,833
053 ELECTROCARDIOLOGY		342	503,028		503,028
054 ELECTROENCEPHALOGRAPHY		53	219,593		219,593
055 MEDICAL SUPPLIES CHARGED		403	1,153,654		1,153,654
055 30 IMPL. DEV. CHARGED TO PAT		736	437,253		437,253
056 DRUGS CHARGED TO PATIENTS		722	1,014,051		1,014,051
057 RENAL DIALYSIS		40	240,005		240,005
058 ASC (NON-DISTINCT PART)					
058 01 CARDIAC CATHETERIZATION		538	830,282		830,282
059 LIOTHOTRIPTER			17,726		17,726
059 01 DIABETES CENTER			11,337		11,337
OUTPAT SERVICE COST CNTRS					
060 CLINIC		68	95,811		95,811
060 01 PARTIAL HOSP PRG		26	68,739		68,739
060 02 PAIN MANAGEMENT		69	108,335		108,335
061 EMERGENCY	4,893	532	588,940		588,940
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES		1	961		961
068 HOMECARE SUPPORT					
071 HOME HEALTH AGENCY			436,119		436,119
SPEC PURPOSE COST CENTERS					
093 HOSPICE			484,549		484,549
093 01 HOSPICE 2			74,372		74,372
095 SUBTOTALS	86,171	8,601	19,594,840		19,594,840
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			42,910		42,910
098 PHYSICIANS' PRIVATE OFFIC					
098 01 CENTER FOR AGING		1	2,681		2,681
100 ADULT DAYCARES					
100 01 MEDICAL BUILDING AND OTHE			1,728,507		1,728,507
100 02 MARCUM AND WALLACE HOSP			252,380		252,380
100 05 FOUNDATION			61,981		61,981
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	86,171	8,602	21,683,299		21,683,299

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2011

18-0102

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	524,147					
005 NEW CAP REL COSTS-MVB		8,514,701				
005 EMPLOYEE BENEFITS	11,767	446,689	53,556,128			
006 01 NONPATIENT TELEPHONES	347	6,590	258,401	1,134		
006 02 DATA PROCESSING	5,019	848,777	597,388	27	984	
006 03 PURCHASING, RECEIVING	10,373	41,053		16	3	20,324,567
006 04 BUSINESS OFFICE		24,334	649,129	22	117	6,389
006 05 REGIONAL TEAM	11,756	991,886	5,297,159	64	54	48,127
006 06 ADMINITTING	5,637	3,753	1,094,973	25	15	33,629
006 07 OTHER ADMINISTRATIVE	17,829	34,597	2,220,631	75	26	121,685
007 MAINTENANCE & REPAIRS	111,129	293,624	702,935	31	3	417,978
009 LAUNDRY & LINEN SERVICE	2,249			1		3,352
010 HOUSEKEEPING	2,763	3,522		4	2	12,247
011 DIETARY	10,183	72,373		15	17	14,561
012 CAFETERIA	4,574	8,203		2		
014 NURSING ADMINISTRATIVE	4,270	2,737	967,660	18	108	16,874
015 CENTRAL SERVICES & SUPPLY	11,084	44,212	597,094	1		1,662,741
016 PHARMACY	5,813	28,332	1,935,115	9	119	382,260
017 MEDICAL RECORDS & LIBRARY	8,350	20,810	1,238,569	30	21	14,655
018 SOCIAL SERVICE	573	22,838	566,604	5	8	1,321
019 CENTRAL TRANSPORTATION						
025 INPATIENT ROUTINE SERVICE CENTER						
025 ADULTS & PEDIATRICS	55,169	257,289	7,327,971	52	42	92,018
026 INTENSIVE CARE UNIT	9,158	30,617	1,719,527	8	6	30,657
027 CORONARY CARE UNIT	7,669	47,753	994,035	4	5	350,482
031 SUBPROVIDER	12,208	13,820	1,102,441	29	5	22,403
031 01 SUBPROVIDER 2 PSYCH	8,021		1,603,065	32	12	30,942
033 NURSERY	8,500	136,478	775,584	23	5	59,864
034 SKILLED NURSING FACILITY	6,494	41,921	940,567	19	9	9,486
037 OPERATING ROOM	45,913	1,227,242	3,614,708	58	83	9,352,996
037 01 REHAB MEDICINE	8,310	377	971,836	2	3	23,655
038 RECOVERY ROOM	3,053	1,634	317,794	3		3,054
039 DELIVERY ROOM & LABOR	2,806		272,350			21,033
040 ANESTHESIOLOGY		112,195	668,411	1	2	332,594
041 RADIOLOGY-DIAGNOSTIC	10,607	1,103,070	1,806,806	26	28	3,318,992
042 RADIOLOGY-THERAPEUTIC						
042 01 CT SCAN	882	545,070	390,429	3		305,152
043 RADIOISOTOPE						
043 01 NUCLEAR MEDICINE	1,644	34,439	172,976	3		38,352
043 02 ULTRASOUND	1,244	95,555	263,991	2	1	13,197
044 LABORATORY	10,377	455,979	2,010,667	51	31	1,120,374
048 INTRAVENOUS THERAPY	600					
049 RESPIRATORY THERAPY	1,671	38,096	817,987	4	4	112,213
050 PHYSICAL THERAPY	2,647	10,273	808,185	1	3	16,257
051 OCCUPATIONAL THERAPY	385		181,393	10		839
052 SPEECH PATHOLOGY	411	290	140,422	1		17,770
053 ELECTROCARDIOLOGY	5,195	130,648	821,502	22	8	83,573
054 ELECTROENCEPHALOGRAPH	5,197	74,645	275,754	9	3	65,449
055 MEDICAL SUPPLIES CHARACTER					2	
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATIENT						
057 RENAL DIALYSIS	9,115	5,534		4	1	29,027
058 ASC (NON-DISTINCT PART)						
058 01 CARDIAC CATHETERIZATION	2,818	703,097	1,001,868	8	3	1,680,253
059 LIOTHOTRIPTER						
059 01 DIABETES CENTER		1,277		2		
060 OUTPAT SERVICE COST CENTER						
060 01 CLINIC		10,792	332,986	7	2	90,314
060 01 PARTIAL HOSP PRG	1,322	19,504	215,744			
060 02 PAIN MANAGEMENT		66,271	637,602			110,163
061 EMERGENCY	8,923	190,640	1,934,605	29	10	140,923
062 OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)						
065 AMBULANCE SERVICES						2,315
068 HOMECARE SUPPORT						
071 HOME HEALTH AGENCY		155,584	2,915,830	94	16	27,506
071 SPEC PURPOSE COST CENTER						
093 HOSPICE		2,404	1,827,498	43	5	82,980
093 01 HOSPICE 2			152,895		1	
095 SUBTOTALS	454,055	8,406,824	53,143,087	895	783	20,320,652
096 NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE	1,846					
098 PHYSICIANS' PRIVATE OFFICE						
098 01 CENTER FOR AGING			29,472	6		218
100 ADULT DAYCARES						
100 01 MEDICAL BUILDING AND	67,336	107,877	252,128	49	48	3,697
100 02 MARCUM AND WALLACE HO				175	151	
100 05 FOUNDATION	910		131,441	9	2	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	EMPLOYEE BENEFITS (GROSS SALARIES	NONPATIENT TELEPHONES (NO. OF PHONE	DATA PROCESSING (TIME SPENT	PURCHASING, RECEIVING (REQUISITION
	3	4	5	6.01	6.02	6.03
103 NONREIMBURS COST CENT COST TO BE ALLOCATED (WRKSHT B, PART I)	8,389,838	7,576,431	18,583,389	732,929	2,964,068	221,944
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.006651	.889806	.346989	646.321869	3,012.264228	.010920
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			595,495	15,750	847,745	207,645
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.011119	13.888889	861.529472	.010216

COST ALLOCATION - STATISTICAL BASIS

18-0102

FROM 1/1/2010

WORKSHEET B-1

TO 12/31/2010

	COST CENTER DESCRIPTION	BUSINESS OFFICE	REGIONAL TEAM ADMITTING			OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		
			(GROSS ARGES)	CH RECONCILIATION	(ACCUM. COST	(GROSS)CHARGES	RECONCILIATION	(ACCUM. COST
		6.04	6a.05	6.05	6.06	6a.07	6.07	7
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 BUSINESS OFFICE	524,056,369						
006	05 REGIONAL TEAM		-14,918,304	154,383,076				
006	06 ADMITTING			1,878,084	489,194,663			
006	07 OTHER ADMINISTRATIVE			5,904,992		-6,475,603	147,366,767	
007	MAINTENANCE & REPAIRS			10,678,466			11,710,348	350,290
009	LAUNDRY & LINEN SERV			36,682			40,227	2,249
010	HOUSEKEEPING			1,408,983			1,545,136	2,763
011	DIETARY			1,122,640			1,231,123	10,183
012	CAFETERIA			654,581			717,834	4,574
014	NURSING ADMINISTRATIO			1,744,065			1,912,597	4,270
015	CENTRAL SERVICES & SU			1,402,737			1,538,286	11,084
016	PHARMACY			3,116,848			3,418,035	5,813
017	MEDICAL RECORDS & LIB			2,016,449			2,211,302	8,350
018	SOCIAL SERVICE			1,211,675			1,328,762	573
019	CENTRAL TRANSPORTATIO			297,514			326,263	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	27,503,929		11,781,275	27,503,929		13,035,515	55,169
026	INTENSIVE CARE UNIT	5,103,761		2,653,340	5,103,761		2,931,225	9,158
027	CORONARY CARE UNIT	3,251,357		1,574,770	3,251,357		1,740,631	7,669
031	SUBPROVIDER	5,397,450		3,144,177	5,397,450		3,470,728	12,208
031	01 SUBPROVIDER 2 PSYCH	9,227,461		3,123,765	9,227,461		3,464,469	8,021
033	NURSERY	1,708,880		1,391,813	1,708,880		1,533,501	8,500
034	SKILLED NURSING FACIL	3,492,768		1,566,983	3,492,768		1,733,109	6,494
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	48,027,552		9,072,557	48,027,552		10,151,452	45,913
037	01 REHAB MEDICINE	5,053,328		1,507,118	5,053,328		1,674,029	8,310
038	RECOVERY ROOM	2,525,382		550,205	2,525,382		614,004	3,053
039	DELIVERY ROOM & LABOR	700,399		430,681	700,399		475,248	2,806
040	ANESTHESIOLOGY	5,278,005		390,059	5,278,005		449,971	
041	RADIOLOGY-DIAGNOSTIC	36,734,360		4,189,154	36,734,360		4,748,612	10,607
042	RADIOLOGY-THERAPEUTIC	354,337		2,300	354,337		4,014	
042	01 CT SCAN	46,525,136		1,482,470	46,525,136		1,821,595	882
043	RADIOISOTOPE							
043	01 NUCLEAR MEDICINE	11,369,337		863,792	11,369,337		995,127	1,644
043	02 ULTRASOUND	4,288,570		522,255	4,288,570		590,777	1,244
044	LABORATORY	48,789,863		6,666,333	48,789,863		7,515,919	10,377
048	INTRAVENOUS THERAPY	88,373		367,646	88,373		403,544	600
049	RESPIRATORY THERAPY	9,872,025		1,327,084	9,872,025		1,496,884	1,671
050	PHYSICAL THERAPY	4,571,392		1,209,070	4,571,392		1,345,151	2,647
051	OCCUPATIONAL THERAPY	979,767		263,779	979,767		293,393	385
052	SPEECH PATHOLOGY	861,237		204,424	861,237		227,804	411
053	ELECTROCARDIOLOGY	18,973,204		1,552,819	18,973,204		1,782,748	5,195
054	ELECTROENCEPHALOGRAPH	2,940,439		573,975	2,940,439		641,818	5,197
055	MEDICAL SUPPLIES CHAR	22,395,855		15,564,673	22,395,855		17,162,965	
055	30 IMPL. DEV. CHARGED TO	52,287,530		5,911,443	52,287,530		6,702,866	
056	DRUGS CHARGED TO PATI	40,108,634		9,430,895	40,108,634		10,511,078	
057	RENAL DIALYSIS	2,201,764		818,296	2,201,764		906,639	9,115
058	ASC (NON-DISTINCT PAR							
058	01 CARDIAC CATHETERIZATI	29,896,246		2,231,771	29,896,246		2,573,294	2,818
059	LITHOTRIPTER			613,030			672,268	
059	01 DIABETES CENTER	30		2,429	30		2,664	
	OUTPAT SERVICE COST C							
060	CLINIC	3,759,625		851,104	3,759,625		949,176	
060	01 PARTIAL HOSP PRG	1,421,657		594,626	1,421,657		658,071	1,322
060	02 PAIN MANAGEMENT	3,835,721		1,009,539	3,835,721		1,123,241	
061	EMERGENCY	29,542,801		3,359,192	29,542,801		3,808,172	8,923
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	49,418		31,191	49,418		34,413	
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY			4,817,252			5,282,753	
	SPEC PURPOSE COST CEN							
093	HOSPICE			3,905,740			4,283,159	
093	01 HOSPICE 2			415,340			455,475	
095	SUBTOTALS	489,117,593	-14,918,304	137,442,081	489,117,593	-6,475,603	144,247,415	280,198
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			29,548			32,403	1,846
098	PHYSICIANS' PRIVATE O							
098	01 CENTER FOR AGING	77,070		67,733	77,070		74,602	
100	ADULT DAYCARES							
100	01 MEDICAL BUILDING AND			1,715,007			1,880,732	67,336
100	02 MARCUM AND WALLACE HO	34,861,706		14,096,807		-15,459,010		
100	05 FOUNDATION			1,031,900			1,131,615	910
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	BUSINESS OFFICE		REGIONAL TEAM ADMINISTRATION			OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
		(GROSS ARGES	CH RECONCILIATION	(ACCUM. COST	(GROSS)CHARGES	RECONCILIATION	(ACCUM. COST	(SQUARE)FEET
		6.04	6a.05	6.05	6.06	6a.07	6.07	7
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (WRKSHT B, PART I)	3,402,248		14,918,304	2,059,567		6,475,603	12,224,924
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006492		.096632	.004210		.043942	34.899438
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	163,867		1,193,205	145,579		2,847,071	2,373,492
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000313		.007729	.000298		.019320	6.775791

COST ALLOCATION - STATISTICAL BASIS

18-0102

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(LBS. OF LAUND)	(TIME SPENT)	(MEALS SERVED)	(FTES)	(DIRECT NRSNG HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 BUSINESS OFFICE							
006 05 REGIONAL TEAM							
006 06 ADMINITTING							
006 07 OTHER ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE	1,247,861						
010 HOUSEKEEPING		85,632					
011 DIETARY			185,743				
012 CAFETERIA				1,023			
014 NURSING ADMINISTRATION	86	558		13	502		
015 CENTRAL SERVICES & SUPPLY				21		20,825,241	
016 PHARMACY		1,047		32		29,913	100
017 MEDICAL RECORDS & LIBRARY		628		44		12,891	
018 SOCIAL SERVICE		140		12		2,447	
019 CENTRAL TRANSPORTATION							
025 ADULTS & PEDIATRICS	549,292	33,883	105,138	178	178	34,800	
026 INTENSIVE CARE UNIT	63,251	3,002	6,774	32	32	5,803	
027 CORONARY CARE UNIT	30,014	2,185	6,370	18	18	1,385	
031 SUBPROVIDER	57,118	5,172	21,768	27	27	2,565	
031 01 SUBPROVIDER 2 PSYCH	31,112	6,596	24,593	39	39	23,519	
033 NURSERY	27,450	770		19	26	2,396	
034 SKILLED NURSING FACILITY	68,308	4,673	20,135	21	21	4,173	
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM	136,973	7,512		116	116	26,677	
038 REHAB MEDICINE						3,397	
038 RECOVERY ROOM	9,351	837		10		2,026	
039 DELIVERY ROOM & LABOR					7		
040 ANESTHESIOLOGY				4			
041 RADIOLOGY-DIAGNOSTIC	67,372	3,070		54		18,720	
042 RADIOLOGY-THERAPEUTIC							
042 01 CT SCAN				8		603	
043 RADIOISOTOPE							
043 01 NUCLEAR MEDICINE				6		893	
043 02 ULTRASOUND				8		2,651	
044 LABORATORY		1,954		48		8,668	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		209		20		2,201	
050 PHYSICAL THERAPY	15,781	1,954		15		1,355	
051 OCCUPATIONAL THERAPY				3			
052 SPEECH PATHOLOGY				2		720	
053 ELECTROCARDIOLOGY	14,251	1,395		23		7,657	
054 ELECTROENCEPHALOGRAPH	4,304	1,395		8		4,106	
055 MEDICAL SUPPLIES CHAR						15,413,064	
055 30 IMPL. DEV. CHARGED TO						5,161,660	
056 DRUGS CHARGED TO PATIENT							100
057 RENAL DIALYSIS	5,218	419	122				
058 ASC (NON-DISTINCT PART)							
058 01 CARDIAC CATHETERIZATION	34,986	977		29		1,017	
059 LI THOTRIPTER							
059 01 DIABETES CENTER							
060 OUTPAT SERVICE COST CENTER							
060 01 CLINIC	3,706			8		6,657	
060 01 PARTIAL HOSP PRG				4		2,042	
060 02 PAIN MANAGEMENT	11,428			17		11,780	
061 EMERGENCY	117,720	7,256	843	38	38	29,122	
062 OBSERVATION BEDS (NON)							
065 OTHER REIMBURS COST CENTER							
068 AMBULANCE SERVICES							
071 HOMECARE SUPPORT							
071 HOME HEALTH AGENCY				61			
093 SPEC PURPOSE COST CENTER							
093 HOSPICE				45			
093 01 HOSPICE 2				4			
095 SUBTOTALS	1,247,721	85,632	185,743	987	502	20,824,908	100
096 NONREIMBURS COST CENTER							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE							
100 01 CENTER FOR AGING				2			
100 ADULT DAYCARES							
100 01 MEDICAL BUILDING AND	140			31		333	
100 02 MARCUM AND WALLACE HOME							
100 05 FOUNDATION				3			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
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 PREPARED 5/26/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(LBS. OF LAUND)	(TIME SPENT)	(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
		9	10	11	12	14	15	16
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (WRKSHT B, PART I)	120,484	1,709,459	1,640,602	909,007	2,168,359	2,011,366	3,823,324
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.096552	19.962853	8.832645	888.569892	4,319.440239	.096583	38,233.240000
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	52,347	108,728	345,725	130,461	260,397	926,929	712,858
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.041949	1.269712	1.861308	127.527859	518.719124	.044510	7,128.580000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2011

