

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		18-0104		FROM 9/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 1/31/2011 TIME 11:59

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:
 WESTERN BAPTIST HOSPITAL 18-0104
 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	105,446	55,120	2,510,983
5	HOSPITAL-BASED SNF	0	986	0	0
100	TOTAL	0	106,432	55,120	2,510,983

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: 2501 KENTUCKY AVENUE P.O. BOX:
 1.01 CITY: PADUCAH STATE: KY ZIP CODE: 42003- COUNTY: MCCRACKEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	WESTERN BAPTIST HOSPITAL	18-0104	2.01	1/4/1966	V XVIII XIX
06.00 HOSPITAL-BASED SNF	WESTERN BAPTIST TCU	18-5416		11/22/1995	N P N

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

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 18
- 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.
- 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). / /

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

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

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

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

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

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

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

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

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

	1	2	3	4
28.02	100	0.7803	0.7813	
28.02	0.00	2	9918	99918

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

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

	%	Y/N
28.03 STAFFING	42.71%	Y
28.04 RECRUITMENT	0.00%	N
28.05 RETENTION	0.04%	Y
28.06 TRAINING	0.02%	Y

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

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

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

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

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	239	87,235					7,105
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	239	87,235			34,529		7,105
6 INTENSIVE CARE UNIT	20	7,300			2,627		330
7 CORONARY CARE UNIT	12	4,380			2,494		206
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							1,619
12 TOTAL	271	98,915			39,650		9,260
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY	24	8,760			6,036		
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	295						
26 OBSERVATION BED DAYS							28
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			60,158				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			60,158				
6 INTENSIVE CARE UNIT			4,220				
7 CORONARY CARE UNIT			3,762				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			3,274				
12 TOTAL			71,414				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY			6,894				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS	28		2,762	84	2,678		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					7,614	3,059	15,342
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,541.46			7,614	3,059	15,342
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY			30.17				
16 NURSING FACILITY							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
17 OTHER LONG TERM CARE	9	10	11	12	13	14	15	
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL		1,571.63						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	72,165,689	283,119	72,448,808	3,277,950.00	22.10	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,422,877		1,422,877	62,927.00	22.61	
8.01 EXCLUDED AREA SALARIES	592,914	234,093	827,007	54,971.00	15.04	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	446,092		446,092	4,694.00	95.03	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	175,000		175,000	1,333.00	131.28	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	9,821,647		9,821,647	144,962.00	67.75	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	19,992,365		19,992,365			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	640,758		640,758			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,158,340		1,158,340	14,738.00	78.60	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	7,018,637	49,026	7,067,663	319,073.00	22.15	
22.01						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,506,520		1,506,520	73,531.00	20.49	
25 LAUNDRY & LINEN SERVICE	389,046		389,046	33,053.00	11.77	
26 HOUSEKEEPING	1,252,799		1,252,799	112,247.00	11.16	
26.01 HOUSEKEEPING UNDER CONTRACT	140,520		140,520	6,097.00	23.05	
27 DIETARY	919,943		919,943	65,030.00	14.15	
27.01 DIETARY UNDER CONTRACT	236,052		236,052	5,920.00	39.87	
28 CAFETERIA	946,684		946,684	77,177.00	12.27	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,568,543		1,568,543	51,620.00	30.39	
31 CENTRAL SERVICE AND SUPPLY	704,985		704,985	55,444.00	12.72	
32 PHARMACY	2,939,595		2,939,595	74,180.00	39.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,160,467		1,160,467	68,179.00	17.02	
34 SOCIAL SERVICE	1,851,542		1,851,542	74,710.00	24.78	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	72,542,261	283,119	72,825,380	3,289,967.00	22.14	
2 EXCLUDED AREA SALARIES	2,015,791	234,093	2,249,884	117,898.00	19.08	
3 SUBTOTAL SALARIES	70,526,470	49,026	70,575,496	3,172,069.00	22.25	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	10,442,739		10,442,739	150,989.00	69.16	
5 SUBTOTAL WAGE-RELATED COSTS	19,992,365		19,992,365		28.33	
6 TOTAL	100,961,574	49,026	101,010,600	3,323,058.00	30.40	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	21,793,673	49,026	21,842,699	1,030,999.00	21.19	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB		4				
6	RVA						
6.01	RVX						
6.02	RVL		3				
7	RHC		10				
8	RHB		156				
9	RHA		53				
9.01	RHX						
9.02	RHL						
10	RMC		25				
11	RMB		131				
12	RMA		110				
12.01	RMX		692				
12.02	RML		3,843				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		203				
16	SE2		612				
17	SE1		4				
18	SSC						
19	SSB						
20	SSA		161				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		29				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		6,036				

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0104
PERIOD: FROM 9/1/2009 TO 8/31/2010
PREPARED 1/31/2011
WORKSHEET S-7

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.7803
 Wage Index Factor (after 10/01): 0.7813
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9918
 SNF CBSA Code : 99918

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2009	1/31/2011
	TO 8/31/2010	WORKSHEET S-10

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .289345
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:
18-0104

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

PREPARED 1/31/2011
WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		15,685,102	15,685,102	-15,685,102	
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				5,370,480	5,370,480
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10,314,622	10,314,622
5	0500 EMPLOYEE BENEFITS	1,158,340	21,261,331	22,419,671	-283,119	22,136,552
6.01	0610 COMMUNICATIONS	161,125	14,827	175,952	247,040	422,992
6.02	0620 INFORMATION SERVICES	393,997	49,489	443,486		443,486
6.03	0630 PURCH, REC, & STORES	414,785	107,482	522,267		522,267
6.04	0640 PATIENT REGISTRATION	1,166,971	93,405	1,260,376		1,260,376
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	4,881,759	25,450,169	30,331,928	-1,260,540	29,071,388
8	0800 OPERATION OF PLANT	1,506,520	8,148,556	9,655,076		9,655,076
9	0900 LAUNDRY & LINEN SERVICE	389,046	206,815	595,861		595,861
10	1000 HOUSEKEEPING	1,252,799	638,109	1,890,908		1,890,908
11	1100 DIETARY	919,943	705,110	1,625,053		1,625,053
12	1200 CAFETERIA	946,684	1,085,293	2,031,977		2,031,977
14	1400 NURSING ADMINISTRATION	1,568,543	254,339	1,822,882		1,822,882
15	1500 CENTRAL SERVICES & SUPPLY	704,985	31,618,846	32,323,831	-28,302,063	4,021,768
16	1600 PHARMACY	2,939,595	15,115,623	18,055,218	-15,021,880	3,033,338
17	1700 MEDICAL RECORDS & LIBRARY	1,160,467	1,156,365	2,316,832		2,316,832
18	1800 SOCIAL SERVICE	1,851,542	1,033,443	2,884,985		2,884,985
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,507,181	703,600	15,210,781		15,210,781
26	2600 INTENSIVE CARE UNIT	2,844,541	128,679	2,973,220		2,973,220
27	2700 CORONARY CARE UNIT	2,777,362	107,707	2,885,069		2,885,069
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY	971,599	93,816	1,065,415		1,065,415
34	3400 SKILLED NURSING FACILITY	1,422,877	77,048	1,499,925		1,499,925
35	3500 NURSING FACILITY					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,239,155	4,147,150	11,386,305		11,386,305
38	3800 RECOVERY ROOM	1,508,785	36,031	1,544,816		1,544,816
39	3900 DELIVERY ROOM & LABOR ROOM	1,620,321	124,936	1,745,257		1,745,257
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	3,830,511	2,798,189	6,628,700		6,628,700
42	4200 RADIOLOGY-THERAPEUTIC	1,095,215	296,202	1,391,417		1,391,417
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	2,705,196	4,040,599	6,745,795		6,745,795
44.01	4401 PATHOLOGY	581,143	404,242	985,385		985,385
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		2,410,595	2,410,595		2,410,595
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,222,789	299,246	1,522,035		1,522,035
50	5000 PHYSICAL THERAPY	1,290,160	96,369	1,386,529		1,386,529
51	5100 OCCUPATIONAL THERAPY	246,729	21,277	268,006		268,006
52	5200 SPEECH PATHOLOGY	221,620	22,782	244,402		244,402
53	5300 ELECTROCARDIOLOGY	2,268,634	419,215	2,687,849		2,687,849
54	5400 ELECTROENCEPHALOGRAPHY	330,894	22,178	353,072		353,072
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,140,843	11,140,843
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				17,161,220	17,161,220
56	5600 DRUGS CHARGED TO PATIENTS				15,021,880	15,021,880
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	3,470,962	368,874	3,839,836		3,839,836
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
88	8800 INTEREST EXPENSE		1,299,332	1,299,332		1,299,332
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	71,572,775	140,542,371	212,115,146	-1,296,619	210,818,527
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,173	232,036	292,209		292,209
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	532,741	355,226	887,967	7,908	895,875
99	9900 NONPAID WORKERS					
100	7950 NAUTILUS					
100.01	7951 PR/MARKETING				1,288,711	1,288,711

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2009	1/31/2011
	TO 8/31/2010	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
101	NONREIMBURS COST CENTERS TOTAL	72,165,689	141,129,633	213,295,322	-0-	213,295,322

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 18-0104
PERIOD: FROM 9/1/2009 TO 8/31/2010
PREPARED 1/31/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-150,408	5,220,072
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-109,825	10,204,797
5	0500 EMPLOYEE BENEFITS	-954,512	21,182,040
6.01	0610 COMMUNICATIONS	-83,849	339,143
6.02	0620 INFORMATION SERVICES	8,345,197	8,788,683
6.03	0630 PURCH, REC, & STORES		522,267
6.04	0640 PATIENT REGISTRATION		1,260,376
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-9,791,469	19,279,919
8	0800 OPERATION OF PLANT		9,655,076
9	0900 LAUNDRY & LINEN SERVICE		595,861
10	1000 HOUSEKEEPING		1,890,908
11	1100 DIETARY	-7,084	1,617,969
12	1200 CAFETERIA	-943,557	1,088,420
14	1400 NURSING ADMINISTRATION		1,822,882
15	1500 CENTRAL SERVICES & SUPPLY		4,021,768
16	1600 PHARMACY	-801	3,032,537
17	1700 MEDICAL RECORDS & LIBRARY	-76,949	2,239,883
18	1800 SOCIAL SERVICE		2,884,985
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		15,210,781
26	2600 INTENSIVE CARE UNIT		2,973,220
27	2700 CORONARY CARE UNIT		2,885,069
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		1,065,415
34	3400 SKILLED NURSING FACILITY	-6,359	1,493,566
35	3500 NURSING FACILITY		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		11,386,305
38	3800 RECOVERY ROOM		1,544,816
39	3900 DELIVERY ROOM & LABOR ROOM		1,745,257
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		6,628,700
42	4200 RADIOLOGY-THERAPEUTIC		1,391,417
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-26,700	6,719,095
44.01	4401 PATHOLOGY		985,385
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		2,410,595
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-45,085	1,476,950
50	5000 PHYSICAL THERAPY		1,386,529
51	5100 OCCUPATIONAL THERAPY		268,006
52	5200 SPEECH PATHOLOGY		244,402
53	5300 ELECTROCARDIOLOGY		2,687,849
54	5400 ELECTROENCEPHALOGRAPHY		353,072
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-24,956	11,115,887
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		17,161,220
56	5600 DRUGS CHARGED TO PATIENTS		15,021,880
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-81,123	3,758,713
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
88	8800 INTEREST EXPENSE	-1,299,332	-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-5,256,812	205,561,715
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		292,209
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES	-69,109	826,766
99	9900 NONPAID WORKERS		
100	7950 NAUTILUS		
100.01	7951 PR/MARKETING		1,288,711

