

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1335	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 12/22/2010 TIME 15:59

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
DUNN MEMORIAL HOSPITAL 15-1335
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 12/22/2010 TIME 15:59

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PI ENCRYPTION INFORMATION
DATE: 12/22/2010 TIME 15:59

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1	HOSPITAL	0	-18,211	146,793	223,162
2	SUBPROVIDER	0	0	0	0
7	HOSPITAL-BASED HHA	0	0	1	0
100	TOTAL	0	-18,211	146,794	223,162

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: 1616 TWENTY-THIRD STREET P.O. BOX:
 1.01 CITY: BEDFORD STATE: IN ZIP CODE: 47421- COUNTY: LAWRENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX	
0	1	2	2.01	3	4	5	6	
02.00 HOSPITAL	DUNN MEMORIAL HOSPITAL	15-1335		7/ 1/1966	N	O	O	
03.00 SUBPROVIDER	DUNN MEMORIAL HOSPITAL PSYCH	15-M335		1/ 1/2000	N	P	P	
09.00 HOSPITAL-BASED HHA	DUNN MEMORIAL HOME HEALTH	15-7176		6/16/1986	N	O	N	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 6/30/2010
 18 TYPE OF CONTROL 1 2
 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 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. N
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). N
- 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 Y 25
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 Y
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. 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 N 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

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

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	18	3,258	34,920.00	3	4	1,455	5 136
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	18	3,258	34,920.00			1,455	136
6 INTENSIVE CARE UNIT	7	1,267	10,992.00			458	28
11 NURSERY							43
12 TOTAL	25	4,525	45,912.00			1,913	207
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY						3,721	209
25 TOTAL	25						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						9,448	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			2,316				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PEO-SB NF							
5 TOTAL ADULTS AND PEDS			2,316				
6 INTENSIVE CARE UNIT			720				
11 NURSERY			324				
12 TOTAL			3,360				
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY			3,930				
25 TOTAL							
26 OBSERVATION BED DAYS			572				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					444	77	944
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		158.70			444	77	944
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY		4.61					
25 TOTAL		163.31					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
I 15-1335 I FROM 1/ 1/2010 I WORKSHEET S-4
I HHA NO: I TO 6/30/2010 I
I 15-7176 I I
COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		134.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

- 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)
- 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)
- 5 OTHER ADMINISTRATIVE PERSONEL
- 6 DIRECTING NURSING SERVICE
- 7 NURSING SUPERVISOR
- 8 PHYSICAL THERAPY SERVICE
- 9 PHYSICAL THERAPY SUPERVISOR
- 10 OCCUPATIONAL THERAPY SERVICE
- 11 OCCUPATIONAL THERAPY SUPERVISOR
- 12 SPEECH PATHOLOGY SERVICE
- 13 SPEECH PATHOLOGY SUPERVISOR
- 14 MEDICAL SOCIAL SERVICE
- 15 MEDICAL SOCIAL SERVICE SUPERVISOR
- 16 HOME HEALTH AIDE
- 17 HOME HEALTH AIDE SUPERVISOR
- 18

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 0 0

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).

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

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	1,519	0	51	124
22 SKILLED NURSING VISIT CHARGES	198,323	0	6,660	16,500
23 PHYSICAL THERAPY VISITS	480	0	9	38
24 PHYSICAL THERAPY VISIT CHARGES	65,277	0	1,232	5,202
25 OCCUPATIONAL THERAPY VISITS	156	0	0	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	21,057	0	0	685
27 SPEECH PATHOLOGY VISITS	46	0	0	4
28 SPEECH PATHOLOGY VISIT CHARGES	7,250	0	0	645
29 MEDICAL SOCIAL SERVICE VISITS	4	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	752	0	0	0
31 HOME HEALTH AIDE VISITS	1,171	0	3	111
32 HOME HEALTH AIDE VISIT CHARGES	98,574	0	255	9,418
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,376	0	63	282
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	391,233	0	8,147	32,450
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	180	0	26	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	10,083	0	330	481

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET S-4
 I HHA NO: I TO 6/30/2010 I
 I 15-7176 I
 COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,694
22 SKILLED NURSING VISIT CHARGES	0	0	221,483
23 PHYSICAL THERAPY VISITS	0	0	527
24 PHYSICAL THERAPY VISIT CHARGES	0	0	71,711
25 OCCUPATIONAL THERAPY VISITS	0	0	161
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	21,742
27 SPEECH PATHOLOGY VISITS	0	0	50
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	7,895
29 MEDICAL SOCIAL SERVICE VISITS	0	0	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	752
31 HOME HEALTH AIDE VISITS	0	0	1,285
32 HOME HEALTH AIDE VISIT CHARGES	0	0	108,247
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	3,721
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	431,830
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	206
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	10,894

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-1335 I

I PERIOD: I FROM 1/ 1/2010 I TO 6/30/2010 I

I PREPARED 12/22/2010 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
4	0400 GENERAL SERVICE COST CNTR					
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		754,038	754,038	-31,142	722,896
6	0600 EMPLOYEE BENEFITS	697,019	1,667,238	2,364,257		2,364,257
8	0800 ADMINISTRATIVE & GENERAL	755,112	1,394,230	2,149,342	18,939	2,168,281
9	0900 OPERATION OF PLANT	184,645	585,256	769,901	16,867	786,768
10	1000 LAUNDRY & LINEN SERVICE	34,763	32,227	66,990		66,990
11	1100 HOUSEKEEPING	135,821	56,536	192,357		192,357
12	1200 DIETARY	180,852	180,470	361,322	-90,331	270,991
14	1400 CAFETERIA				90,331	90,331
15	1500 NURSING ADMINISTRATION	271,755	43,376	315,131		315,131
16	1600 CENTRAL SERVICES & SUPPLY	50,335	14,743	65,078		65,078
17	1700 PHARMACY	183,835	672,045	855,880		855,880
18	1800 MEDICAL RECORDS & LIBRARY	178,989	85,635	264,624		264,624
	1800 SOCIAL SERVICE	83,992	15,055	99,047		99,047
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	1,178,095	200,446	1,378,541	-265,438	1,113,103
31	3100 INTENSIVE CARE UNIT	619,013	101,388	720,401		720,401
33	3300 SUBPROVIDER					
	3300 NURSERY		5,017	5,017	196,068	201,085
37	3700 ANCILLARY SRVC COST CNTRS					
39	3900 OPERATING ROOM	482,389	287,079	769,468		769,468
40	4000 DELIVERY ROOM & LABOR ROOM				69,370	69,370
41	4100 ANESTHESIOLOGY	353,621	68,551	422,172		422,172
44	4400 RADIOLOGY-DIAGNOSTIC	384,951	396,181	781,132		781,132
49	4900 LABORATORY	409,572	992,047	1,401,619		1,401,619
50	5000 RESPIRATORY THERAPY	299,629	64,645	364,274		364,274
53	5300 PHYSICAL THERAPY	172,828	23,544	196,372		196,372
55	5500 ELECTROCARDIOLOGY	151,889	74,853	226,742		226,742
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		828,799	828,799		828,799
57	5700 DRUGS CHARGED TO PATIENTS		15,833	15,833		15,833
59	5900 RENAL DIALYSIS		29,725	29,725		29,725
59.01	3030 ANGIOCARDIOGRAPHY	154,190	156,302	310,492		310,492
	3950 CARDIAC REHAB	45,769	9,465	55,234		55,234
60	6000 OUTPAT SERVICE COST CNTRS					
61	6100 CLINIC					
62	6200 EMERGENCY	473,279	412,839	886,118		886,118
65	6500 OBSERVATION BEDS (NON-DISTINCT PART)					
71	7100 OTHER REIMBURS COST CNTRS					
	7100 AMBULANCE SERVICES	362,044	151,652	513,696		513,696
	7100 HOME HEALTH AGENCY	211,969	69,428	281,397		281,397
88	8800 SPEC PURPOSE COST CENTERS					
95	INTEREST EXPENSE					
	SUBTOTALS	8,056,356	9,388,643	17,444,999	4,664	17,449,663
98	9800 NONREIMBURS COST CENTERS					
100	9800 PHYSICIANS' PRIVATE OFFICES	778,793	413,537	1,192,330	-16,867	1,175,463
100.01	7950 OTHER NONREIMBURSABLE COST CENTERS	167,831	61,055	228,886	22,648	251,534
	7951 MARKETING	21,094	94,032	115,126	-10,445	104,681
100.02	7952 MEDICAL STAFF		29,147	29,147		29,147
101	TOTAL	9,024,074	9,986,414	19,010,488	-0-	19,010,488