18-0102

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	17	18	19
GENERAL SERVICE COST			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 BUSINESS OFFICE			
006 05 REGIONAL TEAM			
006 06 ADMINITTING			
006 07 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY	6,361		
018 SOCIAL SERVICE		24,407	
019 CENTRAL TRANSPORTATION			489,194,663
INPAT ROUTINE SRVC CNTR			
025 ADULTS & PEDIATRICS	1,937	20,245	27,503,929
026 INTENSIVE CARE UNIT	172	1,536	5,103,761
027 CORONARY CARE UNIT	125	1,240	3,251,357
031 SUBPROVIDER	296		5,397,450
031 01 SUBPROVIDER 2 PSYCH	377		9,227,461
033 NURSERY	44		1,708,880
034 SKILLED NURSING FACILITY	267		3,492,768
ANCILLARY SRVC COST CTR			
037 OPERATING ROOM	571		48,027,552
037 01 REHAB MEDICINE			5,053,328
038 RECOVERY ROOM			2,525,382
039 DELIVERY ROOM & LABOR			700,399
040 ANESTHESIOLOGY			5,278,005
041 RADIOLOGY-DIAGNOSTIC	958		36,734,360
042 RADIOLOGY-THERAPEUTIC			354,337
042 01 CT SCAN			46,525,136
043 RADIOISOTOPE			
043 01 NUCLEAR MEDICINE			11,369,337
043 02 ULTRASOUND			4,288,570
044 LABORATORY	503		48,789,863
048 INTRAVENOUS THERAPY			88,373
049 RESPIRATORY THERAPY	92		9,872,025
050 PHYSICAL THERAPY			4,571,392
051 OCCUPATIONAL THERAPY	16		979,767
052 SPEECH PATHOLOGY	13		861,237
053 ELECTROCARDIOLOGY	217		18,973,204
054 ELECTROENCEPHALOGRAPH	95		2,940,439
055 MEDICAL SUPPLIES CHARGED TO			22,395,855
055 30 IMPL. DEV. CHARGED TO			52,287,530
056 DRUGS CHARGED TO PATIENTS			40,108,634
057 RENAL DIALYSIS			2,201,764
058 ASC (NON-DISTINCT PAR)			
058 01 CARDIAC CATHETERIZATION	212		29,896,246
059 LI THOTRIPTER			
059 01 DIABETES CENTER			30
OUTPAT SERVICE COST CENTER			
060 CLINIC			3,759,625
060 01 PARTIAL HOSP PRG			1,421,657
060 02 PAIN MANAGEMENT			3,835,721
061 EMERGENCY	310	1,386	29,542,801
062 OBSERVATION BEDS (NON)			
OTHER REIMBURS COST CENTER			
065 AMBULANCE SERVICES			49,418
068 HOMECARE SUPPORT			
071 HOME HEALTH AGENCY			
SPEC PURPOSE COST CENTER			
093 HOSPICE			
093 01 HOSPICE 2			
095 SUBTOTALS	6,205	24,407	489,117,593
NONREIMBURS COST CENTER			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE			
098 01 CENTER FOR AGING			77,070
100 ADULT DAYCARES			
100 01 MEDICAL BUILDING AND			
100 02 MARCUM AND WALLACE HO			
100 05 FOUNDATION	156		
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
		(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
		17	18	19
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (PER WRKSHT B, PART I)	2,652,760	1,420,841	340,600
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	417.035057	58.214488	.000696
105	COST TO BE ALLOCATED (PER WRKSHT B, PART I)			
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)			
107	COST TO BE ALLOCATED (PER WRKSHT B, PART II)	314,690	86,171	8,602
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	49.471781	3.530585	.000018

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,127,655		20,127,655		20,127,655
26	INTENSIVE CARE UNIT	3,837,420		3,837,420		3,837,420
27	CORONARY CARE UNIT	2,407,999		2,407,999		2,407,999
31	SUBPROVIDER	4,618,386		4,618,386		4,618,386
31	01 SUBPROVIDER 2 PSYCH	4,617,561		4,617,561		4,617,561
33	NURSERY	2,064,510		2,064,510		2,064,510
34	SKILLED NURSING FACILITY	2,537,178		2,537,178		2,537,178
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,241,311		13,241,311		13,241,311
37	01 REHAB MEDICINE	2,041,448		2,041,448		2,041,448
38	RECOVERY ROOM	775,985		775,985		775,985
39	DELIVERY ROOM & LABOR ROOM	624,782		624,782		624,782
40	ANESTHESIOLOGY	476,971		476,971		476,971
41	RADIOLOGY-DIAGNOSTIC	5,870,123		5,870,123		5,870,123
42	RADIOLOGY-THERAPEUTIC	4,437		4,437		4,437
42	01 CT SCAN	1,971,969		1,971,969		1,971,969
43	RADIOISOTOPE					
43	01 NUCLEAR MEDICINE	1,109,560		1,109,560		1,109,560
43	02 ULTRASOUND	670,502		670,502		670,502
44	LABORATORY	8,534,557		8,534,557		8,534,557
48	INTRAVENOUS THERAPY	442,279		442,279		442,279
49	RESPIRATORY THERAPY	1,688,371		1,688,371		1,688,371
50	PHYSICAL THERAPY	1,553,812		1,553,812		1,553,812
51	OCCUPATIONAL THERAPY	329,742		329,742		329,742
52	SPEECH PATHOLOGY	260,025		260,025		260,025
53	ELECTROCARDIOLOGY	2,196,492		2,196,492		2,196,492
54	ELECTROENCEPHALOGRAPHY	928,828		928,828		928,828
55	MEDICAL SUPPLIES CHARGED	19,421,378		19,421,378		19,421,378
55	30 IMPL. DEV. CHARGED TO PAT	7,532,444		7,532,444		7,532,444
56	DRUGS CHARGED TO PATIENTS	14,824,196		14,824,196		14,824,196
57	RENAL DIALYSIS	1,276,065		1,276,065		1,276,065
58	ASC (NON-DIAGNOSTIC PART)					
58	01 CARDIAC CATHETERIZATION	2,942,685		2,942,685		2,942,685
59	LITHOTRIPTER	701,809		701,809		701,809
59	01 DIABETES CENTER	2,781		2,781		2,781
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,001,612		1,001,612		1,001,612
60	01 PARTIAL HOSP PRG	737,865		737,865		737,865
60	02 PAIN MANAGEMENT	1,192,615		1,192,615		1,192,615
61	EMERGENCY	4,881,827		4,881,827		4,881,827
62	OBSERVATION BEDS (NON-DIS)	1,319,430		1,319,430		1,319,430
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	35,959		35,959		35,959
68	HOMECARE SUPPORT					
101	SUBTOTAL	138,802,569		138,802,569		138,802,569
102	LESS OBSERVATION BEDS	1,319,430		1,319,430		1,319,430
103	TOTAL	137,483,139		137,483,139		137,483,139

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	27,503,929		27,503,929			
26	INTENSIVE CARE UNIT	5,103,761		5,103,761			
27	CORONARY CARE UNIT	3,251,357		3,251,357			
31	SUBPROVIDER	5,397,450		5,397,450			
31 01	SUBPROVIDER 2 PSYCH	9,227,461		9,227,461			
33	NURSERY	1,708,880		1,708,880			
34	SKILLED NURSING FACILITY	3,492,768		3,492,768			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,304,615	24,722,937	48,027,552	.275702	.275702	.275702
37 01	REHAB MEDICINE	4,950,938	102,390	5,053,328	.403981	.403981	.403981
38	RECOVERY ROOM	1,062,690	1,462,692	2,525,382	.307274	.307274	.307274
39	DELIVERY ROOM & LABOR ROO	436,127	264,272	700,399	.892037	.892037	.892037
40	ANESTHESIOLOGY	2,562,294	2,679,321	5,241,615	.090997	.090997	.090997
41	RADIOLOGY-DIAGNOSTIC	9,455,411	27,225,026	36,680,437	.160034	.160034	.160034
42	RADIOLOGY-THERAPEUTIC	126,460	227,877	354,337	.012522	.012522	.012522
42 01	CT SCAN	11,605,608	34,919,528	46,525,136	.042385	.042385	.042385
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	1,796,615	9,572,722	11,369,337	.097592	.097592	.097592
43 02	ULTRASOUND	716,663	3,571,907	4,288,570	.156346	.156346	.156346
44	LABORATORY	29,747,415	19,042,448	48,789,863	.174925	.174925	.174925
48	INTRAVENOUS THERAPY	6,591	81,782	88,373	5.004685	5.004685	5.004685
49	RESPIRATORY THERAPY	8,947,844	924,181	9,872,025	.171026	.171026	.171026
50	PHYSICAL THERAPY	3,984,555	586,837	4,571,392	.339899	.339899	.339899
51	OCCUPATIONAL THERAPY	918,064	61,703	979,767	.336551	.336551	.336551
52	SPEECH PATHOLOGY	437,198	424,039	861,237	.301920	.301920	.301920
53	ELECTROCARDIOLOGY	6,209,494	12,763,710	18,973,204	.115768	.115768	.115768
54	ELECTROENCEPHALOGRAPHY	458,965	2,481,474	2,940,439	.315881	.315881	.315881
55	MEDICAL SUPPLIES CHARGED	14,515,730	7,880,122	22,395,852	.867186	.867186	.867186
55 30	IMPL. DEV. CHARGED TO PAT	39,157,736	13,129,794	52,287,530	.144058	.144058	.144058
56	DRUGS CHARGED TO PATIENTS	26,935,896	13,172,738	40,108,634	.369601	.369601	.369601
57	RENAL DIALYSIS	1,892,942	308,822	2,201,764	.579565	.579565	.579565
58	ASC (NON-DIAGNOSTIC PART)						
58 01	CARDIAC CATHETERIZATION	16,247,864	13,648,382	29,896,246	.098430	.098430	.098430
59	LITHOTRIPTER						
59 01	DIABETES CENTER	30		30	92.700000	92.700000	92.700000
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	263,915	3,495,713	3,759,628	.266413	.266413	.266413
60 01	PARTIAL HOSP PRG		1,421,657	1,421,657	.519018	.519018	.519018
60 02	PAIN MANAGEMENT	61,650	12,804,095	12,865,745	.092697	.092697	.092697
61	EMERGENCY	5,350,594	15,162,183	20,512,777	.237990	.237990	.237990
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	517,903	1,291,461	1,809,364	.729223	.729223	.729223
65	AMBULANCE SERVICES	22,501	26,917	49,418	.727650	.727650	.727650
68	HOMECARE SUPPORT						
101	SUBTOTAL	267,379,914	223,456,730	490,836,644			
102	LESS OBSERVATION BEDS						
103	TOTAL	267,379,914	223,456,730	490,836,644			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,127,655		20,127,655		20,127,655
26	INTENSIVE CARE UNIT	3,837,420		3,837,420		3,837,420
27	CORONARY CARE UNIT	2,407,999		2,407,999		2,407,999
31	SUBPROVIDER	4,618,386		4,618,386		4,618,386
31	01 SUBPROVIDER 2 PSYCH	4,617,561		4,617,561		4,617,561
33	NURSERY	2,064,510		2,064,510		2,064,510
34	SKILLED NURSING FACILITY	2,537,178		2,537,178		2,537,178
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,241,311		13,241,311		13,241,311
37	01 REHAB MEDICINE	2,041,448		2,041,448		2,041,448
38	RECOVERY ROOM	775,985		775,985		775,985
39	DELIVERY ROOM & LABOR ROOM	624,782		624,782		624,782
40	ANESTHESIOLOGY	476,971		476,971		476,971
41	RADIOLOGY-DIAGNOSTIC	5,870,123		5,870,123		5,870,123
42	RADIOLOGY-THERAPEUTIC	4,437		4,437		4,437
42	01 CT SCAN	1,971,969		1,971,969		1,971,969
43	RADIOISOTOPE					
43	01 NUCLEAR MEDICINE	1,109,560		1,109,560		1,109,560
43	02 ULTRASOUND	670,502		670,502		670,502
44	LABORATORY	8,534,557		8,534,557		8,534,557
48	INTRAVENOUS THERAPY	442,279		442,279		442,279
49	RESPIRATORY THERAPY	1,688,371		1,688,371		1,688,371
50	PHYSICAL THERAPY	1,553,812		1,553,812		1,553,812
51	OCCUPATIONAL THERAPY	329,742		329,742		329,742
52	SPEECH PATHOLOGY	260,025		260,025		260,025
53	ELECTROCARDIOLOGY	2,196,492		2,196,492		2,196,492
54	ELECTROENCEPHALOGRAPHY	928,828		928,828		928,828
55	MEDICAL SUPPLIES CHARGED	19,421,378		19,421,378		19,421,378
55	30 IMPL. DEV. CHARGED TO PAT	7,532,444		7,532,444		7,532,444
56	DRUGS CHARGED TO PATIENTS	14,824,196		14,824,196		14,824,196
57	RENAL DIALYSIS	1,276,065		1,276,065		1,276,065
58	ASC (NON-DIAGNOSTIC PART)					
58	01 CARDIAC CATHETERIZATION	2,942,685		2,942,685		2,942,685
59	LITHOTRIPTER	701,809		701,809		701,809
59	01 DIABETES CENTER	2,781		2,781		2,781
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,001,612		1,001,612		1,001,612
60	01 PARTIAL HOSP PRG	737,865		737,865		737,865
60	02 PAIN MANAGEMENT	1,192,615		1,192,615		1,192,615
61	EMERGENCY	4,881,827		4,881,827		4,881,827
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,319,430		1,319,430		1,319,430
65	AMBULANCE SERVICES	35,959		35,959		35,959
68	HOMECARE SUPPORT					
101	SUBTOTAL	138,802,569		138,802,569		138,802,569
102	LESS OBSERVATION BEDS	1,319,430		1,319,430		1,319,430
103	TOTAL	137,483,139		137,483,139		137,483,139