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2009	1/31/2011
	TO 8/31/2010	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
101	NONREIMBURS COST CENTERS TOTAL	-5,325,921	207,969,401

COST CENTERS USED IN COST REPORT

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	INFORMATION SERVICES	0620	DATA PROCESSING
6.03	PURCH, REC, & STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	PATIENT REGISTRATION	0640	ADMITTING
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	PATHOLOGY	4401	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	NAUTILUS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PR/MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
180104

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

PREPARED 1/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		15,021,880
2 CHARGEABLE PATIENT SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		28,302,063
3 NONPATIENT TELEPHONES	C	COMMUNICATIONS	6.01	94,546	
4		COMMUNICATIONS	6.01		152,494
5 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		5,370,480
6		NEW CAP REL COSTS-MVBLE EQUIP	4		10,314,622
7 PR/MARKETING	E	PR/MARKETING	100.01	226,185	1,062,526
8 PTO AND SICK ACCRUALS TO SALARIES	F	OTHER ADMINISTRATIVE AND GENERAL	6.06	269,425	
9		PHYSICIANS' PRIVATE OFFICES	98	7,742	
10		OTHER ADMINISTRATIVE AND GENERAL	6.06	5,786	
11		PHYSICIANS' PRIVATE OFFICES	98	166	
12 IMPLANTABLE DEVICES	G	IMPL. DEV. CHARGED TO PATIENT	55.30		17,161,220
36 TOTAL RECLASSIFICATIONS				603,850	77,385,285

(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:
180104

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

PREPARED 1/31/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		15,021,880	
2 CHARGEABLE PATIENT SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		28,302,063	
3 NONPATIENT TELEPHONES	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	94,546		
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		152,494	
5 DEPRECIATION RECLASS	D	OLD CAP REL COSTS-BLDG & FIXT	1		5,370,480	9
6		OLD CAP REL COSTS-BLDG & FIXT	1		10,314,622	9
7 PR/MARKETING	E	OTHER ADMINISTRATIVE AND GENERAL	6.06	226,185	1,062,526	
8 PTO AND SICK ACCRUALS TO SALARIES	F	EMPLOYEE BENEFITS	5		269,425	
9		EMPLOYEE BENEFITS	5		7,742	
10		EMPLOYEE BENEFITS	5		5,786	
11		EMPLOYEE BENEFITS	5		166	
12 IMPLANTABLE DEVICES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		17,161,220	
36 TOTAL RECLASSIFICATIONS				320,731	77,668,404	

(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:
180104

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

PREPARED 1/31/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	15,021,880	PHARMACY	16	15,021,880	
TOTAL RECLASSIFICATIONS FOR CODE A			15,021,880				15,021,880

RECLASS CODE: B
EXPLANATION : CHARGEABLE PATIENT SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	28,302,063	CENTRAL SERVICES & SUPPLY	15	28,302,063	
TOTAL RECLASSIFICATIONS FOR CODE B			28,302,063				28,302,063

RECLASS CODE: C
EXPLANATION : NONPATIENT TELEPHONES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNICATIONS	6.01	94,546	OTHER ADMINISTRATIVE AND GENER	6.06	94,546	
2.00	COMMUNICATIONS	6.01	152,494	OTHER ADMINISTRATIVE AND GENER	6.06	152,494	
TOTAL RECLASSIFICATIONS FOR CODE C			247,040				247,040

RECLASS CODE: D
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,370,480	OLD CAP REL COSTS-BLDG & FIXT	1	5,370,480	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,314,622	OLD CAP REL COSTS-BLDG & FIXT	1	10,314,622	
TOTAL RECLASSIFICATIONS FOR CODE D			15,685,102				15,685,102

RECLASS CODE: E
EXPLANATION : PR/MARKETING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PR/MARKETING	100.01	1,288,711	OTHER ADMINISTRATIVE AND GENER	6.06	1,288,711	
TOTAL RECLASSIFICATIONS FOR CODE E			1,288,711				1,288,711

RECLASS CODE: F
EXPLANATION : PTO AND SICK ACCRUALS TO SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	269,425	EMPLOYEE BENEFITS	5	269,425	
2.00	PHYSICIANS' PRIVATE OFFICES	98	7,742	EMPLOYEE BENEFITS	5	7,742	
3.00	OTHER ADMINISTRATIVE AND GENER	6.06	5,786	EMPLOYEE BENEFITS	5	5,786	
4.00	PHYSICIANS' PRIVATE OFFICES	98	166	EMPLOYEE BENEFITS	5	166	
TOTAL RECLASSIFICATIONS FOR CODE F			283,119				283,119

RECLASS CODE: G
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	17,161,220	MEDICAL SUPPLIES CHARGED TO PA	55	17,161,220	
TOTAL RECLASSIFICATIONS FOR CODE G			17,161,220				17,161,220

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	7,266,579					7,266,579	
2 LAND IMPROVEMENTS	6,795,612	22,938		22,938		6,818,550	
3 BUILDINGS & FIXTURE	142,292,247	3,153,784		3,153,784		145,446,031	
4 BUILDING IMPROVEMENT	34,029,065	1,090,072		1,090,072		35,119,137	
5 FIXED EQUIPMENT	14,555,194	71,768		71,768		14,626,962	
6 MOVABLE EQUIPMENT	110,326,911	10,978,945		10,978,945	195,820	121,110,036	
7 SUBTOTAL	315,265,608	15,317,507		15,317,507	195,820	330,387,295	
8 RECONCILING ITEMS							
9 TOTAL	315,265,608	15,317,507		15,317,507	195,820	330,387,295	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	209,277,259		209,277,259	.633430			
	NEW CAP REL COSTS-MV	121,110,036		121,110,036	.366570			
	TOTAL	330,387,295		330,387,295	1.000000			

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	5,331,216		-111,144				5,220,072
	NEW CAP REL COSTS-MV	10,236,162		-31,365				10,204,797
	TOTAL	15,567,378		-142,509				15,424,869

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL	15,685,102						15,685,102
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL							
	NEW CAP REL COSTS-MV							
	TOTAL	15,685,102						15,685,102

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-111,144	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,587,395			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,916,791			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-943,557	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-801	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-76,949	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PATIENT PHONE - COST OFFSET	A	-24,499	COMMUNICATIONS	6.01	
38 PATIENT PHONE - OPERATOR OFFSET	A	-27,800	COMMUNICATIONS	6.01	
39 PATIENT PHONE - BENEFIT OFFSET	A	-8,400	EMPLOYEE BENEFITS	5	
40 LI FELINE EXPENSES	A	-164,368	OTHER ADMINISTRATIVE AND	6.06	
41 LI FELINE DEPRECIATION	A	-71,728	NEW CAP REL COSTS-MVBLE E	4	9
42 CABLE TV COSTS	A	-31,550	COMMUNICATIONS	6.01	
43 CHANGE IN USEFUL LIFE	A	-31,945	NEW CAP REL COSTS-BLDG &	3	9
44 CHANGE IN USEFUL LIFE	A	4,924	NEW CAP REL COSTS-BLDG &	3	9
45 INCIDENTAL PATIENT REVENUE	B	-24,956	MEDICAL SUPPLIES CHARGED	55	
46 EDUCATION CLASS	B	-15,121	OTHER ADMINISTRATIVE AND	6.06	
47 BASIC LIFE SUPPORT	B	-39,304	RESPIRATORY THERAPY	49	
48 DAY CARE INCOME	B	-946,112	EMPLOYEE BENEFITS	5	
49 MEDICAL CALL	B	-15,981	OTHER ADMINISTRATIVE AND	6.06	
49.01 DISCOUNTS	B	-76,893	OTHER ADMINISTRATIVE AND	6.06	
49.02 MISCELLANEOUS	B	-52,890	OTHER ADMINISTRATIVE AND	6.06	
49.03 NET ASSETS RELEASED	B	-31,365	NEW CAP REL COSTS-MVBLE E	4	11
49.04 DIETARY REVENUE	B	-7,084	DIETARY	11	
49.05 CONTRIBUTIONS	B	-272,172	OTHER ADMINISTRATIVE AND	6.06	
49.06 INTERCOMPANY INTEREST	A	-1,299,332	INTEREST EXPENSE	88	
49.07 PEDIATRIC OFFICE BUILDING	A	-12,243	NEW CAP REL COSTS-BLDG &	3	9
49.08 LB PERSONAL USE OF COMPANY CAR - DEP	A	-4,956	NEW CAP REL COSTS-MVBLE E	4	9
49.09 LB PERSONAL USE OF COMPANY CAR - GAS	A	-330	OTHER ADMINISTRATIVE AND	6.06	
49.10 CE REGISTRATION	B	-14,460	OTHER ADMINISTRATIVE AND	6.06	
49.11 CPE TUITION	B	-4,340	OTHER ADMINISTRATIVE AND	6.06	
49.12 PHYSICIAN LOAN FORGIVENESS	B	-258,885	OTHER ADMINISTRATIVE AND	6.06	
49.13 MGMT FEE REVENUE	B	-69,109	PHYSICIANS' PRIVATE OFFIC	98	
49.14 55+ SALARIES	A	-16,020	OTHER ADMINISTRATIVE AND	6.06	
49.15 55+ AUTOMOTIVE EXPENSE	A	-4,171	OTHER ADMINISTRATIVE AND	6.06	
49.16 55+ DEPRECIATION EXPENSE	A	-1,776	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,325,921			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	OTHER ADMINISTRATIVE AND	ADMINISTRATIVE AND GENERA	8,241,754	14,670,160	-6,428,406	
2	6	2 INFORMATION SERVICES	DATA PROCESSING	8,345,197		8,345,197	
3							
4							
5		TOTALS		16,586,951	14,670,160	1,916,791	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	SUPPORT SERVICES	0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED: 1/31/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 6	ANESTHESIA	2,452,151	2,452,151					
2 6 6	QUALITY RESOURCES	15,281	15,281					
3 44	LABORATORY	100,000		100,000	208,000	733	73,300	3,665
4 49	RESPIRATORY THERAPY	15,000		15,000	159,800	120	9,219	461
5 61	EMERGENCY ROOM	118,000	58,000	60,000	159,800	480	36,877	1,844
6 34	SUBACUTE	16,500		16,500	159,800	132	10,141	507
7								
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23								
24								
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26								
27								
28								
29								
30								
101	TOTAL	2,716,932	2,525,432	191,500		1,465	129,537	6,477