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
I 15-1335 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-10,856	712,040
5	0500 EMPLOYEE BENEFITS	-2,879	2,361,378
6	0600 ADMINISTRATIVE & GENERAL	-218,407	1,949,874
8	0800 OPERATION OF PLANT	6,643	793,411
9	0900 LAUNDRY & LINEN SERVICE	-144	66,846
10	1000 HOUSEKEEPING		192,357
11	1100 DIETARY		270,991
12	1200 CAFETERIA	-63,235	27,096
14	1400 NURSING ADMINISTRATION		315,131
15	1500 CENTRAL SERVICES & SUPPLY	-665	64,413
16	1600 PHARMACY	-475	855,405
17	1700 MEDICAL RECORDS & LIBRARY	-6,475	258,149
18	1800 SOCIAL SERVICE		99,047
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-456	1,112,647
26	2600 INTENSIVE CARE UNIT		720,401
31	3100 SUBPROVIDER		
33	3300 NURSERY		201,085
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		769,468
39	3900 DELIVERY ROOM & LABOR ROOM		69,370
40	4000 ANESTHESIOLOGY	-406,510	15,662
41	4100 RADIOLOGY-DIAGNOSTIC		781,132
44	4400 LABORATORY	-400	1,401,219
49	4900 RESPIRATORY THERAPY		364,274
50	5000 PHYSICAL THERAPY	-8,856	187,516
53	5300 ELECTROCARDIOLOGY	-38,823	187,919
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		828,799
56	5600 DRUGS CHARGED TO PATIENTS		15,833
57	5700 RENAL DIALYSIS		29,725
59	3030 ANGIOCARDIOGRAPHY	-63,872	246,620
59.01	3950 CARDIAC REHAB		55,234
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-536	885,582
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-9,875	503,821
71	7100 HOME HEALTH AGENCY		281,397
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-825,821	16,623,842
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,175,463
100	7950 OTHER NONREIMBURSABLE COST CENTERS		251,534
100.01	7951 MARKETING		104,681
100.02	7952 MEDICAL STAFF		29,147
101	TOTAL	-825,821	18,184,667

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	ANGIOCARDIOGRAPHY	3030	ANGIOCARDIOGRAPHY
59.01	CARDIAC REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MEDICAL STAFF	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 12/22/2010
151335	FROM 1/ 1/2010	WORKSHEET A-6
	TO 6/30/2010	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA RECLASS	A	CAFETERIA	12	45,213	45,118
2 OB RECLASS	B	NURSERY	33	166,017	30,051
3		DELIVERY ROOM & LABOR ROOM	39	56,701	12,669
4 MARKETING RECLASS	C	ADMINISTRATIVE & GENERAL	6	2,038	8,407
5 PRACTICE MANAGEMENT	D	OTHER NONREIMBURSABLE COST CENTERS	100	20,719	1,929
6 PROF LIABILITY	E	ADMINISTRATIVE & GENERAL	6		16,979
7 UTILITIES	F	OPERATION OF PLANT	8		16,867
8 MALPRACTICE INSURANCE	G	ADMINISTRATIVE & GENERAL	6		14,163
36 TOTAL RECLASSIFICATIONS				290,688	146,183

(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:	PERIOD:	PREPARED 12/22/2010
151335	FROM 1/ 1/2010	WORKSHEET A-6
	TO 6/30/2010	

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) COST CENTER		LINE NO	SALARY		OTHER
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	45,213	45,118	
2 OB RECLASS	B	ADULTS & PEDIATRICS	25	222,718	42,720	
3						
4 MARKETING RECLASS	C	MARKETING	100.01	2,038	8,407	
5 PRACTICE MANAGEMENT	D	ADMINISTRATIVE & GENERAL	6	20,719	1,929	
6 PROF LIABILITY	E	NEW CAP REL COSTS-MVBLE EQUIP	4		16,979	12
7 UTILITIES	F	PHYSICIANS' PRIVATE OFFICES	98		16,867	
8 MALPRACTICE INSURANCE	G	NEW CAP REL COSTS-MVBLE EQUIP	4		14,163	11
36 TOTAL RECLASSIFICATIONS				290,688	146,183	

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

RECLASS CODE: A
 EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	90,331	DIETARY	11	90,331	
TOTAL RECLASSIFICATIONS FOR CODE A			90,331				

RECLASS CODE: B
 EXPLANATION : OB RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	196,068	ADULTS & PEDIATRICS	25	265,438	
2.00	DELIVERY ROOM & LABOR ROOM	39	69,370			0	
TOTAL RECLASSIFICATIONS FOR CODE B			265,438	265,438			

RECLASS CODE: C
 EXPLANATION : MARKETING RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	10,445	MARKETING	100.01	10,445	
TOTAL RECLASSIFICATIONS FOR CODE C			10,445	10,445			

RECLASS CODE: D
 EXPLANATION : PRACTICE MANAGEMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	22,648	ADMINISTRATIVE & GENERAL	6	22,648	
TOTAL RECLASSIFICATIONS FOR CODE D			22,648	22,648			

RECLASS CODE: E
 EXPLANATION : PROF LIABILITY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	16,979	NEW CAP REL COSTS-MVBLE EQUIP	4	16,979	
TOTAL RECLASSIFICATIONS FOR CODE E			16,979	16,979			

RECLASS CODE: F
 EXPLANATION : UTILITIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	16,867	PHYSICIANS' PRIVATE OFFICES	98	16,867	
TOTAL RECLASSIFICATIONS FOR CODE F			16,867	16,867			

RECLASS CODE: G
 EXPLANATION : MALPRACTICE INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	14,163	NEW CAP REL COSTS-MVBLE EQUIP	4	14,163	
TOTAL RECLASSIFICATIONS FOR CODE G			14,163	14,163			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	750,982						750,982	
2	LAND IMPROVEMENTS	831,229						831,229	
3	BUILDINGS & FIXTURE	26,690,186						26,690,186	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	3,802,792						3,802,792	
6	MOVABLE EQUIPMENT	26,962,203						26,962,203	
7	SUBTOTAL	59,037,392						59,037,392	
8	RECONCILING ITEMS								
9	TOTAL	59,037,392						59,037,392	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED GROSS ASSETS LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
4	NEW CAP REL COSTS-MV	448,821		-27,609	-16,979		307,807	712,040
5	TOTAL	448,821		-27,609	-16,979		307,807	712,040

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
4	NEW CAP REL COSTS-MV	446,231					307,807	754,038
5	TOTAL	446,231					307,807	754,038

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-1335
I

I PERIOD:
I FROM 1/ 1/2010 I PREPARED 12/22/2010
I TO 6/30/2010 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			**COST CENTER DELETED**	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12	A-8-2	-38,823			
13					
14	A-8-1				
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			**COST CENTER DELETED**	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		**COST CENTER DELETED**	51	
36	A-8-4		**COST CENTER DELETED**	52	
37	B	-62,665	CAFETERIA	12	
38	B	-570	CAFETERIA	12	
39	B	-63,872	ANGIOCARDIOGRAPHY	59	
40	B	-6,475	MEDICAL RECORDS & LIBRARY	17	
41	B	-14,211	ADMINISTRATIVE & GENERAL	6	
42	B	-475	PHARMACY	16	
43	B	-665	CENTRAL SERVICES & SUPPLY	15	
44	A	3,883	ADMINISTRATIVE & GENERAL	6	
45	B	-9,325	AMBULANCE SERVICES	65	
46	B	-8,856	PHYSICAL THERAPY	50	
47	B	-456	ADULTS & PEDIATRICS	25	
48	B	-34,705	ADMINISTRATIVE & GENERAL	6	
49	B	-400	LABORATORY	44	
49.01	B	-13,446	NEW CAP REL COSTS-MVBLE E	4	11
49.02	B	-550	AMBULANCE SERVICES	65	
49.03	A	2,590	NEW CAP REL COSTS-MVBLE E	4	9
49.04	A	-353,621	ANESTHESIOLOGY	40	
49.05	A	-16,988	ANESTHESIOLOGY	40	
49.06	A	-35,901	ANESTHESIOLOGY	40	
49.07	A	-28,050	ADMINISTRATIVE & GENERAL	6	
49.08	A	-113,324	ADMINISTRATIVE & GENERAL	6	
49.09	A	-5,172	ADMINISTRATIVE & GENERAL	6	
49.10	A	-26,178	ADMINISTRATIVE & GENERAL	6	
49.11	A	-2,879	EMPLOYEE BENEFITS	5	
49.12	A	-650	ADMINISTRATIVE & GENERAL	6	
49.13	A	-536	EMERGENCY	61	
49.14	B	-144	LAUNDRY & LINEN SERVICE	9	
49.15	A	6,643	OPERATION OF PLANT	8	
50		-825,821			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 6/30/2010 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL	PROFES- SIONAL	PROVIDER	RCE	PHYSICIAN/ PROVIDER	UNADJUSTED	5 PERCENT OF
LINE NO.	IDENTIFIER	REMUN- ERATION	COMPONENT	COMPONENT	AMOUNT	COMPONENT	RCE LIMIT	RCE LIMIT
1	2	3	4	5	6	7	8	9
1 26	ICCU - PROFESSIONAL FEES	24,000		24,000				
2 41	X-RAY - PROFESSIONAL FEES	5,000		5,000				
3 44	LABORATORY - PROFESSIONAL	72,000		72,000				
4 49	RESPIRATORY THERAPY - PRO	1,050		1,050				
5 53	EKG - EEG - PROFESSIONAL	38,823	38,823					
6 59	CATH LAB - PROFESSIONAL F	20,000		20,000				
7 61	EMERGENCY DEPARTMENT - PR	309,948		309,948				
8								
9								
10								
11								
12								
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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	470,821	38,823	431,998				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