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,503,929		27,503,929			
26	INTENSIVE CARE UNIT	5,103,761		5,103,761			
27	CORONARY CARE UNIT	3,251,357		3,251,357			
31	SUBPROVIDER	5,397,450		5,397,450			
31 01	SUBPROVIDER 2 PSYCH	9,227,461		9,227,461			
33	NURSERY	1,708,880		1,708,880			
34	SKILLED NURSING FACILITY	3,492,768		3,492,768			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,304,615	24,722,937	48,027,552	.275702	.275702	.275702
37 01	REHAB MEDICINE	4,950,938	102,390	5,053,328	.403981	.403981	.403981
38	RECOVERY ROOM	1,062,690	1,462,692	2,525,382	.307274	.307274	.307274
39	DELIVERY ROOM & LABOR ROO	436,127	264,272	700,399	.892037	.892037	.892037
40	ANESTHESIOLOGY	2,562,294	2,679,321	5,241,615	.090997	.090997	.090997
41	RADIOLOGY-DIAGNOSTIC	9,455,411	27,225,026	36,680,437	.160034	.160034	.160034
42	RADIOLOGY-THERAPEUTIC	126,460	227,877	354,337	.012522	.012522	.012522
42 01	CT SCAN	11,605,608	34,919,528	46,525,136	.042385	.042385	.042385
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	1,796,615	9,572,722	11,369,337	.097592	.097592	.097592
43 02	ULTRASOUND	716,663	3,571,907	4,288,570	.156346	.156346	.156346
44	LABORATORY	29,747,415	19,042,448	48,789,863	.174925	.174925	.174925
48	INTRAVENOUS THERAPY	6,591	81,782	88,373	5.004685	5.004685	5.004685
49	RESPIRATORY THERAPY	8,947,844	924,181	9,872,025	.171026	.171026	.171026
50	PHYSICAL THERAPY	3,984,555	586,837	4,571,392	.339899	.339899	.339899
51	OCCUPATIONAL THERAPY	918,064	61,703	979,767	.336551	.336551	.336551
52	SPEECH PATHOLOGY	437,198	424,039	861,237	.301920	.301920	.301920
53	ELECTROCARDIOLOGY	6,209,494	12,763,710	18,973,204	.115768	.115768	.115768
54	ELECTROENCEPHALOGRAPHY	458,965	2,481,474	2,940,439	.315881	.315881	.315881
55	MEDICAL SUPPLIES CHARGED	14,515,730	7,880,122	22,395,852	.867186	.867186	.867186
55 30	IMPL. DEV. CHARGED TO PAT	39,157,736	13,129,794	52,287,530	.144058	.144058	.144058
56	DRUGS CHARGED TO PATIENTS	26,935,896	13,172,738	40,108,634	.369601	.369601	.369601
57	RENAL DIALYSIS	1,892,942	308,822	2,201,764	.579565	.579565	.579565
58	ASC (NON-DIAGNOSTIC PART)						
58 01	CARDIAC CATHETERIZATION	16,247,864	13,648,382	29,896,246	.098430	.098430	.098430
59	LITHOTRIPTER						
59 01	DIABETES CENTER	30		30	92.700000	92.700000	92.700000
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	263,915	3,495,713	3,759,628	.266413	.266413	.266413
60 01	PARTIAL HOSP PRG		1,421,657	1,421,657	.519018	.519018	.519018
60 02	PAIN MANAGEMENT	61,650	12,804,095	12,865,745	.092697	.092697	.092697
61	EMERGENCY	5,350,594	15,162,183	20,512,777	.237990	.237990	.237990
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	517,903	1,291,461	1,809,364	.729223	.729223	.729223
65	AMBULANCE SERVICES	22,501	26,917	49,418	.727650	.727650	.727650
68	HOME CARE SUPPORT						
101	SUBTOTAL	267,379,914	223,456,730	490,836,644			
102	LESS OBSERVATION BEDS						
103	TOTAL	267,379,914	223,456,730	490,836,644			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	13,241,311	2,824,297	10,417,014			13,241,311
37 01	REHAB MEDICINE	2,041,448	253,547	1,787,901			2,041,448
38	RECOVERY ROOM	775,985	97,711	678,274			775,985
39	DELIVERY ROOM & LABOR ROO	624,782	83,754	541,028			624,782
40	ANESTHESIOLOGY	476,971	128,431	348,540			476,971
41	RADIOLOGY-DIAGNOSTIC	5,870,123	2,602,884	3,267,239			5,870,123
42	RADIOLOGY-THERAPEUTIC	4,437	319	4,118			4,437
42 01	CT SCAN	1,971,969	725,543	1,246,426			1,971,969
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	1,109,560	137,078	972,482			1,109,560
43 02	ULTRASOUND	670,502	254,189	416,313			670,502
44	LABORATORY	8,534,557	975,360	7,559,197			8,534,557
48	INTRAVENOUS THERAPY	442,279	24,363	417,916			442,279
49	RESPIRATORY THERAPY	1,688,371	176,247	1,512,124			1,688,371
50	PHYSICAL THERAPY	1,553,812	126,159	1,427,653			1,553,812
51	OCCUPATIONAL THERAPY	329,742	20,436	309,306			329,742
52	SPEECH PATHOLOGY	260,025	18,833	241,192			260,025
53	ELECTROCARDIOLOGY	2,196,492	503,028	1,693,464			2,196,492
54	ELECTROENCEPHALOGRAPHY	928,828	219,593	709,235			928,828
55	MEDICAL SUPPLIES CHARGED	19,421,378	1,153,654	18,267,724			19,421,378
55 30	IMPL. DEV. CHARGED TO PAT	7,532,444	437,253	7,095,191			7,532,444
56	DRUGS CHARGED TO PATIENTS	14,824,196	1,014,051	13,810,145			14,824,196
57	RENAL DIALYSIS	1,276,065	240,005	1,036,060			1,276,065
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION	2,942,685	830,282	2,112,403			2,942,685
59	LITHOTRIPTER	701,809	17,726	684,083			701,809
59 01	DIABETES CENTER	2,781	11,337	-8,556			2,781
	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,001,612	95,811	905,801			1,001,612
60 01	PARTIAL HOSP PRG	737,865	68,739	669,126			737,865
60 02	PAIN MANAGEMENT	1,192,615	108,335	1,084,280			1,192,615
61	EMERGENCY	4,881,827	588,940	4,292,887			4,881,827
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,319,430	165,189	1,154,241			1,319,430
65	AMBULANCE SERVICES	35,959	961	34,998			35,959
68	HOMECARE SUPPORT						
101	SUBTOTAL	98,591,860	13,904,055	84,687,805			98,591,860
102	LESS OBSERVATION BEDS	1,319,430	165,189	1,154,241			1,319,430
103	TOTAL	97,272,430	13,738,866	83,533,564			97,272,430

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	48,027,552	.275702	.275702
37 01	REHAB MEDICINE	5,053,328	.403981	.403981
38	RECOVERY ROOM	2,525,382	.307274	.307274
39	DELIVERY ROOM & LABOR ROO	700,399	.892037	.892037
40	ANESTHESIOLOGY	5,241,615	.090997	.090997
41	RADIOLOGY-DIAGNOSTIC	36,680,437	.160034	.160034
42	RADIOLOGY-THERAPEUTIC	354,337	.012522	.012522
42 01	CT SCAN	46,525,136	.042385	.042385
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE	11,369,337	.097592	.097592
43 02	ULTRASOUND	4,288,570	.156346	.156346
44	LABORATORY	48,789,863	.174925	.174925
48	INTRAVENOUS THERAPY	88,373	5.004685	5.004685
49	RESPIRATORY THERAPY	9,872,025	.171026	.171026
50	PHYSICAL THERAPY	4,571,392	.339899	.339899
51	OCCUPATIONAL THERAPY	979,767	.336551	.336551
52	SPEECH PATHOLOGY	861,237	.301920	.301920
53	ELECTROCARDIOLOGY	18,973,204	.115768	.115768
54	ELECTROENCEPHALOGRAPHY	2,940,439	.315881	.315881
55	MEDICAL SUPPLIES CHARGED	22,395,852	.867186	.867186
55 30	IMPL. DEV. CHARGED TO PAT	52,287,530	.144058	.144058
56	DRUGS CHARGED TO PATIENTS	40,108,634	.369601	.369601
57	RENAL DIALYSIS	2,201,764	.579565	.579565
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION	29,896,246	.098430	.098430
59	LITHOTRIPTER			
59 01	DIABETES CENTER	30	92.700000	92.700000
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,759,628	.266413	.266413
60 01	PARTIAL HOSP PRG	1,421,657	.519018	.519018
60 02	PAIN MANAGEMENT	12,865,745	.092697	.092697
61	EMERGENCY	20,512,777	.237990	.237990
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,809,364	.729223	.729223
65	AMBULANCE SERVICES	49,418	.727650	.727650
68	HOMECARE SUPPORT			
101	SUBTOTAL	435,151,038		
102	LESS OBSERVATION BEDS	1,809,364		
103	TOTAL	433,341,674		

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	13,241,311	2,824,297	10,417,014			13,241,311
37 01	REHAB MEDICINE	2,041,448	253,547	1,787,901			2,041,448
38	RECOVERY ROOM	775,985	97,711	678,274			775,985
39	DELIVERY ROOM & LABOR ROO	624,782	83,754	541,028			624,782
40	ANESTHESIOLOGY	476,971	128,431	348,540			476,971
41	RADIOLOGY-DIAGNOSTIC	5,870,123	2,602,884	3,267,239			5,870,123
42	RADIOLOGY-THERAPEUTIC	4,437	319	4,118			4,437
42 01	CT SCAN	1,971,969	725,543	1,246,426			1,971,969
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	1,109,560	137,078	972,482			1,109,560
43 02	ULTRASOUND	670,502	254,189	416,313			670,502
44	LABORATORY	8,534,557	975,360	7,559,197			8,534,557
48	INTRAVENOUS THERAPY	442,279	24,363	417,916			442,279
49	RESPIRATORY THERAPY	1,688,371	176,247	1,512,124			1,688,371
50	PHYSICAL THERAPY	1,553,812	126,159	1,427,653			1,553,812
51	OCCUPATIONAL THERAPY	329,742	20,436	309,306			329,742
52	SPEECH PATHOLOGY	260,025	18,833	241,192			260,025
53	ELECTROCARDIOLOGY	2,196,492	503,028	1,693,464			2,196,492
54	ELECTROENCEPHALOGRAPHY	928,828	219,593	709,235			928,828
55	MEDICAL SUPPLIES CHARGED	19,421,378	1,153,654	18,267,724			19,421,378
55 30	IMPL. DEV. CHARGED TO PAT	7,532,444	437,253	7,095,191			7,532,444
56	DRUGS CHARGED TO PATIENTS	14,824,196	1,014,051	13,810,145			14,824,196
57	RENAL DIALYSIS	1,276,065	240,005	1,036,060			1,276,065
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION	2,942,685	830,282	2,112,403			2,942,685
59	LITHOTRIPTER	701,809	17,726	684,083			701,809
59 01	DIABETES CENTER	2,781	11,337	-8,556			2,781
	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,001,612	95,811	905,801			1,001,612
60 01	PARTIAL HOSP PRG	737,865	68,739	669,126			737,865
60 02	PAIN MANAGEMENT	1,192,615	108,335	1,084,280			1,192,615
61	EMERGENCY	4,881,827	588,940	4,292,887			4,881,827
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,319,430	165,189	1,154,241			1,319,430
65	AMBULANCE SERVICES	35,959	961	34,998			35,959
68	HOMECARE SUPPORT						
101	SUBTOTAL	98,591,860	13,904,055	84,687,805			98,591,860
102	LESS OBSERVATION BEDS	1,319,430	165,189	1,154,241			1,319,430
103	TOTAL	97,272,430	13,738,866	83,533,564			97,272,430

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	48,027,552	.275702	.275702
37 01	REHAB MEDICINE	5,053,328	.403981	.403981
38	RECOVERY ROOM	2,525,382	.307274	.307274
39	DELIVERY ROOM & LABOR ROO	700,399	.892037	.892037
40	ANESTHESIOLOGY	5,241,615	.090997	.090997
41	RADIOLOGY-DIAGNOSTIC	36,680,437	.160034	.160034
42	RADIOLOGY-THERAPEUTIC	354,337	.012522	.012522
42 01	CT SCAN	46,525,136	.042385	.042385
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE	11,369,337	.097592	.097592
43 02	ULTRASOUND	4,288,570	.156346	.156346
44	LABORATORY	48,789,863	.174925	.174925
48	INTRAVENOUS THERAPY	88,373	5.004685	5.004685
49	RESPIRATORY THERAPY	9,872,025	.171026	.171026
50	PHYSICAL THERAPY	4,571,392	.339899	.339899
51	OCCUPATIONAL THERAPY	979,767	.336551	.336551
52	SPEECH PATHOLOGY	861,237	.301920	.301920
53	ELECTROCARDIOLOGY	18,973,204	.115768	.115768
54	ELECTROENCEPHALOGRAPHY	2,940,439	.315881	.315881
55	MEDICAL SUPPLIES CHARGED	22,395,852	.867186	.867186
55 30	IMPL. DEV. CHARGED TO PAT	52,287,530	.144058	.144058
56	DRUGS CHARGED TO PATIENTS	40,108,634	.369601	.369601
57	RENAL DIALYSIS	2,201,764	.579565	.579565
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION	29,896,246	.098430	.098430
59	LITHOTRIPTER			
59 01	DIABETES CENTER	30	92.700000	92.700000
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,759,628	.266413	.266413
60 01	PARTIAL HOSP PRG	1,421,657	.519018	.519018
60 02	PAIN MANAGEMENT	12,865,745	.092697	.092697
61	EMERGENCY	20,512,777	.237990	.237990
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,809,364	.729223	.729223
65	AMBULANCE SERVICES	49,418	.727650	.727650
68	HOMECARE SUPPORT			
101	SUBTOTAL	435,151,038		
102	LESS OBSERVATION BEDS	1,809,364		
103	TOTAL	433,341,674		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,519,925		2,519,925
26	INTENSIVE CARE UNIT				396,891		396,891
27	CORONARY CARE UNIT				323,641		323,641
31	SUBPROVIDER				484,731		484,731
31 01	SUBPROVIDER 2 PSYCH				415,765		415,765
33	NURSERY				392,487		392,487
101	TOTAL				4,533,440		4,533,440

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART I

PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	37,496	21,497			67.21	1,444,813
26	INTENSIVE CARE UNIT	3,613	2,122			109.85	233,102
27	CORONARY CARE UNIT	2,272	1,465			142.45	208,689
31	SUBPROVIDER	7,496	5,606			64.67	362,540
31 01	SUBPROVIDER 2 PSYCH	8,100	2,526			51.33	129,660
33	NURSERY	580				676.70	
101	TOTAL	59,557	33,216				2,378,804

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
18-0102		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,824,297	48,027,552	12,988,279		
37	01 REHAB MEDICINE		253,547	5,053,328	197,081		
38	RECOVERY ROOM		97,711	2,525,382	647,771		
39	DELIVERY ROOM & LABOR ROO		83,754	700,399			
40	ANESTHESIOLOGY		128,431	5,241,615	1,371,272		
41	RADIOLOGY-DIAGNOSTIC		2,602,884	36,680,437	5,403,324		
42	RADIOLOGY-THERAPEUTIC		319	354,337	49,770		
42	01 CT SCAN		725,543	46,525,136	7,484,292		
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE		137,078	11,369,337	1,073,667		
43	02 ULTRASOUND		254,189	4,288,570	366,292		
44	LABORATORY		975,360	48,789,863	17,252,348		
48	INTRAVENOUS THERAPY		24,363	88,373	1,878		
49	RESPIRATORY THERAPY		176,247	9,872,025	4,627,237		
50	PHYSICAL THERAPY		126,159	4,571,392	1,675,644		
51	OCCUPATIONAL THERAPY		20,436	979,767	141,458		
52	SPEECH PATHOLOGY		18,833	861,237	125,465		
53	ELECTROCARDIOLOGY		503,028	18,973,204	4,908,775		
54	ELECTROENCEPHALOGRAPHY		219,593	2,940,439	228,251		
55	MEDICAL SUPPLIES CHARGED		1,153,654	22,395,852	8,122,168		
55	30 IMPL. DEV. CHARGED TO PAT		437,253	52,287,530	22,067,761		
56	DRUGS CHARGED TO PATIENTS		1,014,051	40,108,634	15,013,761		
57	RENAL DIALYSIS		240,005	2,201,764	1,319,858		
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION		830,282	29,896,246	9,271,602		
59	LI THOTRIPTER		17,726				
59	01 DIABETES CENTER		11,337	30			
	OUTPAT SERVICE COST CNTRS						
	CLINIC		95,811	3,759,628	258,358		
60	01 PARTIAL HOSP PRG		68,739	1,421,657			
60	02 PAIN MANAGEMENT		108,335	12,865,745	25,309		
61	EMERGENCY		588,940	20,512,777	3,464,988		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		165,189	1,809,364	437,293		
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL		13,903,094	435,101,620	118,523,902		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 18-0102
 PREPARED 5/26/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.058806	763,789
37 01	REHAB MEDICINE	.050174	9,888
38	RECOVERY ROOM	.038692	25,064
39	DELIVERY ROOM & LABOR ROO	.119580	
40	ANESTHESIOLOGY	.024502	33,599
41	RADIOLOGY-DIAGNOSTIC	.070961	383,425
42	RADIOLOGY-THERAPEUTIC	.000900	45
42 01	CT SCAN	.015595	116,718
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE	.012057	12,945
43 02	ULTRASOUND	.059271	21,710
44	LABORATORY	.019991	344,892
48	INTRAVENOUS THERAPY	.275684	518
49	RESPIRATORY THERAPY	.017853	82,610
50	PHYSICAL THERAPY	.027598	46,244
51	OCCUPATIONAL THERAPY	.020858	2,951
52	SPEECH PATHOLOGY	.021867	2,744
53	ELECTROCARDIOLOGY	.026513	130,146
54	ELECTROENCEPHALOGRAPHY	.074680	17,046
55	MEDICAL SUPPLIES CHARGED	.051512	418,389
55 30	IMPL. DEV. CHARGED TO PAT	.008362	184,531
56	DRUGS CHARGED TO PATIENTS	.025283	379,593
57	RENAL DIALYSIS	.109006	143,872
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION	.027772	257,491
59	LITHOTRIPTER		
59 01	DIABETES CENTER	377.900000	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.025484	6,584
60 01	PARTIAL HOSP PRG	.048351	
60 02	PAIN MANAGEMENT	.008420	213
61	EMERGENCY	.028711	99,483
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.091297	39,924
65	AMBULANCE SERVICES		
68	HOMECARE SUPPORT		
101	TOTAL		3,524,414