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED: 1/31/2011
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A IDENTIFIER	COST CENTER/PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6	6							2,452,151
2	6	6							15,281
3	44						73,300	26,700	26,700
4	49						9,219	5,781	5,781
5	61						36,877	23,123	81,123
6	34						10,141	6,359	6,359
7									
8									
9									
10									
11									
12									
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27									
28									
29									
30									
101		TOTAL					129,537	61,963	2,587,395

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/31/2011
 I 18-0104 I FROM 9/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 8/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT			NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP			NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	18	NUMBER OF PHONES	ENTERED
6.02	INFORMATION SERVICES	19	% OF TRANSACTIONS	ENTERED
6.03	PURCH, REC, & STORES	20	BILLED EXPENSES	ENTERED
6.04	PATIENT REGISTRATION	21	INPATIENT REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS WORKED	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	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	COMMUNICATI ON S 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	5,220,072			5,220,072			
005 NEW CAP REL COSTS-MVBLE E	10,204,797				10,204,797		
006 EMPLOYEE BENEFITS	21,182,040			115,057	30,482	21,327,579	
01 COMMUNICATIONS	339,143			448		66,389	405,980
02 INFORMATION SERVICES	8,788,683				20,346	114,789	
03 PURCH, REC, & STORES	522,267			22,675	16,812	120,845	6,025
04 PATIENT REGISTRATION	1,260,376			15,003	6,650	339,990	8,806
06 OTHER ADMINISTRATIVE AND	19,279,919			65,677	186,386	1,976,977	32,441
008 OPERATION OF PLANT	9,655,076			1,787,310	37,049	438,916	12,050
009 LAUNDRY & LINEN SERVICE	595,861			20,153	18,421	113,346	1,390
010 HOUSEKEEPING	1,890,908			9,100	20,485	364,995	1,854
011 DIETARY	1,617,969			32,156	7,078	268,020	6,025
012 CAFETERIA	1,088,420			21,560	14,142	275,811	463
014 NURSING ADMINISTRATION	1,822,882			15,209	272,322	456,986	7,415
015 CENTRAL SERVICES & SUPPLY	4,021,768			48,923	89,425	205,393	2,317
016 PHARMACY	3,032,537			19,280	315,208	856,433	9,732
017 MEDICAL RECORDS & LIBRARY	2,239,883			12,002	25,458	338,095	10,659
018 SOCIAL SERVICE	2,884,985			5,822	3,592	539,436	8,342
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,210,781			436,843	147,235	4,226,543	118,182
026 INTENSIVE CARE UNIT	2,973,220			65,789	226,065	828,740	9,732
027 CORONARY CARE UNIT	2,885,069			41,650	138,041	809,168	6,025
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1,065,415			12,495	41,747	283,070	2,317
034 SKILLED NURSING FACILITY	1,493,566			50,558	12,508	414,547	13,903
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,386,305			271,783	1,946,661	2,109,084	27,807
038 RECOVERY ROOM	1,544,816			28,748	12,851	439,575	4,171
039 DELIVERY ROOM & LABOR ROO	1,745,257			43,379	86,118	472,071	4,171
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	6,628,700			98,590	2,339,254	1,115,996	30,124
042 RADIOLOGY-THERAPEUTIC	1,391,417			51,386	742,241	319,084	7,415
043 RADIOISOTOPE							
044 LABORATORY	6,719,095			30,508	255,234	788,143	8,342
01 PATHOLOGY	985,385			10,569	88,284	169,313	6,025
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	2,410,595			3,865	4,687		463
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,476,950			17,972	54,444	356,252	3,708
050 PHYSICAL THERAPY	1,386,529			13,301	38,222	375,880	4,634
051 OCCUPATIONAL THERAPY	268,006				1,571	71,883	
052 SPEECH PATHOLOGY	244,402				1,681	64,568	1,854
053 ELECTROCARDIOLOGY	2,687,849			145,296	1,606,826	660,953	23,172
054 ELECTROENCEPHALOGRAPHY	353,072			27,440	60,910	96,404	1,390
055 MEDICAL SUPPLIES CHARGED	11,115,887						
055 30 IMPL. DEV. CHARGED TO PAT	17,161,220						
056 DRUGS CHARGED TO PATIENTS	15,021,880						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	3,758,713			75,100	138,801	1,011,244	17,611
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	205,561,715			3,615,647	9,007,237	21,088,939	398,565
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	292,209			3,493	352	17,531	3,244
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	826,766			1,600,932	1,189,633	155,211	4,171
099 NONPAID WORKERS							
100 NAUTILUS							
01 PR/MARKETING	1,288,711				7,575	65,898	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6.04	6a.04	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES	8,923,818						
006 03 PURCH, REC, & STORES	121,267	809,891					
006 04 PATIENT REGISTRATION	1,033,147	31	2,664,003				
006 06 OTHER ADMINISTRATIVE AND	312,678	1,823		21,855,901	21,855,901		
008 OPERATION OF PLANT		1,143		11,931,544	1,401,157	13,332,701	
009 LAUNDRY & LINEN SERVICE		270		749,441	88,009	83,605	921,055
010 HOUSEKEEPING	66,578	8,317		2,362,237	277,405	37,752	37,110
011 DIETARY	24,967	123		1,956,338	229,739	133,396	11,094
012 CAFETERIA				1,400,396	164,453	89,439	
014 NURSING ADMINISTRATION		174		2,574,988	302,389	63,094	
015 CENTRAL SERVICES & SUPPLY	110,567	26,400		4,504,793	529,011	202,955	9,792
016 PHARMACY	222,323			4,455,513	523,224	79,982	
017 MEDICAL RECORDS & LIBRARY	536,190	106		3,162,393	371,369	49,791	
018 SOCIAL SERVICE	2,378	337		3,444,892	404,544	24,153	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,127,971	41,396	234,822	23,543,773	2,764,849	1,812,218	643,116
026 INTENSIVE CARE UNIT		8,861	90,704	4,203,111	493,584	272,923	44,991
027 CORONARY CARE UNIT		6,053	80,607	3,966,613	465,811	172,783	47,157
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		5,157	14,536	1,424,737	167,311	51,835	9,461
034 SKILLED NURSING FACILITY		2,870	26,341	2,014,293	236,544	209,737	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	537,379	172,876	472,627	16,924,522	1,987,497	1,127,476	62,022
038 RECOVERY ROOM		1,796	46,961	2,078,918	244,134	119,258	
039 DELIVERY ROOM & LABOR ROO		8,656	20,276	2,379,928	279,482	179,955	6,939
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	277,012	19,305	330,638	10,839,619	1,272,929	408,995	
042 RADIOLOGY-THERAPEUTIC		1,239	17,511	2,530,293	297,140	213,174	
043 RADIOISOTOPE							
044 LABORATORY	1,360,092	237,126	82,149	9,480,689	1,113,346	126,559	
044 01 PATHOLOGY		24,568	7,693	1,291,837	151,704	43,846	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		181,795	27,473	2,628,878	308,717	16,034	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	197,356	23,842	17,536	2,148,060	252,253	74,557	
050 PHYSICAL THERAPY	168,823	688	20,611	2,008,688	235,886	55,179	
051 OCCUPATIONAL THERAPY		236	5,966	347,662	40,827		
052 SPEECH PATHOLOGY		152	4,622	317,279	37,259		
053 ELECTROCARDIOLOGY	109,378	14,271	150,845	5,398,590	633,973	602,754	
054 ELECTROENCEPHALOGRAPHY	9,511	1,076	9,347	559,150	65,663	113,833	
055 MEDICAL SUPPLIES CHARGED			164,203	11,280,090	1,324,655		
055 30 IMPL. DEV. CHARGED TO PAT			365,469	17,526,689	2,058,212		
056 DRUGS CHARGED TO PATIENTS			352,025	15,373,905	1,805,404		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	706,201	16,231	121,041	5,844,942	686,389	311,549	49,373
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	8,923,818	806,918	2,664,003	202,510,702	21,214,869	6,676,832	921,055
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3		316,832	37,207	14,492	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		2,970		3,779,683	443,860	6,641,377	
099 NONPAID WORKERS							
100 NAUTILUS							
100 01 PR/MARKETING				1,362,184	159,965		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCH, REC, & STORES							
006 04 PATIENT REGISTRATION							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,714,504						
011 DIETARY		2,330,567					
012 CAFETERIA			1,654,288				
014 NURSING ADMINISTRATION	48,988		22,327	3,011,786			
015 CENTRAL SERVICES & SUPPLY	247,821		36,942		5,531,314		
016 PHARMACY	48,988		49,425		74,788	5,231,920	
017 MEDICAL RECORDS & LIBRARY			45,427				3,628,980
018 SOCIAL SERVICE			49,778	189,771		449,133	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	899,070	1,936,556	448,563	1,710,067	3,168,703	692,376	1,307,716
027 INTENSIVE CARE UNIT	141,200	81,545	79,156	301,767	439,803	500,057	114,825
028 CORONARY CARE UNIT	112,384	85,890	75,033	286,051	388,386	82,072	111,544
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
033 NURSERY	57,633		25,428	96,938	5,949	100,166	111,351
034 SKILLED NURSING FACILITY	115,266	215,602	41,927	159,841	123,230	241,692	58,860
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	340,033	754	209,907		169,972	243,889	677,113
038 RECOVERY ROOM	57,633		34,490		124,504	375,075	
039 DELIVERY ROOM & LABOR ROO	83,568		37,417	142,645	29,320	4,136	11,643
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	161,372		94,017		47,167	2,255,880	208,872
042 RADIOLOGY-THERAPEUTIC	83,568		21,265		1,700	258	10,550
043 RADIOISOTOPE							
044 LABORATORY	54,751		83,944				281,112
044 01 PATHOLOGY	14,408		19,639				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	5,763				14,873	775	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	20,171		32,711	124,706	3,399	18,870	2,702
050 PHYSICAL THERAPY			32,659		12,748	15,639	4,825
051 OCCUPATIONAL THERAPY			5,500				
052 SPEECH PATHOLOGY			5,316				
053 ELECTROCARDIOLOGY	72,041		57,087		53,541	108,438	29,333
054 ELECTROENCEPHALOGRAPHY	11,527		9,656		12,748		7,012
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	126,792	10,220	102,887		860,483	143,464	691,522
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	2,702,977	2,330,567	1,620,501	3,011,786	5,531,314	5,231,920	3,628,980
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	11,527		1,390				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			26,637				
099 NONPAID WORKERS							
100 NAUTILUS							
100 01 PR/MARKETING			5,760				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 INFORMATION SERVICES				
006 03 PURCH, REC, & STORES				
006 04 PATIENT REGISTRATION				
006 06 OTHER ADMINISTRATIVE AND				
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	4,562,271			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	4,284,969	43,211,976		43,211,976
026 INTENSIVE CARE UNIT	79,229	6,752,191		6,752,191
027 CORONARY CARE UNIT	112,241	5,905,965		5,905,965
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		2,050,809		2,050,809
034 SKILLED NURSING FACILITY	46,217	3,463,209		3,463,209
035 NURSING FACILITY				
036 OTHER LONG TERM CARE				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		21,743,185		21,743,185
038 RECOVERY ROOM		3,034,012		3,034,012
039 DELIVERY ROOM & LABOR ROO		3,155,033		3,155,033
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		15,288,851		15,288,851
042 RADIOLOGY-THERAPEUTIC		3,157,948		3,157,948
043 RADIOISOTOPE				
044 LABORATORY		11,140,401		11,140,401
044 01 PATHOLOGY		1,521,434		1,521,434
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING		2,975,040		2,975,040
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY		2,677,429		2,677,429
050 PHYSICAL THERAPY		2,365,624		2,365,624
051 OCCUPATIONAL THERAPY		393,989		393,989
052 SPEECH PATHOLOGY		359,854		359,854
053 ELECTROCARDIOLOGY		6,955,757		6,955,757
054 ELECTROENCEPHALOGRAPHY		779,589		779,589
055 MEDICAL SUPPLIES CHARGED		12,604,745		12,604,745
055 30 IMPL. DEV. CHARGED TO PAT		19,584,901		19,584,901
056 DRUGS CHARGED TO PATIENTS		17,179,309		17,179,309
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 EMERGENCY	39,615	8,867,236		8,867,236
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
092 AMBULATORY SURGICAL CENTE				
093 HOSPICE				
095 SUBTOTALS	4,562,271	195,168,487		195,168,487
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		381,448		381,448
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		10,891,557		10,891,557
099 NONPAID WORKERS				
100 NAUTILUS				
100 01 PR/MARKETING		1,527,909		1,527,909
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE SUBTOTAL		I & R COST POST STEP-DOWN ADJ	TOTAL
	18	25		
NONREIMBURS COST CENTERS				
TOTAL	4,562,271	207,969,401		207,969,401