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

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-MVBLE	E FITS	EMPLOYEE BENE	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	0	4	5		5a.00	6	8	9
004 GENERAL SERVICE COST CNTR								
005 NEW CAP REL COSTS-MVBLE E	712,040	712,040						
006 EMPLOYEE BENEFITS	2,361,378	7,418	2,368,796					
008 ADMINISTRATIVE & GENERAL	1,949,874	67,377	209,493		2,226,744	2,226,744		
009 OPERATION OF PLANT	793,411	109,984	52,526		955,921	133,387	1,089,308	
010 LAUNDRY & LINEN SERVICE	66,846	4,781	9,889		81,516	11,375	9,549	102,440
011 HOUSEKEEPING	192,357	4,638	38,637		235,632	32,880	9,264	956
012 DIETARY	270,991	11,995	38,585		321,571	44,871	23,957	529
014 CAFETERIA	27,096	8,214	12,862		48,172	6,722	16,406	
015 NURSING ADMINISTRATION	315,131	3,911	77,306		396,348	55,306	7,811	
016 CENTRAL SERVICES & SUPPLY	64,413	13,551	14,319		92,283	12,877	27,065	
017 PHARMACY	855,405	4,853	52,296		912,554	127,336	9,692	
018 MEDICAL RECORDS & LIBRARY	258,149	15,305	50,917		324,371	45,262	30,568	
025 SOCIAL SERVICE	99,047	2,891	23,893		125,831	17,558	5,514	
026 INPAT ROUTINE SRVC CNTRS								
031 ADULTS & PEDIATRICS	1,112,647	65,737	271,773		1,450,157	202,352	131,295	38,434
033 INTENSIVE CARE UNIT	720,401	14,756	176,091		911,248	127,154	29,471	11,068
037 SUBPROVIDER								
039 NURSERY	201,085	2,339	47,227		250,651	34,975	4,671	1,831
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM	769,468	47,343	137,225		954,036	133,124	94,564	14,547
044 DELIVERY ROOM & LABOR ROO	69,370	9,968	16,130		95,468	13,321	19,909	3,744
049 ANESTHESIOLOGY	15,662		100,595		116,257	16,222		
050 RADIOLOGY-DIAGNOSTIC	781,132	25,724	109,507		916,363	127,867	51,379	3,255
053 LABORATORY	1,401,219	21,450	116,511		1,539,180	214,782	42,842	
055 RESPIRATORY THERAPY	364,274	5,570	85,235		455,079	63,501	11,126	
056 PHYSICAL THERAPY	187,516	12,323	49,164		249,003	34,745	24,613	2,258
057 ELECTROCARDIOLOGY	187,919	9,322	43,208		240,449	33,552	18,618	1,139
059 MEDICAL SUPPLIES CHARGED	828,799		828,799		828,799	115,649		
060 DRUGS CHARGED TO PATIENTS	15,833		15,833		15,833	2,209		
062 RENAL DIALYSIS	29,725	1,715	31,440		31,440	4,387	3,425	2,441
071 ANGIOCARDIOGRAPHY	246,620	10,920	43,862		301,402	42,057	21,810	2,116
095 01 CARDIAC REHAB	55,234	3,950	13,020		72,204	10,075	7,888	
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
062 EMERGENCY	885,582	18,416	134,634		1,038,632	144,929	36,783	19,166
065 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
095 AMBULANCE SERVICES	503,821	22,684	102,991		629,496	87,839	45,307	468
071 HOME HEALTH AGENCY	281,397	4,560	60,299		346,256	48,316	9,108	
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	16,623,842	531,695	2,088,195		16,162,896	1,944,630	692,635	101,952
098 NONREIMBURS COST CENTERS								
100 PHYSICIANS' PRIVATE OFFIC	1,175,463	65,740	221,543		1,462,746	204,109	131,301	
100 OTHER NONREIMBURSABLE COS	251,534	113,445	53,637		418,616	58,413	226,585	488
100 01 MARKETING	104,681	1,160	5,421		111,262	15,525	2,316	
100 02 MEDICAL STAFF	29,147				29,147	4,067	36,471	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	18,184,667	712,040	2,368,796		18,184,667	2,226,744	1,089,308	102,440

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	278,732						
011 DIETARY	8,895	399,823					
012 CAFETERIA	6,092		77,392				
014 NURSING ADMINISTRATION	2,900		2,462	464,827			
015 CENTRAL SERVICES & SUPPLY	10,049		1,262		143,536		
016 PHARMACY	3,599		2,083		741	1,056,005	
017 MEDICAL RECORDS & LIBRARY	11,350		3,933		328		415,812
018 SOCIAL SERVICE	2,047		1,113				
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	48,752	305,003	16,140	182,706	3,950		23,125
026 INTENSIVE CARE UNIT	10,943	94,820	8,081	91,462	1,135		11,359
031 SUBPROVIDER							
033 NURSERY	1,734		2,259	25,563	358		2,346
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	35,112		6,879	77,855	18,436		30,340
039 DELIVERY ROOM & LABOR ROO	7,392		771	8,729			5,386
040 ANESTHESIOLOGY			752				4,960
041 RADIOLOGY-DIAGNOSTIC	19,077		6,016		963		78,001
044 LABORATORY	15,907		8,285		21,682		66,225
049 RESPIRATORY THERAPY	4,131		3,752		1,239		7,256
050 PHYSICAL THERAPY	9,139		1,941		295		8,241
053 ELECTROCARDIOLOGY	6,913		1,917		358		17,859
055 MEDICAL SUPPLIES CHARGED					85,985		51,808
056 DRUGS CHARGED TO PATIENTS						1,056,005	38,850
057 RENAL DIALYSIS	1,272				1		642
059 ANGIOCARDIOGRAPHY	8,098		1,467		1,007		23,347
059 01 CARDIAC REHAB	2,929		768		156		1,660
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	13,658		6,937	78,512	2,093		31,864
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					1,516		12,543
071 HOME HEALTH AGENCY	3,382				485		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	233,371	399,823	76,818	464,827	140,728	1,056,005	415,812
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	27,845				1,942		
100 OTHER NONREIMBURSABLE COS	3,114				803		
100 01 MARKETING	860		574		63		
100 02 MEDICAL STAFF	13,542						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	278,732	399,823	77,392	464,827	143,536	1,056,005	415,812

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	25	26	27
004 GENERAL SERVICE COST CNTR				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT				
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	152,063			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	116,001	2,517,915		2,517,915
031 INTENSIVE CARE UNIT	36,062	1,332,803		1,332,803
033 SUBPROVIDER				
037 NURSERY		324,388		324,388
039 ANCILLARY SRVC COST CNTRS				
040 OPERATING ROOM		1,364,893		1,364,893
041 DELIVERY ROOM & LABOR ROO		154,720		154,720
044 ANESTHESIOLOGY		138,191		138,191
049 RADIOLOGY-DIAGNOSTIC		1,202,921		1,202,921
050 LABORATORY		1,908,903		1,908,903
053 RESPIRATORY THERAPY		546,084		546,084
055 PHYSICAL THERAPY		330,235		330,235
056 ELECTROCARDIOLOGY		320,805		320,805
057 MEDICAL SUPPLIES CHARGED		1,082,241		1,082,241
059 DRUGS CHARGED TO PATIENTS		1,112,897		1,112,897
059 01 RENAL DIALYSIS		43,608		43,608
059 01 ANGIOCARDIOGRAPHY		401,304		401,304
059 01 CARDIAC REHAB		95,680		95,680
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY		1,372,574		1,372,574
065 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
071 AMBULANCE SERVICES		777,169		777,169
071 HOME HEALTH AGENCY		407,547		407,547
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	152,063	15,434,878		15,434,878
098 NONREIMBURS COST CENTERS				
100 PHYSICIANS' PRIVATE OFFIC		1,827,943		1,827,943
100 01 OTHER NONREIMBURSABLE COS		708,019		708,019
100 01 MARKETING		130,600		130,600
100 02 MEDICAL STAFF		83,227		83,227
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	152,063	18,184,667		18,184,667