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

PROVIDER NO: 18-0102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
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
	INPAT ROUTINE SRVC CNTRS					37,496	
25	ADULTS & PEDIATRICS					3,613	
26	INTENSIVE CARE UNIT					2,272	
27	CORONARY CARE UNIT					7,496	
31	SUBPROVIDER					8,100	
31 01	SUBPROVIDER 2 PSYCH					580	
33	NURSERY					5,831	
34	SKILLED NURSING FACILITY					65,388	
101	TOTAL						

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

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	21,497	
26	INTENSIVE CARE UNIT	2,122	
27	CORONARY CARE UNIT	1,465	
31	SUBPROVIDER	5,606	
31 01	SUBPROVIDER 2 PSYCH	2,526	
33	NURSERY		
34	SKILLED NURSING FACILITY	5,217	
101	TOTAL	38,433	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			48,027,552			12,988,279	
37 01	REHAB MEDICINE			5,053,328			197,081	
38	RECOVERY ROOM			2,525,382			647,771	
39	DELIVERY ROOM & LABOR ROO			700,399				
40	ANESTHESIOLOGY			5,241,615			1,371,272	
41	RADIOLOGY-DIAGNOSTIC			36,680,437			5,403,324	
42	RADIOLOGY-THERAPEUTIC			354,337			49,770	
42 01	CT SCAN			46,525,136			7,484,292	
43	RADIOISOTOPE							
43 01	NUCLEAR MEDICINE			11,369,337			1,073,667	
43 02	ULTRASOUND			4,288,570			366,292	
44	LABORATORY			48,789,863			17,252,348	
48	INTRAVENOUS THERAPY			88,373			1,878	
49	RESPIRATORY THERAPY			9,872,025			4,627,237	
50	PHYSICAL THERAPY			4,571,392			1,675,644	
51	OCCUPATIONAL THERAPY			979,767			141,458	
52	SPEECH PATHOLOGY			861,237			125,465	
53	ELECTROCARDIOLOGY			18,973,204			4,908,775	
54	ELECTROENCEPHALOGRAPHY			2,940,439			228,251	
55	MEDICAL SUPPLIES CHARGED			22,395,852			8,122,168	
55 30	IMPL. DEV. CHARGED TO PAT			52,287,530			22,067,761	
56	DRUGS CHARGED TO PATIENTS			40,108,634			15,013,761	
57	RENAL DIALYSIS			2,201,764			1,319,858	
58	ASC (NON-DISTINCT PART)							
58 01	CARDIAC CATHETERIZATION			29,896,246			9,271,602	
59	LITHOTRIPTER							
59 01	DIABETES CENTER			30				
	OUTPAT SERVICE COST CNTRS							
	CLINIC			3,759,628			258,358	
60 01	PARTIAL HOSP PRG			1,421,657				
60 02	PAIN MANAGEMENT			12,865,745			25,309	
61	EMERGENCY			20,512,777			3,464,988	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,809,364			437,293	
65	AMBULANCE SERVICES							
68	HOMECARE SUPPORT							
101	TOTAL			435,101,620			118,523,902	

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	9,356,971					
37 01	REHAB MEDICINE	714					
38	RECOVERY ROOM	473,813					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	980,052					
41	RADIOLOGY-DIAGNOSTIC	8,533,314					
42	RADIOLOGY-THERAPEUTIC	66,109					
42 01	CT SCAN	12,117,252					
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE	4,257,423					
43 02	ULTRASOUND	757,724					
44	LABORATORY	1,478,500					
48	INTRAVENOUS THERAPY	83,540					
49	RESPIRATORY THERAPY	244,717					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,409,449					
54	ELECTROENCEPHALOGRAPHY	764,260					
55	MEDICAL SUPPLIES CHARGED	2,994,330					
55 30	IMPL. DEV. CHARGED TO PAT	6,540,621					
56	DRUGS CHARGED TO PATIENTS	6,085,281					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION	6,295,988					
59	LITHOTRIPTER						
59 01	DIABETES CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,646,080					
60 01	PARTIAL HOSP PRG	317,349					
60 02	PAIN MANAGEMENT	5,036,978					
61	EMERGENCY	3,377,649					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	542,260					
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL	80,360,374					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 18-0102
 PREPARED 5/26/2011
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.275702	.275702			
37 01 REHAB MEDICINE	.403981	.403981			
38 RECOVERY ROOM	.307274	.307274			
39 DELIVERY ROOM & LABOR ROOM	.892037	.892037			
40 ANESTHESIOLOGY	.090997	.090997			
41 RADIOLOGY-DIAGNOSTIC	.160034	.160034			
42 RADIOLOGY-THERAPEUTIC	.012522	.012522			
42 01 CT SCAN	.042385	.042385			
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE	.097592	.097592			
43 02 ULTRASOUND	.156346	.156346			
44 LABORATORY	.174925	.174925			
48 INTRAVENOUS THERAPY	5.004685	5.004685			
49 RESPIRATORY THERAPY	.171026	.171026			
50 PHYSICAL THERAPY	.339899	.339899			
51 OCCUPATIONAL THERAPY	.336551	.336551			
52 SPEECH PATHOLOGY	.301920	.301920			
53 ELECTROCARDIOLOGY	.115768	.115768			
54 ELECTROENCEPHALOGRAPHY	.315881	.315881			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	.867186			
55 30 IMPL. DEV. CHARGED TO PATIENT	.144058	.144058			
56 DRUGS CHARGED TO PATIENTS	.369601	.369601			
57 RENAL DIALYSIS	.579565	.579565			
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION	.098430	.098430			
59 LITHOTRIPTER					
59 01 DIABETES CENTER	92.700000	92.700000			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.266413	.266413			
60 01 PARTIAL HOSP PRG	.519018	.519018			
60 02 PAIN MANAGEMENT	.092697	.092697			
61 EMERGENCY	.237990	.237990			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.729223	.729223			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.727650	.727650			
68 HOMECARE SUPPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	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		9,356,971			
37 01 REHAB MEDICINE		714			
38 RECOVERY ROOM		473,813			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		980,052			
41 RADIOLOGY-DIAGNOSTIC		8,533,314	510		
42 RADIOLOGY-THERAPEUTIC		66,109			
42 01 CT SCAN		12,117,252			
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE		4,257,423			
43 02 ULTRASOUND		757,724			
44 LABORATORY		1,478,500	1,223		
48 INTRAVENOUS THERAPY		83,540			
49 RESPIRATORY THERAPY		244,717			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		7,409,449			
54 ELECTROENCEPHALOGRAPHY		764,260			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,994,330			
55 30 IMPL. DEV. CHARGED TO PATIENT		6,540,621			
56 DRUGS CHARGED TO PATIENTS		6,085,281			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION		6,295,988			
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		2,646,080			
60 01 PARTIAL HOSP PRG		317,349			
60 02 PAIN MANAGEMENT		5,036,978			
61 EMERGENCY		3,377,649			
62 OBSERVATION BEDS (NON-DISTINCT PART)		542,260			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 HOMECARE SUPPORT					
101 SUBTOTAL		80,360,374	1,733		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		80,360,374	1,733		

(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				2,579,736	
37 01 REHAB MEDICINE				288	
38 RECOVERY ROOM				145,590	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				89,182	
41 RADIOLOGY-DIAGNOSTIC				1,365,620	82
42 RADIOLOGY-THERAPEUTIC				828	
42 01 CT SCAN				513,590	
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE				415,490	
43 02 ULTRASOUND				118,467	
44 LABORATORY				258,627	214
48 INTRAVENOUS THERAPY				418,091	
49 RESPIRATORY THERAPY				41,853	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				857,777	
54 ELECTROENCEPHALOGRAPHY				241,415	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,596,641	
55 30 IMPL. DEV. CHARGED TO PATIENT				942,229	
56 DRUGS CHARGED TO PATIENTS				2,249,126	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION				619,714	
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				704,950	
60 01 PARTIAL HOSP PRG				164,710	
60 02 PAIN MANAGEMENT				466,913	
61 EMERGENCY				803,847	
62 OBSERVATION BEDS (NON-DISTINCT PART)				395,428	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 HOMECARE SUPPORT					
101 SUBTOTAL				15,990,112	296
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				15,990,112	296

(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	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 REHAB MEDICINE			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
42 01 CT SCAN			
43 RADIOISOTOPE			
43 01 NUCLEAR MEDICINE			
43 02 ULTRASOUND			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
58 01 CARDIAC CATHETERIZATION			
59 LI THOTRIPTER			
59 01 DIABETES CENTER			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PARTIAL HOSP PRG			
60 02 PAIN MANAGEMENT			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
68 HOMECARE SUPPORT			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
18-0102		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.369601
	5,919
	2,188

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM		2,824,297	48,027,552	50,231		
38	REHAB MEDICINE		253,547	5,053,328	2,154,969		
39	RECOVERY ROOM		97,711	2,525,382	3,235		
40	DELIVERY ROOM & LABOR ROO		83,754	700,399			
41	ANESTHESIOLOGY		128,431	5,241,615	5,355		
42	RADIOLOGY-DIAGNOSTIC		2,602,884	36,680,437	123,115		
42	01 RADIOLOGY-THERAPEUTIC		319	354,337			
43	CT SCAN		725,543	46,525,136	184,696		
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE		137,078	11,369,337	13,129		
44	02 ULTRASOUND		254,189	4,288,570	12,524		
48	LABORATORY		975,360	48,789,863	1,408,429		
49	INTRAVENOUS THERAPY		24,363	88,373	316		
50	RESPIRATORY THERAPY		176,247	9,872,025	213,209		
51	PHYSICAL THERAPY		126,159	4,571,392	1,578,995		
52	OCCUPATIONAL THERAPY		20,436	979,767	1,841		
53	SPEECH PATHOLOGY		18,833	861,237	2,624		
54	ELECTROCARDIOLOGY		503,028	18,973,204	136,830		
55	ELECTROENCEPHALOGRAPHY		219,593	2,940,439	31,898		
55	MEDICAL SUPPLIES CHARGED		1,153,654	22,395,852	261,324		
56	30 IMPL. DEV. CHARGED TO PAT		437,253	52,287,530	85,245		
57	DRUGS CHARGED TO PATIENTS		1,014,051	40,108,634	1,035,679		
58	RENAL DIALYSIS		240,005	2,201,764	125,914		
58	01 ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION		830,282	29,896,246	13,377		
59	01 LI THOTRIPTER		17,726				
60	DIABETES CENTER		11,337	30			
60	01 OUTPAT SERVICE COST CNTRS						
60	02 CLINIC		95,811	3,759,628	1,497		
61	PARTIAL HOSP PRG		68,739	1,421,657			
62	02 PAIN MANAGEMENT		108,335	12,865,745	1,914		
65	EMERGENCY		588,940	20,512,777	25,546		
68	OBSERVATION BEDS (NON-DIS		165,189	1,809,364			
101	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL		13,903,094	435,101,620	7,471,892		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 18-T102
 PREPARED 5/26/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.058806	2,954
37 01	REHAB MEDICINE	.050174	108,123
38	RECOVERY ROOM	.038692	125
39	DELIVERY ROOM & LABOR ROO	.119580	
40	ANESTHESIOLOGY	.024502	131
41	RADIOLOGY-DIAGNOSTIC	.070961	8,736
42	RADIOLOGY-THERAPEUTIC	.000900	
42 01	CT SCAN	.015595	2,880
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE	.012057	158
43 02	ULTRASOUND	.059271	742
44	LABORATORY	.019991	28,156
48	INTRAVENOUS THERAPY	.275684	87
49	RESPIRATORY THERAPY	.017853	3,806
50	PHYSICAL THERAPY	.027598	43,577
51	OCCUPATIONAL THERAPY	.020858	38
52	SPEECH PATHOLOGY	.021867	57
53	ELECTROCARDIOLOGY	.026513	3,628
54	ELECTROENCEPHALOGRAPHY	.074680	2,382
55	MEDICAL SUPPLIES CHARGED	.051512	13,461
55 30	IMPL. DEV. CHARGED TO PAT	.008362	713
56	DRUGS CHARGED TO PATIENTS	.025283	26,185
57	RENAL DIALYSIS	.109006	13,725
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION	.027772	372
59	LITHOTRIPTER		
59 01	DIABETES CENTER	377.900000	
	OUTPAT SERVICE COST CNTRS		
	CLINIC	.025484	38
60 01	PARTIAL HOSP PRG	.048351	
60 02	PAIN MANAGEMENT	.008420	16
61	EMERGENCY	.028711	733
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.091297	
65	AMBULANCE SERVICES		
68	HOMECARE SUPPORT		
101	TOTAL		260,823

TITLE XVIII, PART A

SUBPROVIDER 1

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			48,027,552			50,231	
37	01 OPERATING ROOM			5,053,328			2,154,969	
38	RECOVERY ROOM			2,525,382			3,235	
39	DELIVERY ROOM & LABOR ROO			700,399				
40	ANESTHESIOLOGY			5,241,615			5,355	
41	RADIOLOGY-DIAGNOSTIC			36,680,437			123,115	
42	RADIOLOGY-THERAPEUTIC			354,337				
42	01 CT SCAN			46,525,136			184,696	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			11,369,337			13,129	
43	02 ULTRASOUND			4,288,570			12,524	
44	LABORATORY			48,789,863			1,408,429	
48	INTRAVENOUS THERAPY			88,373			316	
49	RESPIRATORY THERAPY			9,872,025			213,209	
50	PHYSICAL THERAPY			4,571,392			1,578,995	
51	OCCUPATIONAL THERAPY			979,767			1,841	
52	SPEECH PATHOLOGY			861,237			2,624	
53	ELECTROCARDIOLOGY			18,973,204			136,830	
54	ELECTROENCEPHALOGRAPHY			2,940,439			31,898	
55	MEDICAL SUPPLIES CHARGED			22,395,852			261,324	
55	30 IMPL. DEV. CHARGED TO PAT			52,287,530			85,245	
56	DRUGS CHARGED TO PATIENTS			40,108,634			1,035,679	
57	RENAL DIALYSIS			2,201,764			125,914	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,896,246			13,377	
59	LITHOTRIPTER							
59	01 DIABETES CENTER			30				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,759,628			1,497	
60	01 PARTIAL HOSP PRG			1,421,657				
60	02 PAIN MANAGEMENT			12,865,745			1,914	
61	EMERGENCY			20,512,777			25,546	
62	OBSERVATION BEDS (NON-DIS			1,809,364				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	HOMECARE SUPPORT							
101	TOTAL			435,101,620			7,471,892	