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				115,057	30,482	145,539	145,539
006 01 COMMUNICATIONS				448		448	453
006 02 INFORMATION SERVICES	3,427,610				20,346	3,447,956	783
006 03 PURCH, REC, & STORES				22,675	16,812	39,487	825
006 04 PATIENT REGISTRATION				15,003	6,650	21,653	2,320
006 06 OTHER ADMINISTRATIVE AND	627,670			65,677	186,386	879,733	13,490
008 OPERATION OF PLANT				1,787,310	37,049	1,824,359	2,995
009 LAUNDRY & LINEN SERVICE				20,153	18,421	38,574	773
010 HOUSEKEEPING				9,100	20,485	29,585	2,491
011 DIETARY				32,156	7,078	39,234	1,829
012 CAFETERIA				21,560	14,142	35,702	1,882
014 NURSING ADMINISTRATION				15,209	272,322	287,531	3,118
015 CENTRAL SERVICES & SUPPLY				48,923	89,425	138,348	1,402
016 PHARMACY				19,280	315,208	334,488	5,844
017 MEDICAL RECORDS & LIBRARY				12,002	25,458	37,460	2,307
018 SOCIAL SERVICE				5,822	3,592	9,414	3,681
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				436,843	147,235	584,078	28,849
026 INTENSIVE CARE UNIT				65,789	226,065	291,854	5,655
027 CORONARY CARE UNIT				41,650	138,041	179,691	5,521
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				12,495	41,747	54,242	1,932
034 SKILLED NURSING FACILITY				50,558	12,508	63,066	2,829
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				271,783	1,946,661	2,218,444	14,391
038 RECOVERY ROOM				28,748	12,851	41,599	2,999
039 DELIVERY ROOM & LABOR ROO				43,379	86,118	129,497	3,221
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				98,590	2,339,254	2,437,844	7,615
042 RADIOLOGY-THERAPEUTIC				51,386	742,241	793,627	2,177
043 RADIOISOTOPE							
044 LABORATORY				30,508	255,234	285,742	5,378
044 01 PATHOLOGY				10,569	88,284	98,853	1,155
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING				3,865	4,687	8,552	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				17,972	54,444	72,416	2,431
050 PHYSICAL THERAPY				13,301	38,222	51,523	2,565
051 OCCUPATIONAL THERAPY					1,571	1,571	490
052 SPEECH PATHOLOGY					1,681	1,681	441
053 ELECTROCARDIOLOGY				145,296	1,606,826	1,752,122	4,510
054 ELECTROENCEPHALOGRAPHY				27,440	60,910	88,350	658
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY				75,100	138,801	213,901	6,900
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	4,055,280			3,615,647	9,007,237	16,678,164	143,910
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,493	352	3,845	120
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				1,600,932	1,189,633	2,790,565	1,059
099 NONPAID WORKERS							
100 NAUTILUS							
100 01 PR/MARKETING					7,575	7,575	450
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 COMMUNICATIONS	901						
02 INFORMATION SERVICES		3,448,739					
03 PURCH, REC, & STORES	13	46,865	87,190				
04 PATIENT REGISTRATION	20	399,274	3	423,270			
06 OTHER ADMINISTRATIVE AND	72	120,839	196		1,014,330		
08 OPERATION OF PLANT	27		123		65,027	1,892,531	
09 LAUNDRY & LINEN SERVICE	3		29		4,084	11,867	55,330
10 HOUSEKEEPING	4	25,730	895		12,874	5,359	2,229
11 DIETARY	13	9,649	13		10,662	18,935	666
12 CAFETERIA	1				7,632	12,695	
14 NURSING ADMINISTRATION	16		19		14,034	8,956	
15 CENTRAL SERVICES & SUPPLY	5	42,730	2,842		24,551	28,809	588
16 PHARMACY	22	85,920			24,283	11,353	
17 MEDICAL RECORDS & LIBRARY	24	207,218	11		17,235	7,068	
18 SOCIAL SERVICE	19	919	36		18,775	3,428	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	264	1,208,851	4,457	37,322	128,325	257,238	38,634
026 INTENSIVE CARE UNIT	22		954	14,416	22,907	38,741	2,703
027 CORONARY CARE UNIT	13		652	12,811	21,618	24,526	2,833
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	5		555	2,310	7,765	7,358	568
034 SKILLED NURSING FACILITY	31		309	4,187	10,978	29,771	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	62	207,678	18,611	74,976	92,239	160,041	3,726
038 RECOVERY ROOM	9		193	7,464	11,330	16,928	
039 DELIVERY ROOM & LABOR ROO	9		932	3,223	12,971	25,544	417
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	67	107,055	2,078	52,551	59,076	58,055	
042 RADIOLOGY-THERAPEUTIC	16		133	2,783	13,790	30,259	
043 RADIOISOTOPE							
044 LABORATORY	19	525,627	25,532	13,057	51,670	17,965	
01 PATHOLOGY	13		2,645	1,223	7,041	6,224	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1		19,571	4,367	14,327	2,276	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8	76,271	2,567	2,787	11,707	10,583	
050 PHYSICAL THERAPY	10	65,244	74	3,276	10,947	7,832	
051 OCCUPATIONAL THERAPY			25	948	1,895		
052 SPEECH PATHOLOGY	4		16	735	1,729		
053 ELECTROCARDIOLOGY	51	42,271	1,536	23,975	29,422	85,559	
054 ELECTROENCEPHALOGRAPHY	3	3,676	116	1,486	3,047	16,158	
055 MEDICAL SUPPLIES CHARGED				26,098	61,476		
055 30 IMPL. DEV. CHARGED TO PAT				58,087	95,520		
056 DRUGS CHARGED TO PATIENTS				55,950	83,788		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	39	272,922	1,747	19,238	31,855	44,223	2,966
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	885	3,448,739	86,870	423,270	984,580	947,751	55,330
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	7				1,727	2,057	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	9		320		20,599	942,723	
099 NONPAID WORKERS							
100 NAUTILUS							
01 PR/MARKETING					7,424		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	COMMUNICATIONS	INFORMATION SERVICES	PURCH, REC, & STORES	PATIENT REGISTRATION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.06	8	9
NONREIMBURS COST CENTERS							
103 TOTAL	901	3,448,739	87,190	423,270	1,014,330	1,892,531	55,330

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCH, REC, & STORES							
006 04 PATIENT REGISTRATION							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	79,167						
011 DIETARY		81,001					
012 CAFETERIA			57,912				
014 NURSING ADMINISTRATION	1,429		782	315,885			
015 CENTRAL SERVICES & SUPPLY	7,228		1,293		247,796		
016 PHARMACY	1,429		1,730		3,350	468,419	
017 MEDICAL RECORDS & LIBRARY			1,590				272,913
018 SOCIAL SERVICE			1,743	19,904		40,211	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,220	67,308	15,702	179,356	141,952	61,989	98,346
026 INTENSIVE CARE UNIT	4,118	2,834	2,771	31,650	19,703	44,771	8,635
027 CORONARY CARE UNIT	3,278	2,985	2,627	30,002	17,399	7,348	8,389
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1,681		890	10,167	267	8,968	8,374
034 SKILLED NURSING FACILITY	3,362	7,493	1,468	16,765	5,521	21,639	4,426
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,917	26	7,348		7,615	21,836	50,921
038 RECOVERY ROOM	1,681		1,207		5,578	33,581	
039 DELIVERY ROOM & LABOR ROO	2,437		1,310	14,961	1,314	370	876
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,706		3,291		2,113	201,972	15,708
042 RADIOLOGY-THERAPEUTIC	2,437		744		76	23	793
043 RADIOISOTOPE							
044 LABORATORY	1,597		2,939				21,141
044 01 PATHOLOGY	420		688				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	168				666	69	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	588		1,145	13,080	152	1,689	203
050 PHYSICAL THERAPY			1,143		571	1,400	363
051 OCCUPATIONAL THERAPY			193				
052 SPEECH PATHOLOGY			186				
053 ELECTROCARDIOLOGY	2,101		1,998		2,399	9,709	2,206
054 ELECTROENCEPHALOGRAPHY	336		338		571		527
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	3,698	355	3,602		38,549	12,844	52,005
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	78,831	81,001	56,728	315,885	247,796	468,419	272,913
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	336		49				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			933				
099 NONPAID WORKERS							
100 NAUTILUS							
100 01 PR/MARKETING			202				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
NONREIMBURS COST CENTERS							
TOTAL	79,167	81,001	57,912	315,885	247,796	468,419	272,913