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTs-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	0	4	4a	5	6	8	9
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		7,418	7,418	7,418			
008 ADMINISTRATIVE & GENERAL		67,377	67,377	656	68,033		
009 OPERATION OF PLANT		109,984	109,984	165	4,075	114,224	
010 LAUNDRY & LINEN SERVICE		4,781	4,781	31	348	1,001	6,161
011 HOUSEKEEPING		4,638	4,638	121	1,004	971	58
012 DIETARY		11,995	11,995	121	1,371	2,512	32
014 CAFETERIA		8,214	8,214	40	205	1,720	
015 NURSING ADMINISTRATION		3,911	3,911	242	1,690	819	
016 CENTRAL SERVICES & SUPPLY		13,551	13,551	45	393	2,838	
017 PHARMACY		4,853	4,853	164	3,890	1,016	
018 MEDICAL RECORDS & LIBRARY		15,305	15,305	159	1,383	3,205	
025 SOCIAL SERVICE		2,891	2,891	75	536	578	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		65,737	65,737	848	6,182	13,767	2,310
031 INTENSIVE CARE UNIT		14,756	14,756	552	3,885	3,090	666
033 SUBPROVIDER							
033 NURSERY		2,339	2,339	148	1,069	490	110
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		47,343	47,343	430	4,067	9,916	875
039 DELIVERY ROOM & LABOR ROO		9,968	9,968	51	407	2,088	225
040 ANESTHESIOLOGY				315	496		
041 RADIOLOGY-DIAGNOSTIC		25,724	25,724	343	3,906	5,388	196
044 LABORATORY		21,450	21,450	365	6,566	4,492	
049 RESPIRATORY THERAPY		5,570	5,570	267	1,940	1,167	
050 PHYSICAL THERAPY		12,323	12,323	154	1,061	2,581	136
053 ELECTROCARDIOLOGY		9,322	9,322	135	1,025	1,952	69
055 MEDICAL SUPPLIES CHARGED					3,533		
056 DRUGS CHARGED TO PATIENTS					67		
057 RENAL DIALYSIS		1,715	1,715		134	359	147
059 ANGIOCARDIOGRAPHY		10,920	10,920	137	1,285	2,287	127
059 01 CARDIAC REHAB		3,950	3,950	41	308	827	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		18,416	18,416	422	4,428	3,857	1,153
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		22,684	22,684	323	2,684	4,751	28
071 HOME HEALTH AGENCY		4,560	4,560	189	1,476	955	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		531,695	531,695	6,539	59,414	72,627	6,132
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		65,740	65,740	694	6,236	13,768	
100 OTHER NONREIMBURSABLE COS		113,445	113,445	168	1,785	23,762	29
100 01 MARKETING		1,160	1,160	17	474	243	
100 02 MEDICAL STAFF					124	3,824	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		712,040	712,040	7,418	68,033	114,224	6,161

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
004 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	6,792						
012 DIETARY	217	16,248					
014 CAFETERIA	148		10,327				
015 NURSING ADMINISTRATION	71		328	7,061			
016 CENTRAL SERVICES & SUPPLY	245		168		17,240		
017 PHARMACY	88		278		89	10,378	
018 MEDICAL RECORDS & LIBRARY	277		525		39		20,893
025 SOCIAL SERVICE	50		149				
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	1,186	12,395	2,154	2,775	474		1,162
033 INTENSIVE CARE UNIT	267	3,853	1,078	1,389	136		571
037 SUBPROVIDER							
039 NURSERY	42		301	388	43		118
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	856		918	1,183	2,214		1,524
044 DELIVERY ROOM & LABOR ROO	180		103	133			271
049 ANESTHESIOLOGY			100				249
050 RADIOLOGY-DIAGNOSTIC	465		803		116		3,921
051 LABORATORY	388		1,105		2,604		3,327
052 RESPIRATORY THERAPY	101		501		149		365
053 PHYSICAL THERAPY	223		259		35		414
054 ELECTROCARDIOLOGY	168		256		43		897
055 MEDICAL SUPPLIES CHARGED					10,330		2,603
056 DRUGS CHARGED TO PATIENTS						10,378	1,952
057 RENAL DIALYSIS	31						32
059 ANGIOCARDIOGRAPHY	197		196		121		1,173
059 01 CARDIAC REHAB	71		102		19		83
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	333		926	1,193	251		1,601
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES					182		630
071 HOME HEALTH AGENCY	82				58		
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,686	16,248	10,250	7,061	16,903	10,378	20,893
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC	679				233		
100 OTHER NONREIMBURSABLE COS	76				96		
100 01 MARKETING	21		77		8		
100 02 MEDICAL STAFF	330						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,792	16,248	10,327	7,061	17,240	10,378	20,893

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
GENERAL SERVICE COST CNTR	18	25	26	27
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	4,279			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	3,264	112,254		112,254
026 INTENSIVE CARE UNIT	1,015	31,258		31,258
031 SUBPROVIDER				
033 NURSERY		5,048		5,048
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		69,326		69,326
039 DELIVERY ROOM & LABOR ROO		13,426		13,426
040 ANESTHESIOLOGY		1,160		1,160
041 RADIOLOGY-DIAGNOSTIC		40,862		40,862
044 LABORATORY		40,297		40,297
049 RESPIRATORY THERAPY		10,060		10,060
050 PHYSICAL THERAPY		17,186		17,186
053 ELECTROCARDIOLOGY		13,867		13,867
055 MEDICAL SUPPLIES CHARGED		16,466		16,466
056 DRUGS CHARGED TO PATIENTS		12,397		12,397
057 RENAL DIALYSIS		2,418		2,418
059 ANGIOCARDIOGRAPHY		16,443		16,443
059 01 CARDIAC REHAB		5,401		5,401
OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 EMERGENCY		32,580		32,580
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		31,282		31,282
071 HOME HEALTH AGENCY		7,320		7,320
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	4,279	479,051		479,051
NONREIMBURS COST CENTERS				
098 PHYSICIANS' PRIVATE OFFIC		87,350		87,350
100 OTHER NONREIMBURSABLE COS		139,361		139,361
100 01 MARKETING		2,000		2,000
100 02 MEDICAL STAFF		4,278		4,278
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	4,279	712,040		712,040