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LITHOTRIPTER						
59	01 DIABETES CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP PRG						
60	02 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
COMPONENT NO: 18-S102
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET D
PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL COST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,824,297	48,027,552	7,851		
37 01	REHAB MEDICINE		253,547	5,053,328	1,097		
38	RECOVERY ROOM		97,711	2,525,382	749		
39	DELIVERY ROOM & LABOR ROO		83,754	700,399			
40	ANESTHESIOLOGY		128,431	5,241,615	1,461		
41	RADIOLOGY-DIAGNOSTIC		2,602,884	36,680,437	60,812		
42	RADIOLOGY-THERAPEUTIC		319	354,337			
42 01	CT SCAN		725,543	46,525,136	109,289		
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE		137,078	11,369,337			
43 02	ULTRASOUND		254,189	4,288,570	3,366		
44	LABORATORY		975,360	48,789,863	450,289		
48	INTRAVENOUS THERAPY		24,363	88,373			
49	RESPIRATORY THERAPY		176,247	9,872,025	11,623		
50	PHYSICAL THERAPY		126,159	4,571,392	5,177		
51	OCCUPATIONAL THERAPY		20,436	979,767	526		
52	SPEECH PATHOLOGY		18,833	861,237	2,114		
53	ELECTROCARDIOLOGY		503,028	18,973,204	34,524		
54	ELECTROENCEPHALOGRAPHY		219,593	2,940,439	5,508		
55	MEDICAL SUPPLIES CHARGED		1,153,654	22,395,852	4,968		
55 30	IMPL. DEV. CHARGED TO PAT		437,253	52,287,530	1,553		
56	DRUGS CHARGED TO PATIENTS		1,014,051	40,108,634	333,462		
57	RENAL DIALYSIS		240,005	2,201,764	8,539		
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION		830,282	29,896,246			
59	LITHOTRIPTER		17,726				
59 01	DIABETES CENTER		11,337	30			
	OUTPAT SERVICE COST CNTRS						
	CLINIC		95,811	3,759,628			
60 01	PARTIAL HOSP PRG		68,739	1,421,657			
60 02	PAIN MANAGEMENT		108,335	12,865,745			
61	EMERGENCY		588,940	20,512,777	253,594		
62	OBSERVATION BEDS (NON-DIS		165,189	1,809,364			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL		13,903,094	435,101,620	1,296,502		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 18-S102
 PREPARED 5/26/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.058806	462
37 01	REHAB MEDICINE	.050174	55
38	RECOVERY ROOM	.038692	29
39	DELIVERY ROOM & LABOR ROO	.119580	
40	ANESTHESIOLOGY	.024502	36
41	RADIOLOGY-DIAGNOSTIC	.070961	4,315
42	RADIOLOGY-THERAPEUTIC	.000900	
42 01	CT SCAN	.015595	1,704
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE	.012057	
43 02	ULTRASOUND	.059271	200
44	LABORATORY	.019991	9,002
48	INTRAVENOUS THERAPY	.275684	
49	RESPIRATORY THERAPY	.017853	208
50	PHYSICAL THERAPY	.027598	143
51	OCCUPATIONAL THERAPY	.020858	11
52	SPEECH PATHOLOGY	.021867	46
53	ELECTROCARDIOLOGY	.026513	915
54	ELECTROENCEPHALOGRAPHY	.074680	411
55	MEDICAL SUPPLIES CHARGED	.051512	256
55 30	IMPL. DEV. CHARGED TO PAT	.008362	13
56	DRUGS CHARGED TO PATIENTS	.025283	8,431
57	RENAL DIALYSIS	.109006	931
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION	.027772	
59	LITHOTRIPTER		
59 01	DIABETES CENTER	377.900000	
	OUTPAT SERVICE COST CNTRS		
	CLINIC	.025484	
60 01	PARTIAL HOSP PRG	.048351	
60 02	PAIN MANAGEMENT	.008420	
61	EMERGENCY	.028711	7,281
62	OBSERVATION BEDS (NON-DIS	.091297	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
68	HOMECARE SUPPORT		
101	TOTAL		34,449

TITLE XVIII, PART A

SUBPROVIDER 2

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			48,027,552			7,851	
37	01 REHAB MEDICINE			5,053,328			1,097	
38	RECOVERY ROOM			2,525,382			749	
39	DELIVERY ROOM & LABOR ROO			700,399				
40	ANESTHESIOLOGY			5,241,615			1,461	
41	RADIOLOGY-DIAGNOSTIC			36,680,437			60,812	
42	RADIOLOGY-THERAPEUTIC			354,337				
42	01 CT SCAN			46,525,136			109,289	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			11,369,337				
43	02 ULTRASOUND			4,288,570			3,366	
44	LABORATORY			48,789,863			450,289	
48	INTRAVENOUS THERAPY			88,373				
49	RESPIRATORY THERAPY			9,872,025			11,623	
50	PHYSICAL THERAPY			4,571,392			5,177	
51	OCCUPATIONAL THERAPY			979,767			526	
52	SPEECH PATHOLOGY			861,237			2,114	
53	ELECTROCARDIOLOGY			18,973,204			34,524	
54	ELECTROENCEPHALOGRAPHY			2,940,439			5,508	
55	MEDICAL SUPPLIES CHARGED			22,395,852			4,968	
55	30 IMPL. DEV. CHARGED TO PAT			52,287,530			1,553	
56	DRUGS CHARGED TO PATIENTS			40,108,634			333,462	
57	RENAL DIALYSIS			2,201,764			8,539	
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,896,246				
59	LITHOTRIPTER							
59	01 DIABETES CENTER			30				
	OUTPAT SERVICE COST CNTRS							
	CLINIC			3,759,628				
60	01 PARTIAL HOSP PRG			1,421,657				
60	02 PAIN MANAGEMENT			12,865,745				
61	EMERGENCY			20,512,777			253,594	
62	OBSERVATION BEDS (NON-DIS			1,809,364				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	HOMECARE SUPPORT							
101	TOTAL			435,101,620			1,296,502	

TITLE XVIII, PART A SUBPROVIDER 2 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
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM		232				
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		426				
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND		864				
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		460				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LITHOTRIPTER						
59	01 DIABETES CENTER						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		6,844				
60	01 PARTIAL HOSP PRG		78,494				
60	02 PAIN MANAGEMENT						
61	EMERGENCY		1,700				
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL		89,020				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 18-0102
 COMPONENT NO: 18-S102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART V

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.275702	.275702			
37 01 REHAB MEDICINE	.403981	.403981			
38 RECOVERY ROOM	.307274	.307274			
39 DELIVERY ROOM & LABOR ROOM	.892037	.892037			
40 ANESTHESIOLOGY	.090997	.090997			
41 RADIOLOGY-DIAGNOSTIC	.160034	.160034			
42 RADIOLOGY-THERAPEUTIC	.012522	.012522			
42 01 CT SCAN	.042385	.042385			
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE	.097592	.097592			
43 02 ULTRASOUND	.156346	.156346			
44 LABORATORY	.174925	.174925			
48 INTRAVENOUS THERAPY	5.004685	5.004685			
49 RESPIRATORY THERAPY	.171026	.171026			
50 PHYSICAL THERAPY	.339899	.339899			
51 OCCUPATIONAL THERAPY	.336551	.336551			
52 SPEECH PATHOLOGY	.301920	.301920			
53 ELECTROCARDIOLOGY	.115768	.115768			
54 ELECTROENCEPHALOGRAPHY	.315881	.315881			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	.867186			
55 30 IMPL. DEV. CHARGED TO PATIENT	.144058	.144058			
56 DRUGS CHARGED TO PATIENTS	.369601	.369601			
57 RENAL DIALYSIS	.579565	.579565			
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION	.098430	.098430			
59 LITHOTRIPTER					
59 01 DIABETES CENTER	92.700000	92.700000			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.266413	.266413			
60 01 PARTIAL HOSP PRG	.519018	.519018			
60 02 PAIN MANAGEMENT	.092697	.092697			
61 EMERGENCY	.237990	.237990			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.729223	.729223			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.727650	.727650			
68 HOMECARE SUPPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B SUBPROVIDER 2

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		232			
37 01 REHAB MEDICINE					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		426			
42 RADIOLOGY-THERAPEUTIC					
42 01 CT SCAN					
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE					
43 02 ULTRASOUND		864			
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		460			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION					
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		6,844			
60 01 PARTIAL HOSP PRG		78,494			
60 02 PAIN MANAGEMENT					
61 EMERGENCY		1,700			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
68 AMBULANCE SERVICES					
101 HOMECARE SUPPORT					
101 SUBTOTAL		89,020			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
NET CHARGES		89,020			

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

TITLE XVIII, PART B SUBPROVIDER 2

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				64	
37 01 REHAB MEDICINE					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				68	
42 RADIOLOGY-THERAPEUTIC					
42 01 CT SCAN					
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE					
43 02 ULTRASOUND				135	
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				53	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION					
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,823	
60 01 PARTIAL HOSP PRG				40,740	
60 02 PAIN MANAGEMENT					
61 EMERGENCY				405	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 HOMECARE SUPPORT					
101 SUBTOTAL				43,288	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				43,288	

TITLE XVIII, PART B SUBPROVIDER 2

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center	Description	9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	REHAB MEDICINE			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
42 01	CT SCAN			
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE			
43 02	ULTRASOUND			
44	LABORATORY			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION			
59	LITHOTRIPTER			
59 01	DIABETES CENTER			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	PARTIAL HOSP PRG			
60 02	PAIN MANAGEMENT			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
65	OTHER REIMBURS COST CNTRS			
68	AMBULANCE SERVICES			
101	HOME CARE SUPPORT			
102	SUBTOTAL			
103	CRNA CHARGES			
104	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 COMPONENT NO: 18-5412
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 CT SCAN						
43	RADIOISOTOPE						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 CARDIAC CATHETERIZATION						
59	LITHOTRIPTER						
59	01 DIABETES CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP PRG						
60	02 PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102
 COMPONENT NO: 18-5412
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
37 01	REHAB MEDICINE		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
42 01	CT SCAN		
43	RADIOISOTOPE		
43 01	NUCLEAR MEDICINE		
43 02	ULTRASOUND		
44	LABORATORY		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
58 01	CARDIAC CATHETERIZATION		
59	LITHOTRIPTER		
59 01	DIABETES CENTER		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	PARTIAL HOSP PRG		
60 02	PAIN MANAGEMENT		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
68	HOMECARE SUPPORT		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			48,027,552			41,840	
37	01 REHAB MEDICINE			5,053,328			408,683	
38	RECOVERY ROOM			2,525,382				
39	DELIVERY ROOM & LABOR ROO			700,399				
40	ANESTHESIOLOGY			5,241,615			5,434	
41	RADIOLOGY-DIAGNOSTIC			36,680,437			102,325	
42	RADIOLOGY-THERAPEUTIC			354,337				
42	01 CT SCAN			46,525,136			10,446	
43	RADIOISOTOPE							
43	01 NUCLEAR MEDICINE			11,369,337			33,452	
43	02 ULTRASOUND			4,288,570			3,362	
44	LABORATORY			48,789,863			926,981	
48	INTRAVENOUS THERAPY			88,373				
49	RESPIRATORY THERAPY			9,872,025			312,713	
50	PHYSICAL THERAPY			4,571,392			572,795	
51	OCCUPATIONAL THERAPY			979,767			107,452	
52	SPEECH PATHOLOGY			861,237			65,734	
53	ELECTROCARDIOLOGY			18,973,204			78,092	
54	ELECTROENCEPHALOGRAPHY			2,940,439			6,306	
55	MEDICAL SUPPLIES CHARGED			22,395,852			351,847	
55	30 IMPL. DEV. CHARGED TO PAT			52,287,530				
56	DRUGS CHARGED TO PATIENTS			40,108,634			1,145,426	
57	RENAL DIALYSIS			2,201,764				
58	ASC (NON-DISTINCT PART)							
58	01 CARDIAC CATHETERIZATION			29,896,246				
59	LITHOTRIPTER							
59	01 DIABETES CENTER			30				
	OUTPAT SERVICE COST CNTRS							
	CLINIC			3,759,628			3,725	
60	01 PARTIAL HOSP PRG			1,421,657				
60	02 PAIN MANAGEMENT			12,865,745			2,245	
61	EMERGENCY			20,512,777			20,444	
62	OBSERVATION BEDS (NON-DIS			1,809,364				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	HOMECARE SUPPORT							
101	TOTAL			435,101,620			4,199,302	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	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						
37 01	REHAB MEDICINE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42 01	CT SCAN						
43	RADIOISOTOPE						
43 01	NUCLEAR MEDICINE						
43 02	ULTRASOUND						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58 01	CARDIAC CATHETERIZATION						
59	LITHOTRIPTER						
59 01	DIABETES CENTER						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSP PRG						
60 02	PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	HOMECARE SUPPORT						
101	TOTAL						

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	.275702				206,914
37 01 REHAB MEDICINE	.403981				
38 RECOVERY ROOM	.307274				4,910
39 DELIVERY ROOM & LABOR ROOM	.892037				
40 ANESTHESIOLOGY	.090997				6,125
41 RADIOLOGY-DIAGNOSTIC	.160034				633,961
42 RADIOLOGY-THERAPEUTIC	.012522				
42 01 CT SCAN	.042385				
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE	.097592				127,979
43 02 ULTRASOUND	.156346				
44 LABORATORY	.174925				516,440
48 INTRAVENOUS THERAPY	5.004685				
49 RESPIRATORY THERAPY	.171026				106,038
50 PHYSICAL THERAPY	.339899				141,144
51 OCCUPATIONAL THERAPY	.336551				
52 SPEECH PATHOLOGY	.301920				110,522
53 ELECTROCARDIOLOGY	.115768				345,277
54 ELECTROENCEPHALOGRAPHY	.315881				165,005
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186				38,745
55 30 IMPL. DEV. CHARGED TO PATIENT	.144058				
56 DRUGS CHARGED TO PATIENTS	.369601				1,231,891
57 RENAL DIALYSIS	.579565				
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION	.098430				
59 LITHOTRIPTER					
59 01 DIABETES CENTER	92.700000				
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.266413				125,273
60 01 PARTIAL HOSP PRG	.519018				
60 02 PAIN MANAGEMENT	.092697				518,013
61 EMERGENCY	.237990				
62 OBSERVATION BEDS (NON-DISTINCT PART)	.729223				
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.727650				
68 HOMECARE SUPPORT					
101 SUBTOTAL					4,278,237
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					4,278,237

(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	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 REHAB MEDICINE					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
42 01 CT SCAN					
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE					
43 02 ULTRASOUND					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION					
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSP PRG					
60 02 PAIN MANAGEMENT					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 HOMECARE SUPPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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		57,047			
37 01 REHAB MEDICINE					
38 RECOVERY ROOM		1,509			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		557			
41 RADIOLOGY-DIAGNOSTIC		101,455			
42 RADIOLOGY-THERAPEUTIC					
42 01 CT SCAN					
43 RADIOISOTOPE					
43 01 NUCLEAR MEDICINE		12,490			
43 02 ULTRASOUND					
44 LABORATORY		90,338			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		18,135			
50 PHYSICAL THERAPY		47,975			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		33,369			
53 ELECTROCARDIOLOGY		39,972			
54 ELECTROENCEPHALOGRAPHY		52,122			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		33,599			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		455,308			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 CARDIAC CATHETERIZATION					
59 LI THOTRIPTER					
59 01 DIABETES CENTER					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		33,374			
60 01 PARTIAL HOSP PRG					
60 02 PAIN MANAGEMENT		48,018			
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 HOMECARE SUPPORT					
101 SUBTOTAL		1,025,268			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		1,025,268			

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	37,496
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,496
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37,496
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	21,497
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20,127,655
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,127,655

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28,021,832
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28,021,832
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.718285
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	747.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20,127,655

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				536.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				11,539,375
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				11,539,375

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43					
44	3,837,420	3,613	1,062.11	2,122	2,253,797
45	2,407,999	2,272	1,059.86	1,465	1,552,695
46	CORONARY CARE UNIT				
47	BURN INTENSIVE CARE UNIT				
	SURGICAL INTENSIVE CARE UNIT				
	OTHER SPECIAL CARE				
48					1
49					29,106,816
					44,452,683

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				1,886,604
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				3,524,414
52	TOTAL PROGRAM EXCLUDABLE COST				5,411,018
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				39,041,665

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,458
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	536.79
85	OBSERVATION BED COST	1,319,430

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	20,127,655		1,319,430	
87	NEW CAPITAL-RELATED COST	2,519,925	.125197	1,319,430	165,189
88	NON PHYSICIAN ANESTHETIST	20,127,655		1,319,430	
89	MEDICAL EDUCATION	20,127,655		1,319,430	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
18-0102	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
18-T102		

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,496
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,496
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,496
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,606
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,618,386
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,618,386

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,397,450
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,397,450
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.855661
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	720.04
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,618,386

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	616.11
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,453,913
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,453,913

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					2,467,742
					5,921,655

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	362,540
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	260,823
52	TOTAL PROGRAM EXCLUDABLE COST	623,363
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,298,292

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
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18-T102		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	616.11
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,618,386			
87	NEW CAPITAL-RELATED COST	484,731	4,618,386		
88	NON PHYSICIAN ANESTHETIST		4,618,386		
89	MEDICAL EDUCATION		4,618,386		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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18-S102		PART I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,100
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,100
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,100
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,526
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,617,561
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,617,561

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,227,461
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,227,461
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.500415
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,139.19
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,617,561

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 570.07
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,439,997
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,439,997

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					300,010
49 TOTAL PROGRAM INPATIENT COSTS					1,740,007

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 129,660
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 34,449
 52 TOTAL PROGRAM EXCLUDABLE COST 164,109
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,575,898

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
18-S102		PART III

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	570.07
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,617,561			
87	NEW CAPITAL-RELATED COST	415,765	4,617,561		
88	NON PHYSICIAN ANESTHETIST		4,617,561	.090040	
89	MEDICAL EDUCATION		4,617,561		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,831
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,831
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,831
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,217
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,537,178
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,537,178