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 INFORMATION SERVICES				
006 03 PURCH, REC, & STORES				
006 04 PATIENT REGISTRATION				
006 06 OTHER ADMINISTRATIVE AND				
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	98,130			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	92,166	2,971,057		2,971,057
026 INTENSIVE CARE UNIT	1,704	493,438		493,438
027 CORONARY CARE UNIT	2,414	322,107		322,107
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		105,082		105,082
034 SKILLED NURSING FACILITY	994	172,839		172,839
035 NURSING FACILITY				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,887,831		2,887,831
038 RECOVERY ROOM		122,569		122,569
039 DELIVERY ROOM & LABOR ROO		197,082		197,082
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		2,952,131		2,952,131
042 RADIOLOGY-THERAPEUTIC		846,858		846,858
043 RADIOISOTOPE				
044 LABORATORY		950,667		950,667
044 01 PATHOLOGY		118,262		118,262
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING		49,997		49,997
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY		195,627		195,627
050 PHYSICAL THERAPY		144,948		144,948
051 OCCUPATIONAL THERAPY		5,122		5,122
052 SPEECH PATHOLOGY		4,792		4,792
053 ELECTROCARDIOLOGY		1,957,859		1,957,859
054 ELECTROENCEPHALOGRAPHY		115,266		115,266
055 MEDICAL SUPPLIES CHARGED		87,574		87,574
055 30 IMPL. DEV. CHARGED TO PAT		153,607		153,607
056 DRUGS CHARGED TO PATIENTS		139,738		139,738
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 EMERGENCY	852	705,696		705,696
062 OBSERVATION BEDS (NON-DIS				
064 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
083 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
092 AMBULATORY SURGICAL CENTE				
093 HOSPICE				
095 SUBTOTALS	98,130	15,700,149		15,700,149
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		8,141		8,141
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		3,756,208		3,756,208
099 NONPAID WORKERS				
100 NAUTILUS				
100 01 PR/MARKETING		15,651		15,651
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

	COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	25	26	27
103	NONREIMBURS COST CENTERS TOTAL	98,130	19,480,149		19,480,149

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			1,165,583			
004 NEW CAP REL COSTS-MVB				10,311,171		
005 EMPLOYEE BENEFITS			25,691	30,800	73,204,235	
006 01 COMMUNICATIONS			100		227,871	876
006 02 INFORMATION SERVICES				20,558	393,997	
006 03 PURCH, REC, & STORES			5,063	16,987	414,785	13
006 04 PATIENT REGISTRATION			3,350	6,719	1,166,971	19
006 06 OTHER ADMINISTRATIVE			14,665	188,329	6,785,714	70
008 OPERATION OF PLANT			399,086	37,435	1,506,520	26
009 LAUNDRY & LINEN SERVI			4,500	18,613	389,046	3
010 HOUSEKEEPING			2,032	20,699	1,252,799	4
011 DIETARY			7,180	7,152	919,943	13
012 CAFETERIA			4,814	14,289	946,684	1
014 NURSING ADMINISTRATIO			3,396	275,161	1,568,543	16
015 CENTRAL SERVICES & SU			10,924	90,357	704,985	5
016 PHARMACY			4,305	318,494	2,939,595	21
017 MEDICAL RECORDS & LIB			2,680	25,723	1,160,467	23
018 SOCIAL SERVICE			1,300	3,629	1,851,542	18
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			97,542	148,770	14,507,181	255
026 INTENSIVE CARE UNIT			14,690	228,421	2,844,541	21
027 CORONARY CARE UNIT			9,300	139,480	2,777,362	13
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY			2,790	42,182	971,599	5
034 SKILLED NURSING FACIL			11,289	12,638	1,422,877	30
035 NURSING FACILITY						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			60,686	1,966,952	7,239,155	60
038 RECOVERY ROOM			6,419	12,985	1,508,785	9
039 DELIVERY ROOM & LABOR			9,686	87,016	1,620,321	9
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			22,014	2,363,641	3,830,511	65
042 RADIOLOGY-THERAPEUTI			11,474	749,978	1,095,215	16
043 RADIOISOTOPE						
044 LABORATORY			6,812	257,894	2,705,196	18
044 01 PATHOLOGY			2,360	89,204	581,143	13
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES			863	4,736		1
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			4,013	55,012	1,222,789	8
050 PHYSICAL THERAPY			2,970	38,620	1,290,160	10
051 OCCUPATIONAL THERAPY					1,587	246,729
052 SPEECH PATHOLOGY					1,699	221,620
053 ELECTROCARDIOLOGY			32,443	1,623,575	2,268,634	50
054 ELECTROENCEPHALOGRAPH			6,127	61,545	330,894	3
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY			16,769	140,248	3,470,962	38
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS			807,333	9,101,128	72,385,136	860
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			780	356	60,173	7
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			357,470	1,202,033	532,741	9
099 NONPAID WORKERS						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE FITS (GROSS SALARIES)	BENE COMMUNICATIONS (NUMBER OF PHONES)
	1	2	3	4	5	6.01
NONREIMBURS COST CENT NAUTILUS						
100 01 PR/MARKETING				7,654	226,185	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			5,220,072	10,204,797	21,327,579	405,980
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			4.478507	.989684	.291344	463.447489
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					145,539	901
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001988	1.028539

COST CENTER DESCRIPTION	INFORMATION S PURCH, REC, & PATIENT REGIS ERVICES STORES TRATION				OTHER ADMINIS OPERATI ON OF TRATIVE AND PLANT		LAUNDRY & LIN EN SERVICE
	(% OF TRANSACT IONS	(BILLED EXPENS ES	(INPATIENT REV ENUE	RECONCI LIATION	(ACCUM. COST	(SQUARE) FEET	(POUNDS OF) LAUNDRY
	6.02	6.03	6.04	6a.06	6.06	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES	7,506						
006 03 PURCH, REC, & STORES	102	8,564,846					
006 04 PATIENT REGISTRATION	869	333	333,928,831				
006 06 OTHER ADMINISTRATIVE	263	19,282		-21,855,901	186,113,500		
008 OPERATION OF PLANT		12,087			11,931,544	717,628	
009 LAUNDRY & LINEN SERVI		2,855			749,441	4,500	2,377,320
010 HOUSEKEEPING	56	87,954			2,362,237	2,032	95,785
011 DIETARY	21	1,306			1,956,338	7,180	28,635
012 CAFETERIA					1,400,396	4,814	
014 NURSING ADMINISTRATIO		1,837			2,574,988	3,396	
015 CENTRAL SERVICES & SU	93	279,190			4,504,793	10,924	25,275
016 PHARMACY	187				4,455,513	4,305	
017 MEDICAL RECORDS & LIB	451	1,121			3,162,393	2,680	
018 SOCIAL SERVICE	2	3,563			3,444,892	1,300	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	2,631	437,772	29,433,735		23,543,773	97,542	1,659,933
026 INTENSIVE CARE UNIT		93,708	11,369,300		4,203,111	14,690	116,126
027 CORONARY CARE UNIT		64,013	10,103,600		3,966,613	9,300	121,716
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		54,540	1,822,058		1,424,737	2,790	24,420
034 SKILLED NURSING FACIL		30,353	3,301,703		2,014,293	11,289	
035 NURSING FACILITY							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	452	1,828,220	59,251,374		16,924,522	60,686	160,085
038 RECOVERY ROOM		18,994	5,886,357		2,078,918	6,419	
039 DELIVERY ROOM & LABOR		91,535	2,541,545		2,379,928	9,686	17,910
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	233	204,157	41,443,678		10,839,619	22,014	
042 RADIOLOGY-THERAPEUTI		13,106	2,194,851		2,530,293	11,474	
043 RADIOISOTOPE							
044 LABORATORY	1,144	2,507,682	10,296,927		9,480,689	6,812	
044 01 PATHOLOGY		259,814	964,281		1,291,837	2,360	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES		1,922,533	3,443,628		2,628,878	863	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	166	252,133	2,198,096		2,148,060	4,013	
050 PHYSICAL THERAPY	142	7,272	2,583,518		2,008,688	2,970	
051 OCCUPATIONAL THERAPY		2,493	747,768		347,662		
052 SPEECH PATHOLOGY		1,608	579,303		317,279		
053 ELECTROCARDIOLOGY	92	150,921	18,907,573		5,398,590	32,443	
054 ELECTROENCEPHALOGRAPH	8	11,380	1,171,596		559,150	6,127	
055 MEDICAL SUPPLIES CHAR			20,581,996		11,280,090		
055 30 IMPL. DEV. CHARGED TO			45,809,649		17,526,689		
056 DRUGS CHARGED TO PATI			44,124,502		15,373,905		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	594	171,644	15,171,793		5,844,942	16,769	127,435
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	7,506	8,533,406	333,928,831	-21,855,901	180,654,801	359,378	2,377,320
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		35			316,832	780	
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		31,405			3,779,683	357,470	
099 NONPAID WORKERS							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(HOURS WORKED)	(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(TIME)SPENT
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCH, REC, & STORES							
006 04 PATIENT REGISTRATION							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	942						
011 DIETARY		197,945					
012 CAFETERIA			2,482,846				
014 NURSING ADMINISTRATION	17		33,510	1,185,694			
015 CENTRAL SERVICES & SUPPLY	86		55,444		13,017		
016 PHARMACY	17		74,180		176	40,480	
017 MEDICAL RECORDS & LIBRARY			68,179				56,414
018 SOCIAL SERVICE			74,710	74,710		3,475	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	312	164,480	673,227	673,227	7,457	5,357	20,329
027 INTENSIVE CARE UNIT	49	6,926	118,801	118,801	1,035	3,869	1,785
028 CORONARY CARE UNIT	39	7,295	112,614	112,614	914	635	1,734
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
033 SUBPROVIDER							
034 NURSERY	20		38,163	38,163	14	775	1,731
036 SKILLED NURSING FACIL	40	18,312	62,927	62,927	290	1,870	915
035 NURSING FACILITY							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	118	64	315,040		400	1,887	10,526
040 RECOVERY ROOM	20		51,764		293	2,902	
041 DELIVERY ROOM & LABOR	29		56,157	56,157	69	32	181
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	56		141,106		111	17,454	3,247
044 RADIOLOGY-THERAPEUTIC	29		31,915		4	2	164
045 RADIOISOTOPE							
046 LABORATORY	19		125,987				4,370
047 01 PATHOLOGY	5		29,475				
048 PBP CLINICAL LAB SERV							
049 WHOLE BLOOD & PACKED							
050 BLOOD STORING, PROCES	2				35	6	
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	7		49,095	49,095	8	146	42
053 PHYSICAL THERAPY			49,017		30	121	75
054 OCCUPATIONAL THERAPY			8,255				
055 SPEECH PATHOLOGY			7,979				
056 ELECTROCARDIOLOGY	25		85,680		126	839	456
057 ELECTROENCEPHALOGRAPH	4		14,493		30		109
058 MEDICAL SUPPLIES CHAR							
060 30 IMPL. DEV. CHARGED TO							
061 DRUGS CHARGED TO PATI							
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PAR							
065 OUTPAT SERVICE COST C							
066 CLINIC							
067 EMERGENCY	44	868	154,418		2,025	1,110	10,750
068 OBSERVATION BEDS (NON							
069 OTHER REIMBURS COST C							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP							
073 DURABLE MEDICAL EQUIP							
074 CORF							
075 I&R SERVICES-NOT APPR							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CEN							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 HEART ACQUISITION							
082 AMBULATORY SURGICAL C							
083 HOSPICE							
084 SUBTOTALS	938	197,945	2,432,136	1,185,694	13,017	40,480	56,414
085 NONREIMBURS COST CENT							
086 GIFT, FLOWER, COFFEE	4		2,086				
087 RESEARCH							
088 PHYSICIANS' PRIVATE O			39,979				
089 NONPAID WORKERS							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
18-0104