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 6/30/2010 I

	COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION	ADMINISTRATIV	OPERATION OF	LAUNDRY & LIN
		OSTS-MVBLE E	FITS		E & GENERAL	PLANT	EN SERVICE
		(SQUARE FEET	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET	(POUNDS OF LAUNDRY)
		4	5	6a.00	6	8	9
004	GENERAL SERVICE COST						
005	NEW CAP REL COSTS-MVB	219,223					
006	EMPLOYEE BENEFITS	2,284	8,327,055				
008	ADMINISTRATIVE & GENE	20,744	736,431	-2,226,744	15,957,923		
009	OPERATION OF PLANT	33,862	184,645		955,921	167,916	
010	LAUNDRY & LINEN SERVI	1,472	34,763		81,516	1,472	5,035
011	HOUSEKEEPING	1,428	135,821		235,632	1,428	47
012	DIETARY	3,693	135,639		321,571	3,693	26
014	CAFETERIA	2,529	45,213		48,172	2,529	
015	NURSING ADMINISTRATIO	1,204	271,755		396,348	1,204	
016	CENTRAL SERVICES & SU	4,172	50,335		92,283	4,172	
017	PHARMACY	1,494	183,835		912,554	1,494	
018	MEDICAL RECORDS & LIB	4,712	178,989		324,371	4,712	
	SOCIAL SERVICE	890	83,992		125,831	850	
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	20,239	955,377		1,450,157	20,239	1,889
031	INTENSIVE CARE UNIT	4,543	619,013		911,248	4,543	544
033	SUBPROVIDER						
	NURSERY	720	166,017		250,651	720	90
037	ANCILLARY SRVC COST C						
039	OPERATING ROOM	14,576	482,389		954,036	14,577	715
040	DELIVERY ROOM & LABOR	3,069	56,701		95,468	3,069	184
041	ANESTHESIOLOGY		353,621		116,257		
044	RADIOLOGY-DIAGNOSTIC	7,920	384,951		916,363	7,920	160
049	LABORATORY	6,604	409,572		1,539,180	6,604	
050	RESPIRATORY THERAPY	1,715	299,629		455,079	1,715	
053	PHYSICAL THERAPY	3,794	172,828		249,003	3,794	111
055	ELECTROCARDIOLOGY	2,870	151,889		240,449	2,870	56
056	MEDICAL SUPPLIES CHAR				828,799		
057	DRUGS CHARGED TO PATI				15,833		
059	RENAL DIALYSIS	528			31,440	528	120
059	ANGIOCARDIOGRAPHY	3,362	154,190		301,402	3,362	104
059	01 CARDIAC REHAB	1,216	45,769		72,204	1,216	
060	OUTPAT SERVICE COST C						
061	CLINIC						
062	EMERGENCY	5,670	473,279		1,038,632	5,670	942
065	OBSERVATION BEDS (NON						
071	OTHER REIMBURS COST C						
	AMBULANCE SERVICES	6,984	362,044		629,496	6,984	23
	HOME HEALTH AGENCY	1,404	211,969		346,256	1,404	
095	SPEC PURPOSE COST CEN						
	SUBTOTALS	163,698	7,340,656	-2,226,744	13,936,152	106,769	5,011
098	NONREIMBURS COST CENT						
100	PHYSICIANS' PRIVATE O	20,240	778,793		1,462,746	20,240	
100	01 OTHER NONREIMBURSABLE	34,928	188,550		418,616	34,928	24
100	02 MARKETING	357	19,056		111,262	357	
101	02 MEDICAL STAFF				29,147	5,622	
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	712,040	2,368,796		2,226,744	1,089,308	102,440
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	3.248017				6.487220	
105	(WRKSHT B, PT I)		.284470		.139538		20.345581
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)		7,418		68,033	114,224	6,161
107	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER		.000891		.004263	.680245	1.223635
	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET 8-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT) DAYS	CAFETERIA (PAID) HOURS	NURSING ADMINISTRATION (DIRECT) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES
	10	11	12	14	15	16	17
004 GENERAL SERVICE COST							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENE							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING	115,717						
012 DIETARY	3,693	3,036					
014 CAFETERIA	2,529		197,582				
015 NURSING ADMINISTRATIO	1,204		6,285	104,846			
016 CENTRAL SERVICES & SU	4,172		3,221		1,383,531		
017 PHARMACY	1,494		5,317		7,144	100	
018 MEDICAL RECORDS & LIB	4,712		10,040		3,158		33,261,485
018 SOCIAL SERVICE	850		2,842				
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	20,239	2,316	41,211	41,211	38,071		1,849,879
031 INTENSIVE CARE UNIT	4,543	720	20,630	20,630	10,942		908,673
033 SUBPROVIDER							
037 NURSERY	720		5,766	5,766	3,454		187,687
039 ANCILLARY SRVC COST C							
040 OPERATING ROOM	14,577		17,561	17,561	177,703		2,426,986
041 DELIVERY ROOM & LABOR	3,069		1,969	1,969			430,878
044 ANESTHESIOLOGY			1,921				396,745
049 RADIOLOGY-DIAGNOSTIC	7,920		15,360		9,285		6,238,676
050 LABORATORY	6,604		21,151		208,993		5,297,556
053 RESPIRATORY THERAPY	1,715		9,578		11,938		580,436
055 PHYSICAL THERAPY	3,794		4,955		2,847		659,244
056 ELECTROCARDIOLOGY	2,870		4,895		3,447		1,428,624
057 MEDICAL SUPPLIES CHAR					828,799		4,144,274
059 DRUGS CHARGED TO PATI						100	3,107,738
061 RENAL DIALYSIS	528				6		51,387
062 ANGIOCARDIOGRAPHY	3,362		3,745		9,710		1,867,622
065 01 CARDIAC REHAB	1,216		1,960		1,504		132,770
066 OUTPAT SERVICE COST C							
067 CLINIC							
068 EMERGENCY	5,670		17,709	17,709	20,178		2,548,945
069 OBSERVATION BEDS (NON							
070 OTHER REIMBURS COST C							
071 AMBULANCE SERVICES					14,613		1,003,365
075 HOME HEALTH AGENCY	1,404				4,676		
085 SPEC PURPOSE COST CEN							
090 SUBTOTALS	96,885	3,036	196,116	104,846	1,356,468	100	33,261,485
095 NONREIMBURS COST CENT							
098 PHYSICIANS' PRIVATE O	11,560				18,719		
100 OTHER NONREIMBURSABLE	1,293				7,739		
100 01 MARKETING	357		1,466		605		
100 02 MEDICAL STAFF	5,622						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	278,732	399,823	77,392	464,827	143,536	1,056,005	415,812
104 (WRKSHT B, PART I)							
105 UNIT COST MULTIPLIER		131.694005		4.433426		10,560.050000	
106 (WRKSHT B, PT I)	2.408739		.391696		.103746		.012501
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART II)							
109 UNIT COST MULTIPLIER							
110 (WRKSHT B, PT II)							
111 COST TO BE ALLOCATED	6,792	16,248	10,327	7,061	17,240	10,378	20,893
112 (WRKSHT B, PART III)							
113 UNIT COST MULTIPLIER		5.351779		.067346		103.780000	
114 (WRKSHT B, PT III)	.058695		.052267		.012461		.000628

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS)
	18
004 GENERAL SERVICE COST	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
018 MEDICAL RECORDS & LIB	
018 SOCIAL SERVICE	3,036
025 INPAT ROUTINE SRVC CN	
025 ADULTS & PEDIATRICS	2,316
026 INTENSIVE CARE UNIT	720
031 SUBPROVIDER	
033 NURSERY	
037 ANCILLARY SRVC COST C	
039 OPERATING ROOM	
040 DELIVERY ROOM & LABOR	
041 ANESTHESIOLOGY	
044 RADIOLOGY-DIAGNOSTIC	
049 LABORATORY	
050 RESPIRATORY THERAPY	
053 PHYSICAL THERAPY	
055 ELECTROCARDIOLOGY	
056 MEDICAL SUPPLIES CHAR	
057 DRUGS CHARGED TO PATI	
059 RENAL DIALYSIS	
059 01 ANGIOCARDIOGRAPHY	
059 01 CARDIAC REHAB	
060 OUTPAT SERVICE COST C	
061 CLINIC	
062 EMERGENCY	
065 OBSERVATION BEDS (NON	
071 OTHER REIMBURS COST C	
071 AMBULANCE SERVICES	
071 HOME HEALTH AGENCY	
095 SPEC PURPOSE COST CEN	
095 SUBTOTALS	3,036
098 NONREIMBURS COST CENT	
100 PHYSICIANS' PRIVATE O	
100 OTHER NONREIMBURSABLE	
100 01 MARKETING	
100 02 MEDICAL STAFF	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	152,063
104 (PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
105 (WRKSHT B, PT I)	50.086627
105 COST TO BE ALLOCATED	
106 (PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
107 (WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	4,279
108 (PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
108 (WRKSHT B, PT III)	1.409420

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 6/30/2010 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,517,915		2,517,915		2,517,915
26	INTENSIVE CARE UNIT	1,332,803		1,332,803		1,332,803
31	SUBPROVIDER					
33	NURSERY	324,388		324,388		324,388
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,364,893		1,364,893		1,364,893
39	DELIVERY ROOM & LABOR ROO	154,720		154,720		154,720
40	ANESTHESIOLOGY	138,191		138,191		138,191
41	RADIOLOGY-DIAGNOSTIC	1,202,921		1,202,921		1,202,921
44	LABORATORY	1,908,903		1,908,903		1,908,903
49	RESPIRATORY THERAPY	546,084		546,084		546,084
50	PHYSICAL THERAPY	330,235		330,235		330,235
53	ELECTROCARDIOLOGY	320,805		320,805		320,805
55	MEDICAL SUPPLIES CHARGED	1,082,241		1,082,241		1,082,241
56	DRUGS CHARGED TO PATIENTS	1,112,897		1,112,897		1,112,897
57	RENAL DIALYSIS	43,608		43,608		43,608
59	ANGIOCARDIOGRAPHY	401,304		401,304		401,304
59	01 CARDIAC REHAB	95,680		95,680		95,680
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY	1,372,574		1,372,574		1,372,574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	498,698		498,698		498,698
65	AMBULANCE SERVICES	777,169		777,169		777,169
101	SUBTOTAL	15,526,029		15,526,029		15,526,029
102	LESS OBSERVATION BEDS	498,698		498,698		498,698
103	TOTAL	15,027,331		15,027,331		15,027,331

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET C
 I I TO 6/30/2010 I PART I

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
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	1,384,967		1,384,967			
26	INTENSIVE CARE UNIT	908,673		908,673			
31	SUBPROVIDER						
33	NURSERY	187,687		187,687			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	589,224	1,837,762	2,426,986	.562382	.562382	.562382
39	DELIVERY ROOM & LABOR ROO	341,096	89,782	430,878	.359081	.359081	.359081
40	ANESTHESIOLOGY	135,940	260,805	396,745	.348312	.348312	.348312
41	RADIOLOGY-DIAGNOSTIC	646,377	5,592,299	6,238,676	.192817	.192817	.192817
44	LABORATORY	1,118,339	4,179,217	5,297,556	.360337	.360337	.360337
49	RESPIRATORY THERAPY	359,713	220,723	580,436	.940817	.940817	.940817
50	PHYSICAL THERAPY	52,265	606,979	659,244	.500930	.500930	.500930
53	ELECTROCARDIOLOGY	424,949	1,003,675	1,428,624	.224555	.224555	.224555
55	MEDICAL SUPPLIES CHARGED	2,171,630	1,972,644	4,144,274	.261141	.261141	.261141
56	DRUGS CHARGED TO PATIENTS	2,015,868	1,091,870	3,107,738	.358105	.358105	.358105
57	RENAL DIALYSIS	47,434	3,953	51,387	.848619	.848619	.848619
59	ANGIOCARDIOGRAPHY	1,301,013	566,609	1,867,622	.214874	.214874	.214874
59	01 CARDIAC REHAB	685	132,085	132,770	.720645	.720645	.720645
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	164,848	2,384,097	2,548,945	.538487	.538487	.538487
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		464,912	464,912	1.072672	1.072672	1.072672
65	AMBULANCE SERVICES		1,003,365	1,003,365	.774563	.774563	.774563
101	SUBTOTAL	11,850,708	21,410,777	33,261,485			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,850,708	21,410,777	33,261,485			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,517,915		2,517,915		2,517,915
26	INTENSIVE CARE UNIT	1,332,803		1,332,803		1,332,803
31	SUBPROVIDER					
33	NURSERY	324,388		324,388		324,388
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,364,893		1,364,893		1,364,893
39	DELIVERY ROOM & LABOR ROO	154,720		154,720		154,720
40	ANESTHESIOLOGY	138,191		138,191		138,191
41	RADIOLOGY-DIAGNOSTIC	1,202,921		1,202,921		1,202,921
44	LABORATORY	1,908,903		1,908,903		1,908,903
49	RESPIRATORY THERAPY	546,084		546,084		546,084
50	PHYSICAL THERAPY	330,235		330,235		330,235
53	ELECTROCARDIOLOGY	320,805		320,805		320,805
55	MEDICAL SUPPLIES CHARGED	1,082,241		1,082,241		1,082,241
56	DRUGS CHARGED TO PATIENTS	1,112,897		1,112,897		1,112,897
57	RENAL DIALYSIS	43,608		43,608		43,608
59	ANGIOCARDIOGRAPHY	401,304		401,304		401,304
59	01 CARDIAC REHAB	95,680		95,680		95,680
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY	1,372,574		1,372,574		1,372,574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	498,698		498,698		498,698
65	AMBULANCE SERVICES	777,169		777,169		777,169
101	SUBTOTAL	15,526,029		15,526,029		15,526,029
102	LESS OBSERVATION BEDS	498,698		498,698		498,698
103	TOTAL	15,027,331		15,027,331		15,027,331