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,492,768
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,492,768
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.726409
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	599.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,537,178

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,537,178
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		435.12
68	PROGRAM ROUTINE SERVICE COST		2,270,021
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		2,270,021
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		327,494
72	PER DIEM CAPITAL-RELATED COSTS		56.16
73	PROGRAM CAPITAL-RELATED COSTS		292,987
74	INPATIENT ROUTINE SERVICE COST		1,977,034
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,977,034
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		2,270,021
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,409,639
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,679,660

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	37,496
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,496
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	37,496
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,401
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	580
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	20,127,655
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	20,127,655

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28,021,832
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	28,021,832
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.718285
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	747.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	20,127,655

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					536.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,288,833
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,288,833

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	2,064,510	580	3,559.50	
43	INTENSIVE CARE UNIT	3,837,420	3,613	1,062.11	
44	CORONARY CARE UNIT	2,407,999	2,272	1,059.86	
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1
49	TOTAL PROGRAM INPATIENT COSTS				3,866,163

1
 3,866,163
 5,154,996

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,458
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	536.79
85	OBSERVATION BED COST	1,319,430

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
18-0102	FROM 1/ 1/2010	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2010	PART I
18-T102		

TITLE XIX - I/P

SUBPROVIDER I

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,496
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,496
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,496
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	263
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,397,450
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,397,450
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	720.04
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					54,953
49 TOTAL PROGRAM INPATIENT COSTS					54,953

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 54,953

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 17
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,100
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,100
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,100
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,854
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SUBPROVIDER II OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					214,069
49 TOTAL PROGRAM INPATIENT COSTS					214,069

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 214,069

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 313
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
18-S102		PART III

TITLE XIX - I/P

SUBPROVIDER II

OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-4
18-0102		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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		17,371,642	
26	INTENSIVE CARE UNIT		2,907,140	
27	CORONARY CARE UNIT		2,007,050	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.275702	12,988,279	3,580,894
37	01 REHAB MEDICINE	.403981	197,081	79,617
38	RECOVERY ROOM	.307274	647,771	199,043
39	DELIVERY ROOM & LABOR ROOM	.892037		
40	ANESTHESIOLOGY	.090997	1,371,272	124,782
41	RADIOLOGY-DIAGNOSTIC	.160034	5,403,324	864,716
42	RADIOLOGY-THERAPEUTIC	.012522	49,770	623
42	01 CT SCAN	.042385	7,484,292	317,222
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592	1,073,667	104,781
43	02 ULTRASOUND	.156346	366,292	57,268
44	LABORATORY	.174925	17,252,348	3,017,867
48	INTRAVENOUS THERAPY	5.004685	1,878	9,399
49	RESPIRATORY THERAPY	.171026	4,627,237	791,378
50	PHYSICAL THERAPY	.339899	1,675,644	569,550
51	OCCUPATIONAL THERAPY	.336551	141,458	47,608
52	SPEECH PATHOLOGY	.301920	125,465	37,880
53	ELECTROCARDIOLOGY	.115768	4,908,775	568,279
54	ELECTROENCEPHALOGRAPHY	.315881	228,251	72,100
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	8,122,168	7,043,430
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058	22,067,761	3,179,038
56	DRUGS CHARGED TO PATIENTS	.369601	15,013,761	5,549,101
57	RENAL DIALYSIS	.579565	1,319,858	764,944
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430	9,271,602	912,604
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413	258,358	68,830
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697	25,309	2,346
61	EMERGENCY	.237990	3,464,988	824,632
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223	437,293	318,884
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
68	HOMECARE SUPPORT			
101	TOTAL		118,523,902	29,106,816
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		118,523,902	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-T102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		4,034,302	
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.275702	50,231	13,849
37	01 REHAB MEDICINE	.403981	2,154,969	870,567
38	RECOVERY ROOM	.307274	3,235	994
39	DELIVERY ROOM & LABOR ROOM	.892037		
40	ANESTHESIOLOGY	.090997	5,355	487
41	RADIOLOGY-DIAGNOSTIC	.160034	123,115	19,703
42	RADIOLOGY-THERAPEUTIC	.012522		
42	01 CT SCAN	.042385	184,696	7,828
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592	13,129	1,281
43	02 ULTRASOUND	.156346	12,524	1,958
44	LABORATORY	.174925	1,408,429	246,369
48	INTRAVENOUS THERAPY	5.004685	316	1,581
49	RESPIRATORY THERAPY	.171026	213,209	36,464
50	PHYSICAL THERAPY	.339899	1,578,995	536,699
51	OCCUPATIONAL THERAPY	.336551	1,841	620
52	SPEECH PATHOLOGY	.301920	2,624	792
53	ELECTROCARDIOLOGY	.115768	136,830	15,841
54	ELECTROENCEPHALOGRAPHY	.315881	31,898	10,076
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	261,324	226,617
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058	85,245	12,280
56	DRUGS CHARGED TO PATIENTS	.369601	1,035,679	382,788
57	RENAL DIALYSIS	.579565	125,914	72,975
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430	13,377	1,317
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413	1,497	399
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697	1,914	177
61	EMERGENCY	.237990	25,546	6,080
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
68	HOME CARE SUPPORT			
101	TOTAL		7,471,892	2,467,742
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,471,892	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-S102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS		2,873,697	
37	OPERATING ROOM	.275702	7,851	2,165
37	01 REHAB MEDICINE	.403981	1,097	443
38	RECOVERY ROOM	.307274	749	230
39	DELIVERY ROOM & LABOR ROOM	.892037		
40	ANESTHESIOLOGY	.090997	1,461	133
41	RADIOLOGY-DIAGNOSTIC	.160034	60,812	9,732
42	RADIOLOGY-THERAPEUTIC	.012522		
42	01 CT SCAN	.042385	109,289	4,632
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592		
43	02 ULTRASOUND	.156346	3,366	526
44	LABORATORY	.174925	450,289	78,767
48	INTRAVENOUS THERAPY	5.004685		
49	RESPIRATORY THERAPY	.171026	11,623	1,988
50	PHYSICAL THERAPY	.339899	5,177	1,760
51	OCCUPATIONAL THERAPY	.336551	526	177
52	SPEECH PATHOLOGY	.301920	2,114	638
53	ELECTROCARDIOLOGY	.115768	34,524	3,997
54	ELECTROENCEPHALOGRAPHY	.315881	5,508	1,740
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	4,968	4,308
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058	1,553	224
56	DRUGS CHARGED TO PATIENTS	.369601	333,462	123,248
57	RENAL DIALYSIS	.579565	8,539	4,949
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430		
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413		
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697		
61	EMERGENCY	.237990	253,594	60,353
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
68	HOMECARE SUPPORT			
101	TOTAL		1,296,502	300,010
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,296,502	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-4
18-5412		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.275702	41,840	11,535
37	01 REHAB MEDICINE	.403981	408,683	165,100
38	RECOVERY ROOM	.307274		
39	DELIVERY ROOM & LABOR ROOM	.892037		
40	ANESTHESIOLOGY	.090997	5,434	494
41	RADIOLOGY-DIAGNOSTIC	.160034	102,325	16,375
42	RADIOLOGY-THERAPEUTIC	.012522		
42	01 CT SCAN	.042385	10,446	443
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592	33,452	3,265
43	02 ULTRASOUND	.156346	3,362	526
44	LABORATORY	.174925	926,981	162,152
48	INTRAVENOUS THERAPY	5.004685		
49	RESPIRATORY THERAPY	.171026	312,713	53,482
50	PHYSICAL THERAPY	.339899	572,795	194,692
51	OCCUPATIONAL THERAPY	.336551	107,452	36,163
52	SPEECH PATHOLOGY	.301920	65,734	19,846
53	ELECTROCARDIOLOGY	.115768	78,092	9,041
54	ELECTROENCEPHALOGRAPHY	.315881	6,306	1,992
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	351,847	305,117
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058		
56	DRUGS CHARGED TO PATIENTS	.369601	1,145,426	423,351
57	RENAL DIALYSIS	.579565		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430		
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413	3,725	992
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697	2,245	208
61	EMERGENCY	.237990	20,444	4,865
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
68	HOMECARE SUPPORT			
101	TOTAL		4,199,302	1,409,639
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,199,302	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

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		1,317,729	
26	INTENSIVE CARE UNIT		295,920	
27	CORONARY CARE UNIT		350,746	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.275702	1,400,940	386,242
37	01 REHAB MEDICINE	.403981		
38	RECOVERY ROOM	.307274	63,315	19,455
39	DELIVERY ROOM & LABOR ROOM	.892037	236,563	211,023
40	ANESTHESIOLOGY	.090997	128,458	11,689
41	RADIOLOGY-DIAGNOSTIC	.160034	508,983	81,455
42	RADIOLOGY-THERAPEUTIC	.012522		
42	01 CT SCAN	.042385	629,269	26,672
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592	89,741	8,758
43	02 ULTRASOUND	.156346		
44	LABORATORY	.174925	1,693,546	296,244
48	INTRAVENOUS THERAPY	5.004685		
49	RESPIRATORY THERAPY	.171026	362,473	61,992
50	PHYSICAL THERAPY	.339899	63,837	21,698
51	OCCUPATIONAL THERAPY	.336551		
52	SPEECH PATHOLOGY	.301920	14,963	4,518
53	ELECTROCARDIOLOGY	.115768	1,027,714	118,976
54	ELECTROENCEPHALOGRAPHY	.315881	27,399	8,655
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	2,263,948	1,963,264
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058		
56	DRUGS CHARGED TO PATIENTS	.369601	1,539,824	569,120
57	RENAL DIALYSIS	.579565	29,667	17,194
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430		
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413	332	88
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697		
61	EMERGENCY	.237990	248,414	59,120
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
68	HOME CARE SUPPORT			
101	TOTAL		10,329,386	3,866,163
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,329,386	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-T102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.275702		
37	01 REHAB MEDICINE	.403981		
38	RECOVERY ROOM	.307274		
39	DELIVERY ROOM & LABOR ROOM	.892037		
40	ANESTHESIOLOGY	.090997		
41	RADIOLOGY-DIAGNOSTIC	.160034	3,233	517
42	RADIOLOGY-THERAPEUTIC	.012522		
42	01 CT SCAN	.042385	8,009	339
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592		
43	02 ULTRASOUND	.156346		
44	LABORATORY	.174925	50,145	8,772
48	INTRAVENOUS THERAPY	5.004685		
49	RESPIRATORY THERAPY	.171026	7,747	1,325
50	PHYSICAL THERAPY	.339899	51,706	17,575
51	OCCUPATIONAL THERAPY	.336551		
52	SPEECH PATHOLOGY	.301920	21,036	6,351
53	ELECTROCARDIOLOGY	.115768	6,422	743
54	ELECTROENCEPHALOGRAPHY	.315881	1,377	435
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	6,596	5,720
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058		
56	DRUGS CHARGED TO PATIENTS	.369601	35,648	13,176
57	RENAL DIALYSIS	.579565		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430		
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413		
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697		
61	EMERGENCY	.237990		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223		
65	OTHER REIMBURS COST CNTRS			
68	AMBULANCE SERVICES			
68	HEMOCARE SUPPORT			
101	TOTAL		191,919	54,953
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		191,919	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 18-0102
 COMPONENT NO: 18-S102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

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			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 PSYCH ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.275702		
37	01 REHAB MEDICINE	.403981		
38	RECOVERY ROOM	.307274		
39	DELIVERY ROOM & LABOR ROOM	.892037		
40	ANESTHESIOLOGY	.090997		
41	RADIOLOGY-DIAGNOSTIC	.160034	33,194	5,312
42	RADIOLOGY-THERAPEUTIC	.012522		
42	01 CT SCAN	.042385	40,243	1,706
43	RADIOISOTOPE			
43	01 NUCLEAR MEDICINE	.097592		
43	02 ULTRASOUND	.156346		
44	LABORATORY	.174925	347,394	60,768
48	INTRAVENOUS THERAPY	5.004685		
49	RESPIRATORY THERAPY	.171026	6,886	1,178
50	PHYSICAL THERAPY	.339899		
51	OCCUPATIONAL THERAPY	.336551		
52	SPEECH PATHOLOGY	.301920		
53	ELECTROCARDIOLOGY	.115768	17,137	1,984
54	ELECTROENCEPHALOGRAPHY	.315881	6,344	2,004
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.867186	7,875	6,829
55	30 IMPL. DEV. CHARGED TO PATIENT	.144058		
56	DRUGS CHARGED TO PATIENTS	.369601	231,117	85,421
57	RENAL DIALYSIS	.579565		
58	ASC (NON-DISTINCT PART)			
58	01 CARDIAC CATHETERIZATION	.098430		
59	LITHOTRIPTER			
59	01 DIABETES CENTER	92.700000		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.266413		
60	01 PARTIAL HOSP PRG	.519018		
60	02 PAIN MANAGEMENT	.092697		
61	EMERGENCY	.237990	205,333	48,867
62	OBSERVATION BEDS (NON-DISTINCT PART)	.729223		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
68	HOME CARE SUPPORT			
101	TOTAL		895,523	214,069
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		895,523	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	37,026,649	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	2,859,970	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	616,213	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	204.27	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	7.51	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	8.32	
4.02 SUM OF LINES 4 AND 4.01	15.83	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	3.04	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,125,610	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 18-0102
 PREPARED 5/26/2011
 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)	38,768,472	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	38,768,472	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		3,052,677
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	41,821,149	
17 PRIMARY PAYER PAYMENTS		35,931
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	41,785,218	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		4,032,452
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		73,596
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		764,955
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		535,469
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		438,070
22 SUBTOTAL	38,214,639	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	38,214,639	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,175,448	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		39,191
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		603,535
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
18-0102		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,484
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,990,112
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	16,371,341
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,484
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	7,652
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	7,652
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	7,652
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,168
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,484
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	16,371,341
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,969,147
19	SUBTOTAL (SEE INSTRUCTIONS)	12,404,678
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	12,404,678
24	PRIMARY PAYER PAYMENTS	5,971
25	SUBTOTAL	12,398,707
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	529,721
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	370,805
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	268,055
28	SUBTOTAL	12,769,512
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-728
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	12,770,240
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	12,670,807
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	99,433
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
18-S102		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	43,288
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	26,899
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	26,899

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,679
19	SUBTOTAL (SEE INSTRUCTIONS)	21,220
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	21,220
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	21,220
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	21,220
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	21,220
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	21,220
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		38,175,448		12,670,807
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		38,175,448		12,670,807
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		39,191		99,433
7 TOTAL MEDICARE PROGRAM LIABILITY		38,214,639		12,770,240

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-T102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,863,599		
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		6,863,599		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER .01			
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM .02	132,132		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		6,731,467		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-S102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,582,333		21,220
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		1,582,333		21,220
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		52,650		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,634,983		21,220

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 18-0102
 COMPONENT NO: 18-5412
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII I SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,607,025		
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		1,607,025		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,607,025		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-T102		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	6,540,305
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0435
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	232,266
1.05	OUTLIER PAYMENTS	46,241
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,818,812
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	20.536986
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	6,818,812
5	PRIMARY PAYER PAYMENTS	4,446
6	SUBTOTAL	6,814,366
7	DEDUCTIBLES	61,504
8	SUBTOTAL	6,752,862
9	COINSURANCE	30,250
10	SUBTOTAL	6,722,612
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	12,650
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,855
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	10,175
12	SUBTOTAL	6,731,467
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-T102		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,731,467
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,863,599
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-132,132
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-S102		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,840,663
1.09	NET IPF PPS OUTLIER PAYMENTS	1,659
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.191781
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,842,322
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,842,322
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,842,322
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,842,322
7	DEDUCTIBLES	249,540
8	SUBTOTAL	1,592,782
9	COINSURANCE	10,450
10	SUBTOTAL	1,582,332
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	75,216
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	52,651
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	66,304
12	SUBTOTAL	1,634,983
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
18-0102	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
18-S102		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,634,983
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,582,333
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	52,650
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-5412		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-5412		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-T102		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-T102		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 18-S102
 PREPARED 5/26/2011
 WORKSHEET E-3
 PART III

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
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22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
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35	SUBTOTAL			
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38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
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38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
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49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)			
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51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
57.01	BALANCE DUE PROVIDER/PROGRAM			
58	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
59				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
18-S102		PART III