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

PREPARED 1/31/2011
WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(HOURS OF SERVICE)	(MEALS SERVED)	(HOURS WORKED)	(DIRECT SING HRS)	NR(COSTED)EQUIS.	R(COSTED)EQUIS.	R(TIME)SPENT
	NONREIMBURS COST CENT	10	11	12	14	15	16	17
100	NAUTILUS							
100 01	PR/MARKETING			8,645				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,714,504	2,330,567	1,654,288	3,011,786	5,531,314	5,231,920	3,628,980
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	2,881.639066	11.773811	.666287	2.540104	424.930015	129.247036	64.327649
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	79,167	81,001	57,912	315,885	247,796	468,419	272,913
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	84.041401	.409210	.023325	.266414	19.036337	11.571616	4.837682

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)
	18
001 GENERAL SERVICE COST	
002 OLD CAP REL COSTS-BLD	
003 OLD CAP REL COSTS-MVB	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
006 01 COMMUNICATIONS	
006 02 INFORMATION SERVICES	
006 03 PURCH, REC, & STORES	
006 04 PATIENT REGISTRATION	
006 06 OTHER ADMINISTRATIVE	
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	691
025 INPAT ROUTINE SERVICE CENTER	
026 ADULTS & PEDIATRICS	649
027 INTENSIVE CARE UNIT	12
027 CORONARY CARE UNIT	17
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE UNIT	
031 SUBPROVIDER	
033 NURSERY	
034 SKILLED NURSING FACILITY	7
035 NURSING FACILITY	
036 OTHER LONG TERM CARE	
037 ANCILLARY SERVICE COST CENTER	
038 OPERATING ROOM	
038 RECOVERY ROOM	
039 DELIVERY ROOM & LABOR	
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	
042 RADIOLOGY-THERAPEUTIC	
043 RADIOISOTOPE	
044 LABORATORY	
044 01 PATHOLOGY	
045 PBP CLINICAL LAB SERVICE	
046 WHOLE BLOOD & PACKED	
047 BLOOD STORAGE, PROCESSING	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
053 ELECTROCARDIOLOGY	
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHAR	
055 30 IMPL. DEV. CHARGED TO	
056 DRUGS CHARGED TO PATIENT	
057 RENAL DIALYSIS	
058 ASC (NON-DISTINCT PAR)	
060 OUTPAT SERVICE COST CENTER	
061 CLINIC	
061 EMERGENCY	6
062 OBSERVATION BEDS (NON)	
064 OTHER REIMBURS COST CENTER	
065 HOME PROGRAM DIALYSIS	
066 AMBULANCE SERVICES	
067 DURABLE MEDICAL EQUIPMENT	
067 DURABLE MEDICAL EQUIPMENT	
069 CORF	
070 I&R SERVICES-NOT APPROPRIATE	
071 HOME HEALTH AGENCY	
082 LUNG ACQUISITION	
082 SPEC PURPOSE COST CENTER	
083 KIDNEY ACQUISITION	
084 LIVER ACQUISITION	
085 HEART ACQUISITION	
092 AMBULATORY SURGICAL CENTER	
093 HOSPICE	
095 SUBTOTALS	691
096 NONREIMBURS COST CENTER	
097 GIFT, FLOWER, COFFEE	
097 RESEARCH	
098 PHYSICIANS' PRIVATE OFFICE	
099 NONPAID WORKERS	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/1/2009	1/31/2011
	TO 8/31/2010	WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)
NONREIMBURS COST CENT	18
100 NAUTILUS	
100 01 PR/MARKETING	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	4,562,271
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6,602.418234
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	98,130
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	142.011577

COMPUTATION OF RATIO OF COSTS TO CHARGES

18-0104

FROM 9/ 1/2009

WORKSHEET C

TO 8/31/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	43,211,976		43,211,976		43,211,976
26	INTENSIVE CARE UNIT	6,752,191		6,752,191		6,752,191
27	CORONARY CARE UNIT	5,905,965		5,905,965		5,905,965
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	2,050,809		2,050,809		2,050,809
34	SKILLED NURSING FACILITY	3,463,209		3,463,209	6,359	3,469,568
35	NURSING FACILITY					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,743,185		21,743,185		21,743,185
38	RECOVERY ROOM	3,034,012		3,034,012		3,034,012
39	DELIVERY ROOM & LABOR ROO	3,155,033		3,155,033		3,155,033
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	15,288,851		15,288,851		15,288,851
42	RADIOLOGY-THERAPEUTIC	3,157,948		3,157,948		3,157,948
43	RADIOISOTOPE					
44	LABORATORY	11,140,401		11,140,401	26,700	11,167,101
44	01 PATHOLOGY	1,521,434		1,521,434		1,521,434
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	2,975,040		2,975,040		2,975,040
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,677,429		2,677,429	5,781	2,683,210
50	PHYSICAL THERAPY	2,365,624		2,365,624		2,365,624
51	OCCUPATIONAL THERAPY	393,989		393,989		393,989
52	SPEECH PATHOLOGY	359,854		359,854		359,854
53	ELECTROCARDIOLOGY	6,955,757		6,955,757		6,955,757
54	ELECTROENCEPHALOGRAPHY	779,589		779,589		779,589
55	MEDICAL SUPPLIES CHARGED	12,604,745		12,604,745		12,604,745
55	30 IMPL. DEV. CHARGED TO PAT	19,584,901		19,584,901		19,584,901
56	DRUGS CHARGED TO PATIENTS	17,179,309		17,179,309		17,179,309
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	8,867,236		8,867,236	23,123	8,890,359
62	OBSERVATION BEDS (NON-DIS	1,896,886		1,896,886		1,896,886
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	197,065,373		197,065,373	61,963	197,127,336
102	LESS OBSERVATION BEDS	1,896,886		1,896,886		1,896,886
103	TOTAL	195,168,487		195,168,487	61,963	195,230,450

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	29,433,735		29,433,735			
26	INTENSIVE CARE UNIT	11,369,300		11,369,300			
27	CORONARY CARE UNIT	10,103,600		10,103,600			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,822,058		1,822,058			
34	SKILLED NURSING FACILITY	3,301,703		3,301,703			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	59,251,374	70,598,355	129,849,729	.167449	.167449	.167449
38	RECOVERY ROOM	5,886,357	7,665,239	13,551,596	.223886	.223886	.223886
39	DELIVERY ROOM & LABOR ROO	2,541,545	883,804	3,425,349	.921084	.921084	.921084
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	41,443,678	94,372,321	135,815,999	.112570	.112570	.112570
42	RADIOLOGY-THERAPEUTIC	2,194,851	24,646,416	26,841,267	.117653	.117653	.117653
43	RADIOISOTOPE						
44	LABORATORY	10,296,927	9,510,654	19,807,581	.562431	.562431	.563779
44	01 PATHOLOGY	964,281	3,378,483	4,342,764	.350338	.350338	.350338
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	3,443,628	534,616	3,978,244	.747827	.747827	.747827
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,198,096	364,153	2,562,249	1.044953	1.044953	1.047209
50	PHYSICAL THERAPY	2,583,518	2,256,687	4,840,205	.488745	.488745	.488745
51	OCCUPATIONAL THERAPY	747,768	178,991	926,759	.425126	.425126	.425126
52	SPEECH PATHOLOGY	579,303	280,054	859,357	.418748	.418748	.418748
53	ELECTROCARDIOLOGY	18,907,573	22,258,191	41,165,764	.168969	.168969	.168969
54	ELECTROENCEPHALOGRAPHY	1,171,596	3,573,886	4,745,482	.164280	.164280	.164280
55	MEDICAL SUPPLIES CHARGED	20,581,996	15,569,846	36,151,842	.348661	.348661	.348661
55	30 IMPL. DEV. CHARGED TO PAT	45,809,649	16,035,494	61,845,143	.316676	.316676	.316676
56	DRUGS CHARGED TO PATIENTS	44,124,502	27,924,168	72,048,670	.238440	.238440	.238440
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	15,171,793	33,011,720	48,183,513	.184031	.184031	.184510
62	OBSERVATION BEDS (NON-DIS	337,248	7,209,982	7,547,230	.251335	.251335	.251335
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	334,266,079	340,253,060	674,519,139			
102	LESS OBSERVATION BEDS						
103	TOTAL	334,266,079	340,253,060	674,519,139			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	21,743,185	2,887,831	18,855,354			21,743,185
39	RECOVERY ROOM	3,034,012	122,569	2,911,443			3,034,012
40	DELIVERY ROOM & LABOR ROO	3,155,033	197,082	2,957,951			3,155,033
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	15,288,851	2,952,131	12,336,720			15,288,851
43	RADIOLOGY-THERAPEUTIC	3,157,948	846,858	2,311,090			3,157,948
44	RADIOISOTOPE						
44	LABORATORY	11,140,401	950,667	10,189,734			11,140,401
44	01 PATHOLOGY	1,521,434	118,262	1,403,172			1,521,434
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2,975,040	49,997	2,925,043			2,975,040
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,677,429	195,627	2,481,802			2,677,429
50	PHYSICAL THERAPY	2,365,624	144,948	2,220,676			2,365,624
51	OCCUPATIONAL THERAPY	393,989	5,122	388,867			393,989
52	SPEECH PATHOLOGY	359,854	4,792	355,062			359,854
53	ELECTROCARDIOLOGY	6,955,757	1,957,859	4,997,898			6,955,757
54	ELECTROENCEPHALOGRAPHY	779,589	115,266	664,323			779,589
55	MEDICAL SUPPLIES CHARGED	12,604,745	87,574	12,517,171			12,604,745
55	30 IMPL. DEV. CHARGED TO PAT	19,584,901	153,607	19,431,294			19,584,901
56	DRUGS CHARGED TO PATIENTS	17,179,309	139,738	17,039,571			17,179,309
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	8,867,236	705,696	8,161,540			8,867,236
62	OBSERVATION BEDS (NON-DIS	1,896,886	130,420	1,766,466			1,896,886
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	135,681,223	11,766,046	123,915,177			135,681,223
102	LESS OBSERVATION BEDS	1,896,886	130,420	1,766,466			1,896,886
103	TOTAL	133,784,337	11,635,626	122,148,711			133,784,337