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,384,967		1,384,967			
26	INTENSIVE CARE UNIT	908,673		908,673			
31	SUBPROVIDER						
33	NURSERY	187,687		187,687			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	589,224	1,837,762	2,426,986	.562382	.562382	.562382
39	DELIVERY ROOM & LABOR ROO	341,096	89,782	430,878	.359081	.359081	.359081
40	ANESTHESIOLOGY	135,940	260,805	396,745	.348312	.348312	.348312
41	RADIOLOGY-DIAGNOSTIC	646,377	5,592,299	6,238,676	.192817	.192817	.192817
44	LABORATORY	1,118,339	4,179,217	5,297,556	.360337	.360337	.360337
49	RESPIRATORY THERAPY	359,713	220,723	580,436	.940817	.940817	.940817
50	PHYSICAL THERAPY	52,265	606,979	659,244	.500930	.500930	.500930
53	ELECTROCARDIOLOGY	424,949	1,003,675	1,428,624	.224555	.224555	.224555
55	MEDICAL SUPPLIES CHARGED	2,171,630	1,972,644	4,144,274	.261141	.261141	.261141
56	DRUGS CHARGED TO PATIENTS	2,015,868	1,091,870	3,107,738	.358105	.358105	.358105
57	RENAL DIALYSIS	47,434	3,953	51,387	.848619	.848619	.848619
59	ANGIOCARDIOGRAPHY	1,301,013	566,609	1,867,622	.214874	.214874	.214874
59	01 CARDIAC REHAB	685	132,085	132,770	.720645	.720645	.720645
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	164,848	2,384,097	2,548,945	.538487	.538487	.538487
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		464,912	464,912	1.072672	1.072672	1.072672
65	AMBULANCE SERVICES		1,003,365	1,003,365	.774563	.774563	.774563
101	SUBTOTAL	11,850,708	21,410,777	33,261,485			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,850,708	21,410,777	33,261,485			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,364,893	69,326	1,295,567			1,364,893
39	DELIVERY ROOM & LABOR ROO	154,720	13,426	141,294			154,720
40	ANESTHESIOLOGY	138,191	1,160	137,031			138,191
41	RADIOLOGY-DIAGNOSTIC	1,202,921	40,862	1,162,059			1,202,921
44	LABORATORY	1,908,903	40,297	1,868,606			1,908,903
49	RESPIRATORY THERAPY	546,084	10,060	536,024			546,084
50	PHYSICAL THERAPY	330,235	17,186	313,049			330,235
53	ELECTROCARDIOLOGY	320,805	13,867	306,938			320,805
55	MEDICAL SUPPLIES CHARGED	1,082,241	16,466	1,065,775			1,082,241
56	DRUGS CHARGED TO PATIENTS	1,112,897	12,397	1,100,500			1,112,897
57	RENAL DIALYSIS	43,608	2,418	41,190			43,608
59	ANGIOCARDIOGRAPHY	401,304	16,443	384,861			401,304
59	01 CARDIAC REHAB	95,680	5,401	90,279			95,680
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,372,574	32,580	1,339,994			1,372,574
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	498,698		498,698			498,698
65	AMBULANCE SERVICES	777,169	31,282	745,887			777,169
101	SUBTOTAL	11,350,923	323,171	11,027,752			11,350,923
102	LESS OBSERVATION BEDS	498,698		498,698			498,698
103	TOTAL	10,852,225	323,171	10,529,054			10,852,225

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	2,426,986	.562382	.562382
39	DELIVERY ROOM & LABOR ROO	430,878	.359081	.359081
40	ANESTHESIOLOGY	396,745	.348312	.348312
41	RADIOLOGY-DIAGNOSTIC	6,238,676	.192817	.192817
44	LABORATORY	5,297,556	.360337	.360337
49	RESPIRATORY THERAPY	580,436	.940817	.940817
50	PHYSICAL THERAPY	659,244	.500930	.500930
53	ELECTROCARDIOLOGY	1,428,624	.224555	.224555
55	MEDICAL SUPPLIES CHARGED	4,144,274	.261141	.261141
56	DRUGS CHARGED TO PATIENTS	3,107,738	.358105	.358105
57	RENAL DIALYSIS	51,387	.848619	.848619
59	ANGIOCARDIOGRAPHY	1,867,622	.214874	.214874
59 01	CARDIAC REHAB	132,770	.720645	.720645
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,548,945	.538487	.538487
62	OBSERVATION BEDS (NON-DIS	464,912	1.072672	1.072672
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,003,365	.774563	.774563
101	SUBTOTAL	30,780,158		
102	LESS OBSERVATION BEDS	464,912		
103	TOTAL	30,315,246		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,364,893	69,326	1,295,567			1,364,893
39	DELIVERY ROOM & LABOR ROO	154,720	13,426	141,294			154,720
40	ANESTHESIOLOGY	138,191	1,160	137,031			138,191
41	RADIOLOGY-DIAGNOSTIC	1,202,921	40,862	1,162,059			1,202,921
44	LABORATORY	1,908,903	40,297	1,868,606			1,908,903
49	RESPIRATORY THERAPY	546,084	10,060	536,024			546,084
50	PHYSICAL THERAPY	330,235	17,186	313,049			330,235
53	ELECTROCARDIOLOGY	320,805	13,867	306,938			320,805
55	MEDICAL SUPPLIES CHARGED	1,082,241	16,466	1,065,775			1,082,241
56	DRUGS CHARGED TO PATIENTS	1,112,897	12,397	1,100,500			1,112,897
57	RENAL DIALYSIS	43,608	2,418	41,190			43,608
59	ANGIOCARDIOGRAPHY	401,304	16,443	384,861			401,304
59	01 CARDIAC REHAB	95,680	5,401	90,279			95,680
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,372,574	32,580	1,339,994			1,372,574
62	OBSERVATION BEDS (NON-DIS	498,698		498,698			498,698
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	777,169	31,282	745,887			777,169
101	SUBTOTAL	11,350,923	323,171	11,027,752			11,350,923
102	LESS OBSERVATION BEDS	498,698		498,698			498,698
103	TOTAL	10,852,225	323,171	10,529,054			10,852,225

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	2,426,986	.562382	.562382
39	DELIVERY ROOM & LABOR ROO	430,878	.359081	.359081
40	ANESTHESIOLOGY	396,745	.348312	.348312
41	RADIOLOGY-DIAGNOSTIC	6,238,676	.192817	.192817
44	LABORATORY	5,297,556	.360337	.360337
49	RESPIRATORY THERAPY	580,436	.940817	.940817
50	PHYSICAL THERAPY	659,244	.500930	.500930
53	ELECTROCARDIOLOGY	1,428,624	.224555	.224555
55	MEDICAL SUPPLIES CHARGED	4,144,274	.261141	.261141
56	DRUGS CHARGED TO PATIENTS	3,107,738	.358105	.358105
57	RENAL DIALYSIS	51,387	.848619	.848619
59	ANGIOCARDIOGRAPHY	1,867,622	.214874	.214874
59 01	CARDIAC REHAB	132,770	.720645	.720645
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,548,945	.538487	.538487
62	OBSERVATION BEDS (NON-DIS	464,912	1.072672	1.072672
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	1,003,365	.774563	.774563
101	SUBTOTAL	30,780,158		
102	LESS OBSERVATION BEDS	464,912		
103	TOTAL	30,315,246		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				112,254		112,254
26	INTENSIVE CARE UNIT				31,258		31,258
31	SUBPROVIDER						
33	NURSERY				5,048		5,048
101	TOTAL				148,560		148,560