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

TITLE XIX

SUBPROVIDER 2

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15,993,191			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	63,315,824			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-40,468,642			
7	INVENTORY	3,546,186			
8	PREPAID EXPENSES	1,938,808			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	44,325,367			
FIXED ASSETS					
12	LAND	453,242			
12.01	LAND IMPROVEMENTS	2,807,619			
13.01	LESS ACCUMULATED DEPRECIATION	-2,766,725			
14	BUILDINGS	88,339,778			
14.01	LESS ACCUMULATED DEPRECIATION	-47,367,779			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	32,133,816			
16.01	LESS ACCUMULATED DEPRECIATION	-26,580,133			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	68,960,541			
18.01	LESS ACCUMULATED DEPRECIATION	-58,040,992			
19	MINOR EQUIPMENT DEPRECIABLE	6,178,496			
19.01	LESS ACCUMULATED DEPRECIATION	-2,509,849			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	61,608,014			
OTHER ASSETS					
22	INVESTMENTS	68,252,593			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,132,907			
26	TOTAL OTHER ASSETS	69,385,500			
27	TOTAL ASSETS	175,318,881			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11,744,206			
29 SALARIES, WAGES & FEES PAYABLE	7,917,301			
30 PAYROLL TAXES PAYABLE	474,234			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	33,380,529			
32 DEFERRED INCOME	759,288			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-6,285,293			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	47,990,265			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	703,588			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	52,801			
42 TOTAL LONG-TERM LIABILITIES	756,389			
43 TOTAL LIABILITIES	48,746,654			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	126,572,227			
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	126,572,227			
52 TOTAL LIABILITIES AND FUND BALANCES	175,318,881			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		105,509,056		
2	NET INCOME (LOSS)		19,861,349		
3	TOTAL		125,370,405		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		125,370,405		
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		125,370,405		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	14,480,861		14,480,861
2 00 SUBPROVIDER	5,402,943		5,402,943
2 01 SUBPROVIDER 2 PSYCH	9,229,777		9,229,777
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,497,105		3,497,105
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	32,610,686		32,610,686
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,315,328		5,315,328
11 00 CORONARY CARE UNIT	11,779,763		11,779,763
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,095,091		17,095,091
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	49,705,777		49,705,777
17 00 ANCILLARY SERVICES	181,910,842	189,869,913	371,780,755
18 00 OUTPATIENT SERVICES	5,393,339	21,780,713	27,174,052
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES	22,501	13,891	36,392
23 00 HOSPICE			
23 01 HOSPICE 2			
24 00 IDENTIFIED ON TB	29,667,624	28,261,223	57,928,847
25 00 TOTAL PATIENT REVENUES	266,700,083	239,925,740	506,625,823

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		159,629,377	
ADD (SPECIFY)			
27 00 EXPENSES NOT INCLUDED ON WKSH A	20,202,261		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		20,202,261	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		179,831,638	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 18-0102
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	506,625,823
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	316,313,178
3	NET PATIENT REVENUES	190,312,645
4	LESS: TOTAL OPERATING EXPENSES	179,831,638
5	NET INCOME FROM SERVICE TO PATIENTS	10,481,007
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	877,739
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	71,666
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	747,627
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	32,635
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	632,621
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TB	7,018,054
25	TOTAL OTHER INCOME	9,380,342
26	TOTAL	19,861,349
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	19,861,349

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4			317,350			317,350
5	473,843	899,496		26,572	475,316	1,875,227
HHA REIMBURSABLE SERVICES						
6	1,170,580					1,170,580
7	737,220			11,007		748,227
8	189,428					189,428
9	107,120					107,120
10	50,038					50,038
11	85,871					85,871
12					180,475	180,475
13					1,840	1,840
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	101,730					101,730
23.50						
24	2,915,830	899,496	317,350	37,579	657,631	4,827,886

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4		317,350		317,350
5	-1,264,072	611,155	-3,599	607,556
HHA REIMBURSABLE SERVICES				
6		1,170,580		1,170,580
7		748,227		748,227
8		189,428		189,428
9		107,120		107,120
10		50,038		50,038
11		85,871		85,871
12	-574	179,901		179,901
13	-1,840			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		101,730		101,730
23.50				
24	-1,266,486	3,561,400	-3,599	3,557,801

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	317,350				317,350		
6	607,556				317,350	924,906	924,906
HHA REIMBURSABLE SERVICES							
7	1,170,580					1,170,580	411,210
8	748,227					748,227	262,844
9	189,428					189,428	66,544
10	107,120					107,120	37,630
11	50,038					50,038	17,578
12	85,871					85,871	30,166
13	179,901					179,901	63,197
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	101,730					101,730	35,737
23.50							
24	3,557,801				317,350	3,557,801	

TOTAL

6

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	1,581,790						
7	1,011,071						
8	255,972						
9	144,750						
10	67,616						
11	116,037						
12	243,098						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	137,467						
23.50							
24	3,557,801						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP	155,584				
3	PLANT OPER & MAINT					
4	TRANSPORTATION			100		
5	ADMINISTRATIVE & GENERAL	155,584		100	-924,906	2,632,895
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,170,580
7	PHYSICAL THERAPY					748,227
8	OCCUPATIONAL THERAPY					189,428
9	SPEECH PATHOLOGY					107,120
10	MEDICAL SOCIAL SERVICES					50,038
11	HOME HEALTH AIDE					85,871
12	SUPPLIES					179,901
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					101,730
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	155,584		100	-924,906	2,632,895
25	COST TO BE ALLOCATED			317,350		924,906
26	UNIT COST MULTIPLIER			3173.500000		.351289

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02
1 ADMIN & GENERAL			138,440	164,418	60,754	48,196
2 SKILLED NURSING CARE	1,581,790			406,180		
3 PHYSICAL THERAPY	1,011,071			255,807		
4 OCCUPATIONAL THERAPY	255,972			65,729		
5 SPEECH PATHOLOGY	144,750			37,169		
6 MEDICAL SOCIAL SERVICES	67,616			17,363		
7 HOME HEALTH AIDE	116,037			29,796		
8 SUPPLIES	243,098					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	137,467			35,299		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,557,801		138,440	1,011,761	60,754	48,196
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	PURCHASING, RECEIVING 6.03	BUSINESS OFFICE 6.04	SUBTOTAL 6A.04	REGIONAL TEAM 6.05	ADMINITTING 6.06	SUBTOTAL 6A.06
1 ADMIN & GENERAL	300		412,108	39,823		451,931
2 SKILLED NURSING CARE			1,987,970	192,101		2,180,071
3 PHYSICAL THERAPY			1,266,878	122,421		1,389,299
4 OCCUPATIONAL THERAPY			321,701	31,087		352,788
5 SPEECH PATHOLOGY			181,919	17,579		199,498
6 MEDICAL SOCIAL SERVICES			84,979	8,212		93,191
7 HOME HEALTH AIDE			145,833	14,092		159,925
8 SUPPLIES			243,098	23,491		266,589
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			172,766	16,695		189,461
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	300		4,817,252	465,501		5,282,753
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.07	7	9	10	11	12
1 ADMIN & GENERAL	19,859					54,203
2 SKILLED NURSING CARE	95,798					
3 PHYSICAL THERAPY	61,049					
4 OCCUPATIONAL THERAPY	15,502					
5 SPEECH PATHOLOGY	8,766					
6 MEDICAL SOCIAL SERVICES	4,095					
7 HOME HEALTH AIDE	7,027					
8 SUPPLIES	11,714					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	8,325					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	232,135					54,203
21 UNIT COST MULTIPLIER						

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

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

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

HHA 1

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	525,993		525,993		
2 SKILLED NURSING CARE	2,275,869		2,275,869	237,371	2,513,240
3 PHYSICAL THERAPY	1,450,348		1,450,348	151,271	1,601,619
4 OCCUPATIONAL THERAPY	368,290		368,290	38,413	406,703
5 SPEECH PATHOLOGY	208,264		208,264	21,722	229,986
6 MEDICAL SOCIAL SERVICES	97,286		97,286	10,147	107,433
7 HOME HEALTH AIDE	166,952		166,952	17,413	184,365
8 SUPPLIES	278,303		278,303	29,027	307,330
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER	197,786		197,786	20,629	218,415
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	5,569,091		5,569,091	525,993	5,569,091
21 UNIT COST MULTIPLIER				0.104300	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
	3	4	5	6.01	6.02	0 0 0 0 0)
1 ADMIN & GENERAL		155,584	473,843	94	16	27,506
2 SKILLED NURSING CARE			1,170,580			
3 PHYSICAL THERAPY			737,220			
4 OCCUPATIONAL THERAPY			189,428			
5 SPEECH PATHOLOGY			107,120			
6 MEDICAL SOCIAL SERVICES			50,038			
7 HOME HEALTH AIDE			85,871			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			101,730			
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		155,584	2,915,830	94	16	27,506
21 COST TO BE ALLOCATED		138,440	1,011,761	60,754	48,196	300
22 UNIT COST MULTIPLIER		0.889809	0.346989	646.319149	3012.250000	0.010907

HHA COST CENTER	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION ()	REGIONAL TEAM (ACCUM. COST)	ADMINISTERING (GROSS CHARGES)	RECONCILIATION ()	OTHER ADMINISTRATIVE AND STRATEGIC (ACCUM. COST)
	6.04	6A.05	6.05	6.06	6A.07	6.07
1 ADMIN & GENERAL			412,108			451,931
2 SKILLED NURSING CARE			1,987,970			2,180,071
3 PHYSICAL THERAPY			1,266,878			1,389,299
4 OCCUPATIONAL THERAPY			321,701			352,788
5 SPEECH PATHOLOGY			181,919			199,498
6 MEDICAL SOCIAL SERVICES			84,979			93,191
7 HOME HEALTH AIDE			145,833			159,925
8 SUPPLIES			243,098			266,589
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			172,766			189,461
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			4,817,252			5,282,753
21 COST TO BE ALLOCATED			465,501			232,135
22 UNIT COST MULTIPLIER			0.096632			0.043942

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS. OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	7	9	10	11	12	14
1 ADMIN & GENERAL					61	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					61	
21 COST TO BE ALLOCATED					54,203	
22 UNIT COST MULTIPLIER					888.573770	

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,513,240		2,513,240	16,757	149.98	7,808
2 PHYSICAL THERAPY	3	1,601,619		1,601,619	15,832	101.16	8,183
3 OCCUPATIONAL THERAPY	4	406,703		406,703	3,093	131.49	1,473
4 SPEECH PATHOLOGY	5	229,986		229,986	1,705	134.89	752
5 MEDICAL SOCIAL SERVICES	6	107,433		107,433	516	208.20	268
6 HOME HEALTH AIDE SERVICE	7	184,365		184,365	3,305	55.78	564
7 TOTAL		5,043,346		5,043,346	41,208		19,048

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	4,320		1,171,044	647,914	1,818,958
2 PHYSICAL THERAPY	3,397		827,792	343,641	1,171,433
3 OCCUPATIONAL THERAPY	619		193,685	81,392	275,077
4 SPEECH PATHOLOGY	272		101,437	36,690	138,127
5 MEDICAL SOCIAL SERVICES	154		55,798	32,063	87,861
6 HOME HEALTH AIDE SERVICES	2,219		31,460	123,776	155,236
7 TOTAL	10,981		2,381,216	1,265,476	3,646,692

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

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	307,330		307,330	379,326	.810200	163,374
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES			132,366	
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.339899			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.336551			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.301920			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.867186			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.144058			
5 DRUGS CHARGED TO PATIENTS	56	.369601			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998 3	1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	101.16	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	131.49					
3 SPEECH PATHOLOGY	4	134.89					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO: 18-0102
 HHA NO: 18-7100
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET H-7
 PARTS I & II

TITLE XVII I

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	3,153,618	1,594,776
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	33,794	6,242
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	34,286	27,289
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	17,970	2,099
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,291	3,356
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	3,241,959	1,633,762
13 EXCESS REASONABLE COST		
14 SUBTOTAL	3,241,959	1,633,762
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	3,241,959	1,633,762
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3,241,959	1,633,762
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	3,241,959	1,633,762
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	3,241,959	1,633,762
25 INTERIM PAYMENTS	3,241,959	1,633,762
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,241,959		1,633,762
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		3,241,959		1,633,762
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER .01			
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM .02			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		3,241,959		1,633,762

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
18-1507		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	44,467	14,790		
6 ADMINISTRATIVE AND GENERAL	595,672	198,124		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	865,877	287,995		
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,105	367		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	119,984	39,907		
15 SPIRITUAL COUNSELING	50,145	16,678		
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	139,533	46,409		
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION			208,333	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	10,715	3,566		
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,827,498	607,836	208,333	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
18-1507		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION		59,257		59,257
6 ADMINISTRATIVE AND GENERAL	482,814	1,276,610	-1,180,734	95,876
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	294,858	294,858		294,858
10 NURSING CARE	622,506	1,776,378		1,776,378
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,472		1,472
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		159,891		159,891
15 SPIRITUAL COUNSELING		66,823		66,823
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		185,942		185,942
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	515,734	515,734		515,734
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	432,752	432,752	-432,752	
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION		208,333		208,333
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	334	334		334
25 MEDICAL SUPPLIES	79,825	79,825	-79,825	
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	15,281	15,281		15,281
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		14,281		14,281
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,444,104	5,087,771	-1,693,311	3,394,460

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
18-1507		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		59,257
6 ADMINISTRATIVE AND GENERAL	-168,740	-72,864
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		294,858
10 NURSING CARE		1,776,378
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,472
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		159,891
15 SPIRITUAL COUNSELING		66,823
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		185,942
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		515,734
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		208,333
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		334
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		15,281
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		14,281
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-168,740	3,225,720

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1548		

HOSPICE 2

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				9,360
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				6,579
10 NURSING CARE	52,054	5,270		
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	31,091	3,148		
15 SPIRITUAL COUNSELING	49,118	4,975		
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	20,632	2,089		
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION			24,674	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				5,161
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				203,061
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	152,895	15,482	24,674	224,161

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1548		

HOSPICE 2

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	77,849	77,849	-76,334	1,515
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		9,360		9,360
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		6,579		6,579
10 NURSING CARE		57,324		57,324
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		34,239		34,239
15 SPIRITUAL COUNSELING		54,093		54,093
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		22,721		22,721
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	1,716	1,716		1,716
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			-58,318	-58,318
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION		24,674		24,674
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES		5,161	-5,161	
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,361	2,361		2,361
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER		203,061		203,061
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	81,926	499,138	-139,813	359,325

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1548		

HOSPICE 2

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-50	1,465
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		9,360
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		6,579
10 NURSING CARE		57,324
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		34,239
15 SPIRITUAL COUNSELING		54,093
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		22,721
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		1,716
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		-58,318
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		24,674
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		2,361
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		203,061
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-50	359,275

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
18-1507		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

119,984

119,984

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
18-1507		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				44,467
6 ADMINISTRATIVE AND GENERAL	452,606			143,066
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	865,877			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,105		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				50,145
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			139,533	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				10,715
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,318,483	1,105	139,533	248,393

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
18-1507		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	44,467
6	ADMINISTRATIVE AND GENERAL	595,672
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	865,877
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	1,105
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	119,984
15	SPIRITUAL COUNSELING	50,145
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	139,533
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	10,715
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,827,498

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1548		

HOSPICE 2

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	31,091	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	31,091	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	18-0102	PERIOD:	FROM 1/1/2010	TO 12/31/2010	PREPARED 5/26/2011
HOSPICE NO:	14-1548				WORKSHEET K-1

HOSPICE 2

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	52,054			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				49,118
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			20,632	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	52,054		20,632	49,118

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1548		

HOSPICE 2

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	52,054
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	31,091
19	SPIRITUAL COUNSELING	49,118
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOME MAKER	20,632
23	HH AIDE & HOME MAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	152,895

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
18-1507		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	39,907	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	39,907	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
18-1507		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				14,790
6 ADMINISTRATIVE AND GENERAL	150,539			47,585
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	287,995			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		367		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				16,678
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			46,409	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				3,566
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	438,534	367	46,409	82,619

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
18-1507		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	14,790
6	ADMINISTRATIVE AND GENERAL	198,124
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	287,995
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	367
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	39,907
15	SPIRITUAL COUNSELING	16,678
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	46,409
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	3,566
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	607,836

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1548		

HOSPICE 2

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	3,148	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	3,148	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1548		

HOSPICE 2

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	5,270			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				4,975
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			2,089	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	5,270		2,089	4,975

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1548		

HOSPICE 2

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	5,270
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	3,148
19	SPIRITUAL COUNSELING	4,975
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	2,089
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	15,482

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1548		

HOSPICE 2

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1548		

HOSPICE 2

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	9,360			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	6,579			
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				5,161
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				203,061
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	15,939			208,222

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1548		

HOSPICE 2

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	9,360
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	6,579
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	5,161
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	203,061
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	224,161