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	129,849,729	.167449	.167449
38	RECOVERY ROOM	13,551,596	.223886	.223886
39	DELIVERY ROOM & LABOR ROO	3,425,349	.921084	.921084
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	135,815,999	.112570	.112570
42	RADIOLOGY-THERAPEUTIC	26,841,267	.117653	.117653
43	RADIOISOTOPE			
44	LABORATORY	19,807,581	.562431	.562431
44	01 PATHOLOGY	4,342,764	.350338	.350338
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	3,978,244	.747827	.747827
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,562,249	1.044953	1.044953
50	PHYSICAL THERAPY	4,840,205	.488745	.488745
51	OCCUPATIONAL THERAPY	926,759	.425126	.425126
52	SPEECH PATHOLOGY	859,357	.418748	.418748
53	ELECTROCARDIOLOGY	41,165,764	.168969	.168969
54	ELECTROENCEPHALOGRAPHY	4,745,482	.164280	.164280
55	MEDICAL SUPPLIES CHARGED	36,151,842	.348661	.348661
55	30 IMPL. DEV. CHARGED TO PAT	61,845,143	.316676	.316676
56	DRUGS CHARGED TO PATIENTS	72,048,670	.238440	.238440
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	EMERGENCY	48,183,513	.184031	.184031
62	OBSERVATION BEDS (NON-DIS	7,547,230	.251335	.251335
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	618,488,743		
102	LESS OBSERVATION BEDS	7,547,230		
103	TOTAL	610,941,513		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,743,185	2,887,831	18,855,354			21,743,185
38	RECOVERY ROOM	3,034,012	122,569	2,911,443			3,034,012
39	DELIVERY ROOM & LABOR ROO	3,155,033	197,082	2,957,951			3,155,033
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	15,288,851	2,952,131	12,336,720			15,288,851
42	RADIOLOGY-THERAPEUTIC	3,157,948	846,858	2,311,090			3,157,948
43	RADIOISOTOPE						
44	LABORATORY	11,140,401	950,667	10,189,734			11,140,401
44	01 PATHOLOGY	1,521,434	118,262	1,403,172			1,521,434
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	2,975,040	49,997	2,925,043			2,975,040
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,677,429	195,627	2,481,802			2,677,429
50	PHYSICAL THERAPY	2,365,624	144,948	2,220,676			2,365,624
51	OCCUPATIONAL THERAPY	393,989	5,122	388,867			393,989
52	SPEECH PATHOLOGY	359,854	4,792	355,062			359,854
53	ELECTROCARDIOLOGY	6,955,757	1,957,859	4,997,898			6,955,757
54	ELECTROENCEPHALOGRAPHY	779,589	115,266	664,323			779,589
55	MEDICAL SUPPLIES CHARGED	12,604,745	87,574	12,517,171			12,604,745
55	30 IMPL. DEV. CHARGED TO PAT	19,584,901	153,607	19,431,294			19,584,901
56	DRUGS CHARGED TO PATIENTS	17,179,309	139,738	17,039,571			17,179,309
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	8,867,236	705,696	8,161,540			8,867,236
62	OBSERVATION BEDS (NON-DIS	1,896,886	130,420	1,766,466			1,896,886
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	135,681,223	11,766,046	123,915,177			135,681,223
102	LESS OBSERVATION BEDS	1,896,886	130,420	1,766,466			1,896,886
103	TOTAL	133,784,337	11,635,626	122,148,711			133,784,337

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	129,849,729	.167449	.167449
38	RECOVERY ROOM	13,551,596	.223886	.223886
39	DELIVERY ROOM & LABOR ROO	3,425,349	.921084	.921084
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	135,815,999	.112570	.112570
42	RADIOLOGY-THERAPEUTIC	26,841,267	.117653	.117653
43	RADIOISOTOPE			
44	LABORATORY	19,807,581	.562431	.562431
44	01 PATHOLOGY	4,342,764	.350338	.350338
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	3,978,244	.747827	.747827
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,562,249	1.044953	1.044953
50	PHYSICAL THERAPY	4,840,205	.488745	.488745
51	OCCUPATIONAL THERAPY	926,759	.425126	.425126
52	SPEECH PATHOLOGY	859,357	.418748	.418748
53	ELECTROCARDIOLOGY	41,165,764	.168969	.168969
54	ELECTROENCEPHALOGRAPHY	4,745,482	.164280	.164280
55	MEDICAL SUPPLIES CHARGED	36,151,842	.348661	.348661
55	30 IMPL. DEV. CHARGED TO PAT	61,845,143	.316676	.316676
56	DRUGS CHARGED TO PATIENTS	72,048,670	.238440	.238440
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	48,183,513	.184031	.184031
62	OBSERVATION BEDS (NON-DIS	7,547,230	.251335	.251335
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	618,488,743		
102	LESS OBSERVATION BEDS	7,547,230		
103	TOTAL	610,941,513		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104 PERIOD: FROM 9/1/2009 TO 8/31/2010 PREPARED 1/31/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				2,971,057		2,971,057
26	INTENSIVE CARE UNIT				493,438		493,438
27	CORONARY CARE UNIT				322,107		322,107
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				105,082		105,082
101	TOTAL				3,891,684		3,891,684

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	62,920	34,529			47.22	1,630,459
26	INTENSIVE CARE UNIT	4,220	2,627			116.93	307,175
27	CORONARY CARE UNIT	3,762	2,494			85.62	213,536
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	3,274				32.10	
101	TOTAL	74,176	39,650				2,151,170

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.022240	655,938
38	RECOVERY ROOM	.009045	29,789
39	DELIVERY ROOM & LABOR ROO	.057536	233
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021736	550,312
42	RADIOLOGY-THERAPEUTIC	.031551	36,682
43	RADIOISOTOPE		
44	LABORATORY	.047995	310,206
44	01 PATHOLOGY	.027232	12,122
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.012568	27,834
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.076350	69,954
50	PHYSICAL THERAPY	.029947	40,804
51	OCCUPATIONAL THERAPY	.005527	1,139
52	SPEECH PATHOLOGY	.005576	2,290
53	ELECTROCARDIOLOGY	.047560	484,122
54	ELECTROENCEPHALOGRAPHY	.024290	14,568
55	MEDICAL SUPPLIES CHARGED	.002422	25,466
55	30 IMPL. DEV. CHARGED TO PAT	.002484	65,553
56	DRUGS CHARGED TO PATIENTS	.001939	50,616
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.014646	73,129
62	OBSERVATION BEDS (NON-DIS	.017281	1,083
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,451,840

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

PROVIDER NO: 18-0104
PERIOD: FROM 9/1/2009 TO 8/31/2010
PREPARED 1/31/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					62,920	
26	INTENSIVE CARE UNIT					4,220	
27	CORONARY CARE UNIT					3,762	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					3,274	
34	SKILLED NURSING FACILITY					6,894	
35	NURSING FACILITY						
101	TOTAL					81,070	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		34,529
26	INTENSIVE CARE UNIT		2,627
27	CORONARY CARE UNIT		2,494
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		6,036
35	NURSING FACILITY		
101	TOTAL		45,686

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			129,849,729			29,493,593	
38	RECOVERY ROOM			13,551,596			3,293,379	
39	DELIVERY ROOM & LABOR ROO			3,425,349			4,045	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			135,815,999			25,317,998	
42	RADIOLOGY-THERAPEUTIC			26,841,267			1,162,639	
43	RADIOISOTOPE							
44	LABORATORY			19,807,581			6,463,303	
44	01 PATHOLOGY			4,342,764			445,155	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			3,978,244			2,214,674	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,562,249			916,229	
50	PHYSICAL THERAPY			4,840,205			1,362,548	
51	OCCUPATIONAL THERAPY			926,759			206,036	
52	SPEECH PATHOLOGY			859,357			410,631	
53	ELECTROCARDIOLOGY			41,165,764			10,179,175	
54	ELECTROENCEPHALOGRAPHY			4,745,482			599,734	
55	MEDICAL SUPPLIES CHARGED			36,151,842			10,514,344	
55	30 IMPL. DEV. CHARGED TO PAT			61,845,143			26,390,004	
56	DRUGS CHARGED TO PATIENTS			72,048,670			26,104,435	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			48,183,513			4,993,130	
62	OBSERVATION BEDS (NON-DIS			7,547,230			62,649	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			618,488,743			150,133,701	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,903,449					
38	RECOVERY ROOM	5,309,839					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	30,071,180					
42	RADIOLOGY-THERAPEUTIC	13,265,158					
43	RADIOISOTOPE						
44	LABORATORY	72,682					
44	01 PATHOLOGY	873,242					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	498,102					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	118,037					
50	PHYSICAL THERAPY	256					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	3,432					
53	ELECTROCARDIOLOGY	7,884,759					
54	ELECTROENCEPHALOGRAPHY	709,273					
55	MEDICAL SUPPLIES CHARGED	3,520,046					
55	30 IMPL. DEV. CHARGED TO PAT	7,267,719					
56	DRUGS CHARGED TO PATIENTS	12,320,817					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,177,197					
62	OBSERVATION BEDS (NON-DIS	2,210,169					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	103,205,357					

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		14,903,449				
38	RECOVERY ROOM		5,309,839				
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		30,071,180				
42	RADIOLOGY-THERAPEUTIC		13,265,158				
43	RADIOISOTOPE						
44	LABORATORY		72,682				
01	PATHOLOGY		873,242				
45	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	BLOOD STORING, PROCESSING & TRANS.		498,102				
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		118,037				
50	PHYSICAL THERAPY		256				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY		3,432				
53	ELECTROCARDIOLOGY		7,884,759				
54	ELECTROENCEPHALOGRAPHY		709,273				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,520,046				
30	IMPL. DEV. CHARGED TO PATIENT		7,267,719				
56	DRUGS CHARGED TO PATIENTS		12,320,817				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		4,177,197				
62	OBSERVATION BEDS (NON-DISTINCT PART)		2,210,169				
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-RENTED						
67	DURABLE MEDICAL EQUIP-SOLD						
101	SUBTOTAL		103,205,357				
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104	NET CHARGES		103,205,357				

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-5416
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-5416
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC		
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
44	LABORATORY		
44	01 PATHOLOGY		
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			129,849,729			2,308	
38	RECOVERY ROOM			13,551,596				
39	DELIVERY ROOM & LABOR ROO			3,425,349				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			135,815,999			156,274	
42	RADIOLOGY-THERAPEUTIC			26,841,267			15,864	
43	RADIOISOTOPE							
44	LABORATORY			19,807,581			188,681	
44	01 PATHOLOGY			4,342,764			3,640	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			3,978,244			26,835	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			2,562,249			82,602	
50	PHYSICAL THERAPY			4,840,205			545,103	
51	OCCUPATIONAL THERAPY			926,759			384,157	
52	SPEECH PATHOLOGY			859,357			38,410	
53	ELECTROCARDIOLOGY			41,165,764			41,724	
54	ELECTROENCEPHALOGRAPHY			4,745,482			6,758	
55	MEDICAL SUPPLIES CHARGED			36,151,842			125,764	
55	30 IMPL. DEV. CHARGED TO PAT			61,845,143				
56	DRUGS CHARGED TO PATIENTS			72,048,670			1,476,569	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			48,183,513				
62	OBSERVATION BEDS (NON-DIS			7,547,230				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			618,488,743			3,094,689	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104 PERIOD: FROM 9/1/2009 TO 8/31/2010 PREPARED 1/31/2011 WORKSHEET D PART I

TITLE XIX

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,971,057		2,971,057
26	INTENSIVE CARE UNIT				493,438		493,438
27	CORONARY CARE UNIT				322,107		322,107
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				105,082		105,082
101	TOTAL				3,891,684		3,891,684