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 6/30/2010 I PART I

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	2,888	1,455			38.87	56,556
26	INTENSIVE CARE UNIT	720	458			43.41	19,882
31	SUBPROVIDER						
33	NURSERY	324				15.58	
101	TOTAL	3,932	1,913				76,438

Health Financial Systems MCRIF32 FOR DUNN MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010

SERVICE OTHER PASS THROUGH COSTS I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D

TITLE XVIII, PART A I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					2,888	
26	INTENSIVE CARE UNIT					720	
31	SUBPROVIDER						
33	NURSERY					324	
101	TOTAL					3,932	

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

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	1,455	
26	INTENSIVE CARE UNIT	458	
31	SUBPROVIDER		
33	NURSERY		
101	TOTAL	1,913	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 15-1335 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic 4	All Other (1) 5	Outpatient Ambulatory Surgical Ctr 6	Outpatient Radiology 7	Other Outpatient Diagnostic 8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		753,278			
39 DELIVERY ROOM & LABOR ROOM		3,799			
40 ANESTHESIOLOGY		18,188			
41 RADIOLOGY-DIAGNOSTIC		2,065,157			
44 LABORATORY		1,367,854			
49 RESPIRATORY THERAPY		103,157			
50 PHYSICAL THERAPY		141,458			
53 ELECTROCARDIOLOGY		334,204			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		671,406			
56 DRUGS CHARGED TO PATIENTS		393,274			
57 RENAL DIALYSIS					
59 ANGIOCARDIOGRAPHY		338,483			
59 01 CARDIAC REHAB		82,200			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		826,722			
62 OBSERVATION BEDS (NON-DISTINCT PART)		225,430			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		7,324,610			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		7,324,610			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

All other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	423,630		
39 DELIVERY ROOM & LABOR ROOM	1,364		
40 ANESTHESIOLOGY	6,335		
41 RADIOLOGY-DIAGNOSTIC	398,197		
44 LABORATORY	492,888		
49 RESPIRATORY THERAPY	97,052		
50 PHYSICAL THERAPY	70,861		
53 ELECTROCARDIOLOGY	75,047		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	175,332		
56 DRUGS CHARGED TO PATIENTS	140,833		
57 RENAL DIALYSIS			
59 ANGIOCARDIOGRAPHY	72,731		
59 01 CARDIAC REHAB	59,237		
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	445,179		
62 OBSERVATION BEDS (NON-DISTINCT PART)	241,812		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	2,700,498		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104 NET CHARGES	2,700,498		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART VI
I	15-1335	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.358105
2	PROGRAM VACCINE CHARGES		1,811
3	PROGRAM COSTS		649

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				112,254		112,254
31	INTENSIVE CARE UNIT				31,258		31,258
33	SUBPROVIDER						
33	NURSERY				5,048		5,048
101	TOTAL				148,560		148,560

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 6/30/2010 I PART I

TITLE XIX

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	2,888	136			38.87	5,286
26	INTENSIVE CARE UNIT	720	28			43.41	1,215
31	SUBPROVIDER						
33	NURSERY	324	43			15.58	670
101	TOTAL	3,932	207				7,171

Health Financial Systems MCRIF32 FOR DUNN MEMORIAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 SERVICE OTHER PASS THROUGH COSTS I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 TITLE XIX I I TO 6/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					2,888	
26	INTENSIVE CARE UNIT					720	
31	SUBPROVIDER						
33	NURSERY					324	
101	TOTAL					3,932	

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 6/30/2010 I PART III

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	136
26	INTENSIVE CARE UNIT		28
31	SUBPROVIDER		
33	NURSERY		43
101	TOTAL		207

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,888
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,888
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,888
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)	1,455
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	2,517,915
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	2,517,915

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,406,899
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,406,899
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.571358
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,525.93
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	2,517,915

TITLE XVIII PART A 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 871.85
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,268,542
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,268,542

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,332,803	720	1,851.12	458	847,813
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 1,660,721
49 TOTAL PROGRAM INPATIENT COSTS					3,777,076

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL 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	572
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	871.85
85	OBSERVATION BED COST	498,698

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)	2,888
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,888
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,888
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)	136
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)	324
16	NURSERY DAYS (TITLE V OR XIX ONLY)	43

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	2,517,915
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	2,517,915

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,406,899
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,406,899
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.571358
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,525.93
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	2,517,915

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 871.85
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 118,572
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 118,572

	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	324,388	324	1,001.20	43	43,052
43 INTENSIVE CARE UNIT	1,332,803	720	1,851.12	28	51,831
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					198,189
49 TOTAL PROGRAM INPATIENT COSTS					411,644

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	572
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	871.85
85	OBSERVATION BED COST	498,698

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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-1335 I

TITLE XVIII, PART A 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			
26	INTENSIVE CARE UNIT		742,048	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		575,276	
37	OPERATING ROOM	.562382	280,002	157,468
39	DELIVERY ROOM & LABOR ROOM	.359081	7,040	2,528
40	ANESTHESIOLOGY	.348312	5,532	1,927
41	RADIOLOGY-DIAGNOSTIC	.192817	343,243	66,183
44	LABORATORY	.360337	618,406	222,835
49	RESPIRATORY THERAPY	.940817	234,348	220,479
50	PHYSICAL THERAPY	.500930	42,955	21,517
53	ELECTROCARDIOLOGY	.224555	117,724	26,436
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.261141	1,333,710	348,286
56	DRUGS CHARGED TO PATIENTS	.358105	1,077,720	385,937
57	RENAL DIALYSIS	.848619	36,893	31,308
59	ANGIOCARDIOGRAPHY	.214874	798,689	171,618
59	01 CARDIAC REHAB	.720645	514	370
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.538487	7,110	3,829
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.072672		
65	AMBULANCE SERVICES			
101	TOTAL		4,903,886	1,660,721
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,903,886	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2010	I	PART B
I	15-1335	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,701,147
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
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	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,701,147

COMPUTATION OF LESSER OF COST OR CHARGES

6	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	
11	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)	2,728,158
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	38,034
18.01	CAH ACTUAL BILLED COINSURANCE	1,192,872
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,497,252
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	1,497,252
24	PRIMARY PAYER PAYMENTS	611
25	SUBTOTAL	1,496,641
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	332,977
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	332,977
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	263,344
28	SUBTOTAL	1,829,618
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	1,829,618
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,682,825
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	146,793
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

50	TO BE COMPLETED BY CONTRACTOR	
51	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
52	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53	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

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2010 I
 I 15-1335 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,079,493		1,479,278
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	8/23/2010	64,216	8/23/2010	258,791
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/23/2010	527,760	8/23/2010	55,244
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-463,544		203,547
4 TOTAL INTERIM PAYMENTS		3,615,949		1,682,825
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		18,211		146,793
7 TOTAL MEDICARE PROGRAM LIABILITY		3,597,738		1,829,618

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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	15-M335	I		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
- 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)
- 1.09 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 $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.
- 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)
- 1.20 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)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.
- 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)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	15-M335	I		I	

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

- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)
- 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 19 INTERIM PAYMENTS
- 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 20 BALANCE DUE PROVIDER/PROGRAM
- 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

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

- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	15-1335	I		I	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		3,777,076
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		3,777,076
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		3,814,847
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		3,814,847
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		302,564
21	EXCESS REASONABLE COST		
22	SUBTOTAL		3,512,283
23	COINSURANCE		7,150
24	SUBTOTAL		3,505,133
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		92,605
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		92,605
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		65,193
26	SUBTOTAL		3,597,738
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		3,597,738
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		3,615,949
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-18,211
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2010 I PART III
 I - I I

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	411,644	
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	411,644	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	411,644	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	129,896	
11		ANCILLARY SERVICE CHARGES	519,229	
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	649,125	
	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)	649,125	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	237,481	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	411,644	
	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	411,644	
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	411,644	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	411,644	
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)	411,644	
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	411,644	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	411,644	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	188,482	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	-	I		I	

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

58	BALANCE DUE PROVIDER/PROGRAM	1	223,162	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I
 I I TO 6/30/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,796,034			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	3,630,622			
5 OTHER RECEIVABLES	798,903			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	-607,494			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	6,618,065			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	992,697			
14.01 LESS ACCUMULATED DEPRECIATION	-568,457			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	424,240			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	7,042,305			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I
 I I TO 6/30/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	172,304			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	172,304			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
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				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	172,304			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,870,001			
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	6,870,001			
52 TOTAL LIABILITIES AND FUND BALANCES	7,042,305			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		15,018,872		
2 NET INCOME (LOSS)		-9,745,456		
3 TOTAL		5,273,416		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 MISC	1,596,585			
6				
7				
8				
9				
10 TOTAL ADDITIONS		1,596,585		
11 SUBTOTAL		6,870,001		
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		6,870,001		