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
18-1507		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	59,257			
6 ADMINISTRATIVE AND GENERAL	-72,864			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	294,858			
10 NURSING CARE	1,776,378			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,472			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	159,891			
15 SPIRITUAL COUNSELING	66,823			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	185,942			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	515,734			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	208,333			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	334			
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	15,281			
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	14,281			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	3,225,720			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
18-1507		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION		59,257		
7 ADMINISTRATIVE AND GENERAL		59,257	-13,607	-13,607
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			294,858	
13 NURSING CARE			1,776,378	
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			1,472	
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			159,891	
19 SPIRITUAL COUNSELING			66,823	
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			185,942	
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			515,734	
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			208,333	
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			334	
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			15,281	
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			14,281	
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		59,257	3,239,327	-13,607

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
18-1507		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	294,858
13	NURSING CARE	1,776,378
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	1,472
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	159,891
19	SPIRITUAL COUNSELING	66,823
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	185,942
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	515,734
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	208,333
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	334
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	15,281
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	14,281
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	3,225,720

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1548		PART I

HOSPICE 2

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	1,465			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	9,360			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	6,579			
10 NURSING CARE	57,324			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	34,239			
15 SPIRITUAL COUNSELING	54,093			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	22,721			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	1,716			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	-58,318			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	24,674			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,361			
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	203,061			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	359,275			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1548		PART I

HOSPICE 2

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			1,465	1,465
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			9,360	38
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			6,579	27
13 NURSING CARE			57,324	235
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			34,239	140
19 SPIRITUAL COUNSELING			54,093	221
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			22,721	93
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			1,716	7
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			-58,318	
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			24,674	101
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			2,361	10
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER			203,061	593
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			357,810	1,465

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1548		PART I

HOSPICE 2

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	9,398
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	6,606
13	NURSING CARE	57,559
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	34,379
19	SPIRITUAL COUNSELING	54,314
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	22,814
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	1,723
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	-58,318
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	24,775
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,371
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	203,654
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	359,275

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
18-1507		PART II

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
18-1507		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	1		
7 ADMINSTRATIVE AND GENERAL INPATIENT CARE SERVICE	1	13,607	3,239,327
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			294,858
12 NURSING CARE			1,776,378
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			1,472
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			159,891
18 SPIRITUAL COUNSELING			66,823
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOME MAKER			185,942
22.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			515,734
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			208,333
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			334
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			15,281
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			14,281
39			
40			
41 FUNDRAISING			
42 OTHER PROGRAM COSTS			
43 COST TO BE ALLOCATED (PER WKST K-4, PART I)	59,257		-13,607
44 UNIT COST MULTIPLIER	59257.000000		-.004201

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1548		PART II

HOSPICE 2

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1548		PART II

HOSPICE 2

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	1		
7 ADMINISTRATIVE AND GENERAL	1	-1,465	357,810
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			9,360
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			6,579
13 NURSING CARE			57,324
14 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			34,239
19 SPIRITUAL COUNSELING			54,093
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOME MAKER			22,721
23 HH AIDE & HOME MAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			1,716
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			-58,318
27 ANALGESICS			
28 SEDATIVES / HYPNOTICS			
29 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			24,674
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			2,361
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			203,061
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,465
45 UNIT COST MULTIPLIER	.000000		.004094

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE
COST CENTERS

HOSPI CE 1

Table with 5 columns: HOSPI CE COST CENTER, FROM K-4, PART 1, COLUMN 7, LINE, HOSPI CE TRIAL BALANCE (1), NEW CAP REL COSTS-BLDG & FIXT, NEW CAP REL COSTS-MVBLE EQUI P, EMPLOYEE BENEFITS. Rows include administrative and general costs, nursing care, therapy, and medical supplies, totaling 3,225,720.

NONPATIENT TELEPHONES DATA PROCESSING PURCHASING, RECEIVING BUSINESS OFFICE

Table with 4 columns: HOSPI CE COST CENTER, 6.01, 6.02, 6.03, 6.04. Rows include administrative and general costs, nursing care, and medical supplies, totaling 27,792, 15,061, and 906.

HOSPI CE 1

	6A. 04	6. 05	6. 06	6A. 06
HOSPI CE COST CENTER				
1.00 ADMINISTRATIVE AND GENERAL	680,020	65,483		745,503
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSICIAN SERVICES	294,858	28,394		323,252
5.00 NURSING CARE	1,776,378	171,060		1,947,438
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	1,472	142		1,614
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	159,891	15,397		175,288
10.00 SPIRITUAL COUNSELING	66,823	6,435		73,258
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	185,942	17,905		203,847
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	515,734	49,663		565,397
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	208,333	20,062		228,395
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	334	32		366
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	15,281	1,471		16,752
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	14,281	1,375		15,656
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,905,740	377,419		4,283,159
30.00 UNIT COST MULTIPLIER				

	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
HOSPI CE COST CENTER	6. 07	7	9	10
1.00 ADMINISTRATIVE AND GENERAL	32,655			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSICIAN SERVICES	14,159			
5.00 NURSING CARE	85,304			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	71			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	7,678			
10.00 SPIRITUAL COUNSELING	3,209			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	8,929			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	24,766			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	10,004			
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	16			
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	734			
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	686			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	188,211			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPI CE NO:	TO 12/31/2010	WORKSHEET K-5
18-1507		PART I

HOSPI CE 1

DI ETARY	CAFETERI A	NURSI NG ADM NI STRATI ON	CENTRAL SERVI CES & SUPPLY
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HOSPI CE COST CENTER

11	12	14	15
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- 1.00 ADM NI STRATI VE AND GENERAL
- 2.00 I NPATI ENT - GENERAL CARE
- 3.00 I NPATI ENT - RESPI TE CARE
- 4.00 PHY SI CI AN SERVI CES
- 5.00 NURSI NG CARE
- 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 6.00 PHY SI CAL THERAPY
- 7.00 OCCUPATI ONAL THERAPY
- 8.00 SPEECH/LANGU AGE PATHOLOGY
- 9.00 MEDI CAL SOCI AL SERVI CES
- 10.00 SPI RI TUAL COUNSEL I NG
- 11.00 DI ETARY COUNSEL I NG
- 12.00 COUNSEL I NG - OTHER
- 13.00 HOME HEALTH AI DE AND HOME MAKER
- 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 15.30 ANALGESI CS
- 15.31 SEDATI VES / HYPNOTI CS
- 15.32 OTHER
- 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 17.00 PATI ENT TRANSPORTATI ON
- 18.00 I MAGI NG SERVI CES
- 19.00 LABS AND DI AGNOSTI CS
- 20.00 MEDI CAL SUPPLI ES
- 21.00 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)
- 22.00 RADI ATI ON THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAI SI NG
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LI NE 1 THRU 28) (2)
- 30.00 UNI T COST MULI PLI ER

PHARMACY	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	CENTRAL TRANSPORTATI ON
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HOSPI CE COST CENTER

16	17	18	19
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- 1.00 ADM NI STRATI VE AND GENERAL
- 2.00 I NPATI ENT - GENERAL CARE
- 3.00 I NPATI ENT - RESPI TE CARE
- 4.00 PHY SI CI AN SERVI CES
- 5.00 NURSI NG CARE
- 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 6.00 PHY SI CAL THERAPY
- 7.00 OCCUPATI ONAL THERAPY
- 8.00 SPEECH/LANGU AGE PATHOLOGY
- 9.00 MEDI CAL SOCI AL SERVI CES
- 10.00 SPI RI TUAL COUNSEL I NG
- 11.00 DI ETARY COUNSEL I NG
- 12.00 COUNSEL I NG - OTHER
- 13.00 HOME HEALTH AI DE AND HOME MAKER
- 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 15.30 ANALGESI CS
- 15.31 SEDATI VES / HYPNOTI CS
- 15.32 OTHER
- 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 17.00 PATI ENT TRANSPORTATI ON
- 18.00 I MAGI NG SERVI CES
- 19.00 LABS AND DI AGNOSTI CS
- 20.00 MEDI CAL SUPPLI ES
- 21.00 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)
- 22.00 RADI ATI ON THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAI SI NG
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LI NE 1 THRU 28) (2)
- 30.00 UNI T COST MULI PLI ER

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	818,144		818,144	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	337,411		337,411	74,745
5.00 NURSING CARE	2,032,742		2,032,742	447,293
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	1,685		1,685	373
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	182,966		182,966	40,532
10.00 SPIRITUAL COUNSELING	76,467		76,467	16,939
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	212,776		212,776	47,135
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	590,163		590,163	130,736
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	238,399		238,399	52,812
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	382		382	85
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	17,486		17,486	3,874
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	16,342		16,342	3,620
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,511,356		4,511,356	
30.00 UNIT COST MULTIPLIER				.221526

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	412,156
5.00 NURSING CARE	2,480,035
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	2,058
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	223,498
10.00 SPIRITUAL COUNSELING	93,406
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	259,911
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	720,899
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	291,211
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	467
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	21,360
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	19,962
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,511,356
30.00 UNIT COST MULTIPLIER	

(1) COLUMN O, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
18-1507		PART I

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 2

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				53,053
2.00 INPATIENT - GENERAL CARE	7	9,398			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	6,606			
5.00 NURSING CARE	10	57,559			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	34,379			
10.00 SPIRITUAL COUNSELING	15	54,314			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	22,814			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	1,723			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	-58,318			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22	24,775			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	2,371			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	203,654			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		359,275			53,053
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		3,012		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		3,012		
30.00 UNIT COST MULTIPLIER				

HOSPICE 2

HOSPICE COST CENTER	6A.04	6.05	6.06	6A.06
1.00 ADMINISTRATIVE AND GENERAL	56,065	5,418		61,483
2.00 INPATIENT - GENERAL CARE	9,398	908		10,306
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	6,606	638		7,244
5.00 NURSING CARE	57,559	5,562		63,121
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	34,379	3,322		37,701
10.00 SPIRITUAL COUNSELING	54,314	5,248		59,562
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	22,814	2,205		25,019
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	1,723	166		1,889
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-58,318	-5,635		-63,953
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	24,775	2,394		27,169
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,371	229		2,600
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	203,654	19,680		223,334
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	415,340	40,135		455,475
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.07	7	9	10
1.00 ADMINISTRATIVE AND GENERAL	2,702			
2.00 INPATIENT - GENERAL CARE	453			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	318			
5.00 NURSING CARE	2,774			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	1,657			
10.00 SPIRITUAL COUNSELING	2,617			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	1,099			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	83			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-2,810			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	1,194			
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	114			
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	9,813			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	20,014			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 18-0102
 HOSPICE NO: 14-1548
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET K-5
 PART I

HOSPICE 2

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL		3,554		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		3,554		
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	16	17	18	19
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 2

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	67,739		67,739	
2.00 INPATIENT - GENERAL CARE	10,759		10,759	1,772
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	7,562		7,562	1,245
5.00 NURSING CARE	65,895		65,895	10,852
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	39,358		39,358	6,482
10.00 SPIRITUAL COUNSELING	62,179		62,179	10,240
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	26,118		26,118	4,301
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	1,972		1,972	325
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-66,763		-66,763	-10,995
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	28,363		28,363	4,671
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,714		2,714	447
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	233,147		233,147	38,399
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	479,043		479,043	
30.00 UNIT COST MULTIPLIER				164693

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	12,531
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	8,807
5.00 NURSING CARE	76,747
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	45,840
10.00 SPIRITUAL COUNSELING	72,419
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	30,419
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	2,297
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-77,758
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	33,034
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	3,161
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	271,546
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	479,043
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1548		PART I

HOSPICE 2

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL		2,404	1,827,498	43
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,404	1,827,498	43
30.00 TOTAL COST TO BE ALLOCATED		2,139	634,122	27,792
31.00 UNIT COST MULTIPLIER	.000000	.889767	.346989	646.325581

DATA PROCESSING PURCHASING, RECEIVING BUSINESS OFFICE RECONCILIATION

HOSPICE COST CENTER	(TIME SPENT)	(REQUISITION) (ON)	(GROSS CHARGES)	
	6.02	6.03	6.04	6A.05
1.00 ADMINISTRATIVE AND GENERAL	5	82,980		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE	RECONCILIATION
	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5	82,980		
30.00 TOTAL COST TO BE ALLOCATED	15,061	906		
31.00 UNIT COST MULTIPLIER	3012.200000	.010918	.000000	

HOSPICE COST CENTER	REGIONAL TEAM (ACCUMULATED COST)	ADMITTING (GROSS CHARGES)	RECONCILIATION 6A.07	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)
	6.05	6.06	6A.07	6.07
1.00 ADMINISTRATIVE AND GENERAL	680,020			745,503
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	294,858			323,252
5.00 NURSING CARE	1,776,378			1,947,438
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	1,472			1,614
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	159,891			175,288
10.00 SPIRITUAL COUNSELING	66,823			73,258
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	185,942			203,847
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	515,734			565,397
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	208,333			228,395
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	334			366
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	15,281			16,752
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	14,281			15,656
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	3,919,347			4,296,766
30.00 TOTAL COST TO BE ALLOCATED	377,419			188,211
31.00 UNIT COST MULTIPLIER	.096296	.000000		.043803

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS. OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		45		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
29.00 TOTAL (SUM OF LINE 1 THRU 28)	45			
30.00 TOTAL COST TO BE ALLOCATED	39,986			
31.00 UNIT COST MULTIPLIER	888.577778	.000000	.000000	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	17	18	19

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

HOSPICE 2

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL			152,895	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			152,895	
30.00 TOTAL COST TO BE ALLOCATED			53,053	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.346990	.000000

HOSPICE COST CENTER	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION (NO. OF PHONE)
	6.02	6.03	6.04	6A.05
1.00 ADMINISTRATIVE AND GENERAL	1			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 2

	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE	RECONCILIATION
HOSPICE COST CENTER				
	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1			
30.00 TOTAL COST TO BE ALLOCATED	3,012			
31.00 UNIT COST MULTIPLIER	3012.000000	.000000	.000000	
	REGIONAL TEAM	ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
HOSPICE COST CENTER	(ACCUMULATED COST)	(GROSS CHARGES)		(ACCUMULATED COST)
	6.05	6.06	6A.07	6.07
1.00 ADMINISTRATIVE AND GENERAL	56,065			61,483
2.00 INPATIENT - GENERAL CARE	9,398			10,306
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	6,606			7,244
5.00 NURSING CARE	57,559			63,121
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	34,379			37,701
10.00 SPIRITUAL COUNSELING	54,314			59,562
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	22,814			25,019
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	1,723			1,889
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-58,318			-63,953
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION	24,775			27,169
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,371			2,600
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	203,654			223,334
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	415,340			455,475
30.00 TOTAL COST TO BE ALLOCATED	40,135			20,014
31.00 UNIT COST MULTIPLIER	.096632	.000000		.043941

HOSPICE 2

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS. OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		4		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1548		PART II

HOSPICE 2

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4			
30.00 TOTAL COST TO BE ALLOCATED	3,554			
31.00 UNIT COST MULTIPLIER	888.500000	.000000	.000000	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	(TIME SPENT)	(TIME SPENT)	(GROSS CHARGES)
	17	18	19

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

.000000 .000000 .000000

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

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
18-1507		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	. 339899	
2	OCCUPATIONAL THERAPY	51	. 336551	
3	SPEECH PATHOLOGY	52	. 301920	
4	DRUGS CHARGED TO PATIENTS	56	. 369601	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	. 174925	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 867186	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	. 144058	
8	EMERGENCY	61	. 237990	
9	RADIOLOGY-DIAGNOSTIC	41	. 160034	
10	LI THOTRI PTER	59		
10.01	DIABETES CENTER	59.01	92. 700000	
11	TOTAL (SUM OF LINES 1-10)			

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

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
14-1548		PART III

HOSPICE 2

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.339899	
2	OCCUPATIONAL THERAPY	51	.336551	
3	SPEECH PATHOLOGY	52	.301920	
4	DRUGS CHARGED TO PATIENTS	56	.369601	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.174925	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.867186	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.144058	
8	EMERGENCY	61	.237990	
9	RADIOLOGY-DIAGNOSTIC	41	.160034	
10	LITHOTRIPTER	59		
10.01	DIABETES CENTER	59.01	92.700000	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
18-1507		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,511,356
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				33,785
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				133.53
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	29,614			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,954,357			
6 UNDUPLICATED MEDICAID DAYS		1,716		
7 AGGREGATE MEDICAID COST		229,137		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	6,139			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	819,741			
10 UNDUPLICATED NF DAYS		517		
11 AGGREGATE NF COST		69,035		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			2,455	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			327,816	

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

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
14-1548		

HOSPICE 2

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				479,043
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				6,083
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				78.75
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	5,294			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	416,903			
6 UNDUPLICATED MEDICAID DAYS		556		
7 AGGREGATE MEDICAID COST		43,785		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	2,750			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	216,563			
10 UNDUPLICATED NF DAYS		54		
11 AGGREGATE NF COST		4,253		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			233	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			18,349	

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

CALCULATION OF CAPITAL PAYMENT

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	2,985,430
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	67,247
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	112.12
	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	.00
	(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	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,052,677
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)	