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET D
 PART I

TITLE XIX

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	62,920	7,105			47.22	335,498
26	INTENSIVE CARE UNIT	4,220	330			116.93	38,587
27	CORONARY CARE UNIT	3,762	206			85.62	17,638
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	3,274	1,619			32.10	51,970
101	TOTAL	74,176	9,260				443,693

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0104
 COMPONENT NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET D
 PART II
 TEFRA

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.022240	91,295
38	RECOVERY ROOM	.009045	4,957
39	DELIVERY ROOM & LABOR ROO	.057536	37,919
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021736	61,028
42	RADIOLOGY-THERAPEUTIC	.031551	16,684
43	RADIOISOTOPE		
44	LABORATORY	.047995	52,971
44	01 PATHOLOGY	.027232	2,604
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.012568	1,579
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.076350	6,952
50	PHYSICAL THERAPY	.029947	2,638
51	OCCUPATIONAL THERAPY	.005527	
52	SPEECH PATHOLOGY	.005576	406
53	ELECTROCARDIOLOGY	.047560	40,833
54	ELECTROENCEPHALOGRAPHY	.024290	1,385
55	MEDICAL SUPPLIES CHARGED	.002422	9,956
55	30 IMPL. DEV. CHARGED TO PAT	.002484	9,856
56	DRUGS CHARGED TO PATIENTS	.001939	
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.014646	9,464
62	OBSERVATION BEDS (NON-DIS	.017281	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		350,527

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 18-0104
PERIOD: FROM 9/1/2009 TO 8/31/2010
PREPARED 1/31/2011
WORKSHEET D
PART III
TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					62,920	
26	INTENSIVE CARE UNIT					4,220	
27	CORONARY CARE UNIT					3,762	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					3,274	
34	SKILLED NURSING FACILITY					6,894	
35	NURSING FACILITY						
101	TOTAL					81,070	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		7,105
26	INTENSIVE CARE UNIT		330
27	CORONARY CARE UNIT		206
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		1,619
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		9,260

TITLE XIX HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX		HOSPITAL		TEFRA					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
37	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM			129,849,729			4,104,980		
38	RECOVERY ROOM			13,551,596			548,055		
39	DELIVERY ROOM & LABOR ROO			3,425,349			659,054		
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			135,815,999			2,807,702		
42	RADIOLOGY-THERAPEUTIC			26,841,267			528,792		
43	RADIOISOTOPE								
44	LABORATORY			19,807,581			1,103,684		
44	01 PATHOLOGY			4,342,764			95,632		
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING			3,978,244			125,621		
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			2,562,249			91,057		
50	PHYSICAL THERAPY			4,840,205			88,085		
51	OCCUPATIONAL THERAPY			926,759					
52	SPEECH PATHOLOGY			859,357			72,880		
53	ELECTROCARDIOLOGY			41,165,764			858,550		
54	ELECTROENCEPHALOGRAPHY			4,745,482			57,012		
55	MEDICAL SUPPLIES CHARGED			36,151,842			4,110,713		
55	30 IMPL. DEV. CHARGED TO PAT			61,845,143			3,967,949		
56	DRUGS CHARGED TO PATIENTS			72,048,670					
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY			48,183,513			646,203		
62	OBSERVATION BEDS (NON-DIS			7,547,230					
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			618,488,743			19,865,969		

TITLE XIX

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM	7,084					
39	DELIVERY ROOM & LABOR ROO	1,453					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	667,073					
42	RADIOLOGY-THERAPEUTIC	1,291,390					
43	RADIOISOTOPE						
44	LABORATORY	652,619					
44	01 PATHOLOGY	60,826					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	36,514					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,116					
50	PHYSICAL THERAPY	290,501					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	99,702					
53	ELECTROCARDIOLOGY	739,117					
54	ELECTROENCEPHALOGRAPHY	74,317					
55	MEDICAL SUPPLIES CHARGED	66,641					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,820,429					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,852					
62	OBSERVATION BEDS (NON-DIS	197,941					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	7,012,575					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.167449				
38 RECOVERY ROOM	.223886				7,084
39 DELIVERY ROOM & LABOR ROOM	.921084				1,453
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.112570				667,073
42 RADIOLOGY-THERAPEUTIC	.117653				1,291,390
43 RADIOISOTOPE					
44 LABORATORY	.562431				652,619
01 44 PATHOLOGY	.350338				60,826
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.747827				36,514
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	1.044953				4,116
50 PHYSICAL THERAPY	.488745				290,501
51 OCCUPATIONAL THERAPY	.425126				
52 SPEECH PATHOLOGY	.418748				99,702
53 ELECTROCARDIOLOGY	.168969				739,117
54 ELECTROENCEPHALOGRAPHY	.164280				74,317
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.348661				66,641
30 55 IMPL. DEV. CHARGED TO PATIENT	.316676				
56 DRUGS CHARGED TO PATIENTS	.238440				2,820,429
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.184031				2,852
62 OBSERVATION BEDS (NON-DISTINCT PART)	.251335				197,941
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					7,012,575
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					7,012,575

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,762
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	686.78
85	OBSERVATION BED COST	1,896,886

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	43,211,976		1,896,886	
87	NEW CAPITAL-RELATED COST	2,971,057	.068755	1,896,886	130,420
88	NON PHYSICIAN ANESTHETIST	43,211,976		1,896,886	
89	MEDICAL EDUCATION	43,211,976		1,896,886	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,762
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	686.78
85	OBSERVATION BED COST	1,896,886

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	43,211,976		1,896,886	
87	NEW CAPITAL-RELATED COST	2,971,057	.068755	1,896,886	130,420
88	NON PHYSICIAN ANESTHETIST	43,211,976		1,896,886	
89	MEDICAL EDUCATION	43,211,976		1,896,886	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL 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		3,912,213	
26	INTENSIVE CARE UNIT		598,950	
27	CORONARY CARE UNIT		373,890	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.167449	4,104,980	687,375
38	RECOVERY ROOM	.223886	548,055	122,702
39	DELIVERY ROOM & LABOR ROOM	.921084	659,054	607,044
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.112570	2,807,702	316,063
42	RADIOLOGY-THERAPEUTIC	.117653	528,792	62,214
43	RADIOISOTOPE			
44	LABORATORY	.562431	1,103,684	620,746
44	01 PATHOLOGY	.350338	95,632	33,504
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.747827	125,621	93,943
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1.044953	91,057	95,150
50	PHYSICAL THERAPY	.488745	88,085	43,051
51	OCCUPATIONAL THERAPY	.425126		
52	SPEECH PATHOLOGY	.418748	72,880	30,518
53	ELECTROCARDIOLOGY	.168969	858,550	145,068
54	ELECTROENCEPHALOGRAPHY	.164280	57,012	9,366
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.348661	4,110,713	1,433,245
55	30 IMPL. DEV. CHARGED TO PATIENT	.316676	3,967,949	1,256,554
56	DRUGS CHARGED TO PATIENTS	.238440		
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.184031	646,203	118,921
62	OBSERVATION BEDS (NON-DISTINCT PART)	.251335		
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		19,865,969	5,675,464
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,865,969	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2009	1/31/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET E
18-0104		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	57,961,484	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	57,961,484	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	4,404,073	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	62,365,557	
17 PRIMARY PAYER PAYMENTS	75,179	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	62,290,378	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,760,991	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	171,116	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,142,983	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	800,088	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	57,158,359	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	57,158,359	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	57,052,913	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	105,446	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	4,345,517	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			2,024,301
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			2,024,301
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			2,024,301
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			2,024,301
38	COINSURANCE			59,313
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			1,408
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			986
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			1,965,974
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			1,965,974
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,965,974
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			1,964,988
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			986
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/ 1/2009	1/31/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET E-3
18-5416		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TEFRA TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		794,220	
2	MEDICAL AND OTHER SERVICES		1,716,763	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		2,510,983	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,510,983	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		26,878,544	
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		26,878,544	
	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)		26,878,544	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		24,367,561	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,510,983	
	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		2,510,983	
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		2,510,983	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,510,983	
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)		2,510,983	
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		2,510,983	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,510,983	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		2,510,983	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

TEFRA
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	14,896,466			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	108,677,626			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-74,295,426			
7 INVENTORY	5,317,911			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	1,757,940			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	56,354,517			
FIXED ASSETS				
12 LAND	7,266,579			
12.01 LAND IMPROVEMENTS	6,818,550			
13.01 LESS ACCUMULATED DEPRECIATION	-5,357,970			
14 BUILDINGS	145,446,030			
14.01 LESS ACCUMULATED DEPRECIATION	-59,543,449			
15 LEASEHOLD IMPROVEMENTS	35,119,136			
15.01 LESS ACCUMULATED DEPRECIATION	-21,480,981			
16 FIXED EQUIPMENT	14,626,963			
16.01 LESS ACCUMULATED DEPRECIATION	-12,503,349			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	128,470,587			
18.01 LESS ACCUMULATED DEPRECIATION	-97,899,226			
19 MINOR EQUIPMENT DEPRECIABLE	531,582			
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	141,494,452			
OTHER ASSETS				
22 INVESTMENTS	6,040			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	16,611,816			
26 TOTAL OTHER ASSETS	16,611,816			
27 TOTAL ASSETS	214,466,825			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,227,064			
29 SALARIES, WAGES & FEES PAYABLE	9,529,916			
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	7,000,960			
36 TOTAL CURRENT LIABILITIES	23,757,940			
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	21,730,037			
42 TOTAL LONG-TERM LIABILITIES	21,730,037			
43 TOTAL LIABILITIES	45,487,977			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	168,978,848			
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	168,978,848			
52 TOTAL LIABILITIES AND FUND BALANCES	214,466,825			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		158,978,652		
2	NET INCOME (LOSS)		8,832,271		
3	TOTAL		167,810,923		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	INCREASE IN RESTRICTED FUND		119,067		
6	OTHER DIVISIONS (TRANSFER TO BALANCE)	4,070,000	78		
7					
8					
9					
10	TOTAL ADDITIONS		4,189,145		
11	SUBTOTAL		172,000,068		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	MIS SEED MONEY TRANSFERS	3,021,220			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		3,021,220		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		168,978,848		

		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	INCREASE IN RESTRICTED FUND				
6	OTHER DIVISIONS (TRANSFER TO BALANCE)				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	MIS SEED MONEY TRANSFERS				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 18-0104
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/31/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	674,554,484
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	430,644,417
3	NET PATIENT REVENUES	243,910,067
4	LESS: TOTAL OPERATING EXPENSES	240,432,944
5	NET INCOME FROM SERVICE TO PATIENTS	3,477,123
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	299,316
7	INCOME FROM INVESTMENTS	129,144
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	943,557
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	76,949
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	396,275
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	2,045,507
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	1,464,400
25	TOTAL OTHER INCOME	5,355,148
26	TOTAL	8,832,271
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,832,271

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
18-0104	FROM 9/1/2009	1/31/2011
COMPONENT NO:	TO 8/31/2010	WORKSHEET L
18-0104		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,265,361
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	138,712
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	186.68
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,404,073
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	