	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 MISC				
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				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET G-2
 I I TO 6/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,690,299		1,690,299
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,690,299		1,690,299
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	908,673		908,673
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	908,673		908,673
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,598,972		2,598,972
17 00 ANCILLARY SERVICES	9,369,380	20,289,766	29,659,146
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		435,531	435,531
20 00 AMBULANCE SERVICES		1,003,365	1,003,365
24 00 PHYSICIAN & PRO FEES	390,464	2,699,846	3,090,310
25 00 TOTAL PATIENT REVENUES	12,358,816	24,428,508	36,787,324

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	19,010,488
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	19,010,488

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET G-3
 I I TO 6/30/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	36,787,324
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	19,489,804
3	NET PATIENT REVENUES	17,297,520
4	LESS: TOTAL OPERATING EXPENSES	19,010,488
5	NET INCOME FROM SERVICE TO PATIENTS	-1,712,968
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	613,167
24.01	MISC	124,826
25	TOTAL OTHER INCOME	737,993
26	TOTAL	-974,975
	OTHER EXPENSES	
27	EXTRAORDINARY LOSS	8,770,481
28		
29		
30	TOTAL OTHER EXPENSES	8,770,481
31	NET INCOME (OR LOSS) FOR THE PERIOD	-9,745,456

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5		49,779			38,743	88,522
HHA REIMBURSABLE SERVICES						
6		126,799				126,799
7		28,374			1,127	29,501
8					7,826	7,826
9		1,398				1,398
10		939				939
11		26,412				26,412
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24		233,701			47,696	281,397

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		88,522		88,522
HHA REIMBURSABLE SERVICES				
6		126,799		126,799
7		29,501		29,501
8		7,826		7,826
9		1,398		1,398
10		939		939
11		26,412		26,412
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		281,397		281,397

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		88,522				88,522	88,522
HHA REIMBURSABLE SERVICES							
6		126,799				126,799	58,195
7		29,501				29,501	13,540
8		7,826				7,826	3,592
9		1,398				1,398	642
10		939				939	431
11		26,412				26,412	12,122
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		281,397				281,397	

TOTAL

6

GENERAL SERVICE COST CENTERS		
1		
2		
3		
4		
5		
		184,994
6		43,041
7		11,418
8		2,040
9		1,370
10		38,534
11		
12		
13		
13.20		
14		
HHA NONREIMBURSABLE SERVICES		
15		
16		
17		
18		
19		
20		
21		
22		
23		
23.50		
24		281,397

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-88,522	192,875
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					126,799
7	PHYSICAL THERAPY					29,501
8	OCCUPATIONAL THERAPY					7,826
9	SPEECH PATHOLOGY					1,398
10	MEDICAL SOCIAL SERVICES					939
11	HOME HEALTH AIDE					26,412
12	SUPPLIES					
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					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-88,522	192,875
25	COST TO BE ALLOCATED					88,522
26	UNIT COST MULTIPLIER					.458960

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL		4,560	60,299	64,859	9,050	9,108
2 SKILLED NURSING CARE	184,994			184,994	25,814	
3 PHYSICAL THERAPY	43,041			43,041	6,006	
4 OCCUPATIONAL THERAPY	11,418			11,418	1,593	
5 SPEECH PATHOLOGY	2,040			2,040	285	
6 MEDICAL SOCIAL SERVICES	1,370			1,370	191	
7 HOME HEALTH AIDE	38,534			38,534	5,377	
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)	281,397	4,560	60,299	346,256	48,316	9,108
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	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15
1 ADMIN & GENERAL		3,382				485
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)		3,382				485
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	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				86,884		86,884
2 SKILLED NURSING CARE				210,808		210,808
3 PHYSICAL THERAPY				49,047		49,047
4 OCCUPATIONAL THERAPY				13,011		13,011
5 SPEECH PATHOLOGY				2,325		2,325
6 MEDICAL SOCIAL SERVICES				1,561		1,561
7 HOME HEALTH AIDE				43,911		43,911
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)				407,547		407,547
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	57,119	267,927
3 PHYSICAL THERAPY	13,289	62,336
4 OCCUPATIONAL THERAPY	3,525	16,536
5 SPEECH PATHOLOGY	630	2,955
6 MEDICAL SOCIAL SERVICES	423	1,984
7 HOME HEALTH AIDE	11,898	55,809
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)	86,884	407,547
21 UNIT COST MULTIPLIER	0.270951	

- (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-MVBLE (SQUARE FEET)	EMPLOYEE BEN EFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
	4	5	6A	6	8	9
1 ADMIN & GENERAL	1,404	211,969		64,859	1,404	
2 SKILLED NURSING CARE				184,994		
3 PHYSICAL THERAPY				43,041		
4 OCCUPATIONAL THERAPY				11,418		
5 SPEECH PATHOLOGY				2,040		
6 MEDICAL SOCIAL SERVICES				1,370		
7 HOME HEALTH AIDE				38,534		
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)	1,404	211,969		346,256	1,404	
21 COST TO BE ALLOCATED	4,560	60,299		48,316	9,108	
22 UNIT COST MULTIPLIER	3.247863	0.284471		0.139538	6.487179	

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT) DAYS	CAFETERIA (PAID) HOURS	NURSING ADMINISTRATION (DIRECT) NRSNG HRS	CENTRAL SERVICES & SUPPL (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.
	10	11	12	14	15	16
1 ADMIN & GENERAL	1,404				4,676	
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)	1,404				4,676	
21 COST TO BE ALLOCATED	3,382				485	
22 UNIT COST MULTIPLIER	2.408832				0.103721	

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

FOR DUNN MEMORIAL HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 12/22/2010
I	15-1335	I	FROM 1/ 1/2010	I	WORKSHEET H-5
I	HHA NO:	I	TO 6/30/2010	I	PART II
I	15-7176	I		I	

HHA 1

MEDICAL RECO	SOCIAL SERVI
RDS & LIBRAR	CE
(GROSS	(PATIENT
CHARGES)	DAYS)
17	18

HHA COST CENTER

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

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2010 I PARTS I II & III
 I 15-7176 I I HHA 1

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

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

COST PER VISIT 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 VISITS 4	AVERAGE COST PER VISIT 5	PROGRAM VISITS PART A 6
1	SKILLED NURSING	2	267,927		267,927	1,877	142.74	794
2	PHYSICAL THERAPY	3	62,336		62,336	629	99.10	299
3	OCCUPATIONAL THERAPY	4	16,536		16,536	121	136.66	87
4	SPEECH PATHOLOGY	5	2,955		2,955	37	79.86	46
5	MEDICAL SOCIAL SERVICES	6	1,984		1,984	3	661.33	2
6	HOME HEALTH AIDE SERVICE	7	55,809		55,809	1,263	44.19	246
7	TOTAL		407,547		407,547	3,930		1,474

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11	
1	SKILLED NURSING	900		113,336	128,466		241,802
2	PHYSICAL THERAPY	228		29,631	22,595		52,226
3	OCCUPATIONAL THERAPY	74		11,889	10,113		22,002
4	SPEECH PATHOLOGY	4		3,674	319		3,993
5	MEDICAL SOCIAL SERVICES	2		1,323	1,323		2,646
6	HOME HEALTH AIDE SERVICES	1,039		10,871	45,913		56,784
7	TOTAL	2,247		170,724	208,729		379,453

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

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

I PROVIDER NO: I PERIOD: I PREPARED 12/22/2010
 I 15-1335 I FROM 1/ 1/2010 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2010 I PARTS I II & III
 I 15-7176 I I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15	COST OF MEDICAL SUPPLIES	8.00					
16	COST OF DRUGS	9.00			10,894		3,339
16.20	COST OF DRUGS	9.20					

	PROGRAM COVERED CHARGES -----PART B----- NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	-----COST OF SERVICES----- -----PART B----- NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10	11
15	COST OF MEDICAL SUPPLIES	7,555			
16	COST OF DRUGS				
16.20	COST OF DRUGS				

PER BENEFICIARY COST
LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4	
17	PER BENE COST LIMITATION (FRM 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	.500930		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51			COL 2, LN 3
3	SPEECH PATHOLOGY	52			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.261141		COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.358105		COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE ----- ----- PROGRAM VISITS ----- PRIOR 1/1/1998 TO 12/31/1998 2.01	----- PROGRAM VISITS ----- PRIOR 1/1/1998 TO 12/31/1998 3	----- PROGRAM COSTS ----- PRIOR 1/1/1998 TO 12/31/1998 3.01	----- PROGRAM COSTS ----- PRIOR 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
1	PHYSICAL THERAPY	99.10					
2	OCCUPATIONAL THERAPY	136.66					
3	SPEECH PATHOLOGY	79.86					
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

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

	PART A CHARGES PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
	1		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			
9 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	182,591	213,238
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	4,916	2,278
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	8,062	13,105
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
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	195,569	228,621
13 EXCESS REASONABLE COST		
14 SUBTOTAL	195,569	228,621
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	195,569	228,621
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	195,569	228,621
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	195,569	228,621
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	195,569	228,621
25 INTERIM PAYMENTS	195,569	228,620
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		1
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.		195,569		228,620
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)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS			195,569	228,620
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				1
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY			195,569	228,621

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.