

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		26-0091		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/15/2011 TIME 15: 01

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:
 ST. MARY'S HEALTH CENTER 26-0091

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	839,124	-5,306	13,202,131
2	SUBPROVIDER	0	16,948	16	-943,649
100	TOTAL	0	856,072	-5,290	12,258,482

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	15	
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
10 NEONATAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	154.58	3,322.60			5,600	2,747	24,275	
13 RPCH VISITS								
14 SUBPROVIDER	.95	71.71			552	503	1,761	
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL	155.53	3,394.31						
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 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	190,485,533		190,485,533	7,120,291.18	26.75	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	589,134		589,134	5,144.73	114.51	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	854,631		854,631	9,797.11	87.23	
5 PHYSICIAN - PART B	8,700,709		8,700,709	95,731.62	90.89	
5.01 NON-PHYSICIAN - PART B	1,096,114		1,096,114	23,243.78	47.16	
6 INTERNS & RESIDENTS (APPRVD)		1,397,253	1,397,253	60,134.45	23.24	
6.01 CONTRACT SERVICES, I&R	8,913,578		8,913,578	258,163.79	34.53	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	11,572,984	325,761	11,898,745	378,424.55	31.44	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	11,386,452		11,386,452	314,515.58	36.20	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	7,350,702		7,350,702	77,638.45	94.68	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	10,917,680		10,917,680	116,607.09	93.63	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	17,523,861		17,523,861	329,987.00	53.10	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	55,104,927		55,104,927			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,042,000		3,042,000			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	117,765		117,765			CMS 339
18.01 PART A TEACHING PHYSICIANS	166,767		166,767			CMS 339
19 PHYSICIAN PART B	1,697,682		1,697,682			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	410,654		410,654			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	192,302		192,302	9,151.30	21.01	
22 ADMINISTRATIVE & GENERAL	30,264,460	-332,622	29,931,838	1,045,369.64	28.63	
22.01 A & G UNDER CONTRACT	1,863,614		1,863,614	12,805.19	145.54	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,768,623		2,768,623	110,976.49	24.95	
25 LAUNDRY & LINEN SERVICE	266,152		266,152	21,051.91	12.64	
26 HOUSEKEEPING	3,834,267		3,834,267	310,402.10	12.35	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	3,217,336	-2,183,183	1,034,153	81,545.12	12.68	
27.01 DIETARY UNDER CONTRACT	429,343		429,343	21,796.00	19.70	
28 CAFETERIA		1,988,880	1,988,880	156,827.37	12.68	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	7,571,705		7,571,705	281,653.04	26.88	
31 CENTRAL SERVICE AND SUPPLY	1,011,618		1,011,618	64,086.16	15.79	
32 PHARMACY	5,565,683	-5,049,111	516,572	15,745.79	32.81	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,834,006		2,834,006	155,479.62	18.23	
34 SOCIAL SERVICE	2,061,752		2,061,752	71,276.85	28.93	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	173,213,458	-1,397,253	171,816,205	6,707,821.62	25.61	
2 EXCLUDED AREA SALARIES	11,572,984	325,761	11,898,745	378,424.55	31.44	
3 SUBTOTAL SALARIES	161,640,474	-1,723,014	159,917,460	6,329,397.07	25.27	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	47,178,695		47,178,695	838,748.12	56.25	
5 SUBTOTAL WAGE-RELATED COSTS	55,222,692		55,222,692		34.53	
6 TOTAL	264,041,861	-1,723,014	262,318,847	7,168,145.19	36.60	
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	61,880,861	-5,576,036	56,304,825	2,358,166.58	23.88	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-0091
 SATELLITE NO:
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		9				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	5.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6 NUMBER OF STATIONS	4					
7 TREATMENT CAPACITY PER DAY PER STATION	25					
8 UTILIZATION (SEE INSTRUCTIONS)	21.15					
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	4					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	3					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	84,326					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	1,577					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/1/2010	6/15/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	52,483,571
17.01	GROSS MEDICAID REVENUES	526,269,660
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	578,753,231
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)	.289958
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	526,269,660

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2010	6/15/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	152,596,098
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	52,483,571
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	15,218,031
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	152,596,098

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/15/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
1.02	0102 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		11,197,628	11,197,628		11,197,628
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		10,205,016	10,205,016		10,205,016
5	0500 EMPLOYEE BENEFITS	192,302	47,030,306	47,222,608		47,222,608
6	0600 ADMINISTRATIVE & GENERAL	30,264,460	58,174,922	88,439,382	35,132,815	123,572,197
7	0700 MAINTENANCE & REPAIRS		3,342,297	3,342,297		3,342,297
8	0800 OPERATION OF PLANT	2,768,623	9,126,948	11,895,571		11,895,571
9	0900 LAUNDRY & LINEN SERVICE	266,152	1,488,458	1,754,610		1,754,610
10	1000 HOUSEKEEPING	3,834,267	2,448,514	6,282,781		6,282,781
11	1100 DIETARY	3,217,336	6,061,971	9,279,307	-6,296,646	2,982,661
12	1200 CAFETERIA				5,736,245	5,736,245
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	7,571,705	635,659	8,207,364		8,207,364
15	1500 CENTRAL SERVICES & SUPPLY	1,011,618	49,616,988	50,628,606	-35,921,445	14,707,161
16	1600 PHARMACY	5,565,683	24,377,815	29,943,498	-26,304,004	3,639,494
17	1700 MEDICAL RECORDS & LIBRARY	2,834,006	2,096,117	4,930,123		4,930,123
18	1800 SOCIAL SERVICE	2,061,752	342,899	2,404,651		2,404,651
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				1,397,253	1,397,253
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,981,695	33,214,158	36,195,853	-14,098,493	22,097,360
24	2400 PARAMED ED PRGM	296,966	6,003	302,969	218,343	521,312
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	33,167,795	4,743,315	37,911,110	-785,407	37,125,703
26	2600 INTENSIVE CARE UNIT	2,283,749	460,736	2,744,485	-219,815	2,524,670
26.01	2080 PEDIATRIC INTENSIVE CARE UNIT	3,358,699	699,207	4,057,906	5,878	4,063,784
27	2700 CORONARY CARE UNIT	2,272,156	596,543	2,868,699	-251,441	2,617,258
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	14,995,401	1,661,429	16,656,830	953,907	17,610,737
31	3100 SUBPROVIDER	3,473,516	404,436	3,877,952	328,740	4,206,692
33	3300 NURSERY				362,940	362,940
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,789,739	18,888,453	26,678,192	-12,778,892	13,899,300
38	3800 RECOVERY ROOM	3,837,011	299,973	4,136,984	-157,444	3,979,540
39	3900 DELIVERY ROOM & LABOR ROOM	372,266	41,362	413,628	2,865,507	3,279,135
40	4000 ANESTHESIOLOGY	200,547	4,718,365	4,918,912	367,292	5,286,204
41	4100 RADIOLOGY-DIAGNOSTIC	5,174,613	2,624,343	7,798,956	-83,876	7,715,080
42	4200 RADIOLOGY-THERAPEUTIC	786,771	939,428	1,726,199		1,726,199
42.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	392,422	922,105	1,314,527		1,314,527
43	4300 RADIOISOTOPE					
43.01	3630 ULTRA SOUND	721,733	97,796	819,529	6,682	826,211
44	4400 LABORATORY	4,568,781	3,423,807	7,992,588	-1,172	7,991,416
44.01	4401 ANATOMICAL PATHOLOGY	1,420,637	772,511	2,193,148	726,688	2,919,836
44.03	4403 LAB-STEM CELL		73,665	73,665		73,665
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46.01	4601 MENTAL HYGIENE	146,270	31,851	178,121		178,121
47	4700 BLOOD STORING, PROCESSING & TRANS.	1,907,621	2,567,987	4,475,608		4,475,608
48	4800 INTRAVENOUS THERAPY	1,519,913	764,174	2,284,087	-25,872	2,258,215
48.01	4801 PHARMACY-IV DRUG THERAPY					
49	4900 RESPIRATORY THERAPY	3,216,008	2,082,366	5,298,374	-206,665	5,091,709
49.01	4901 SLEEP DISORDER	416,649	126,323	542,972		542,972
49.02	4902 PAIN MANAGEMENT	651,035	232,885	883,920	-40,029	843,891
50	5000 PHYSICAL THERAPY	651,276	913,309	1,564,585	-254,387	1,310,198
51	5100 OCCUPATIONAL THERAPY	339,233	9,093	348,326	152,091	500,417
52	5200 SPEECH PATHOLOGY	761,969	101,329	863,298	94,479	957,777
53	5300 ELECTROCARDIOLOGY	1,065,477	418,078	1,483,555	380,963	1,864,518
54	5400 ELECTROENCEPHALOGRAPHY	323,824	44,561	368,385	411,007	779,392
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	1,207,337	5,677,795	6,885,132	-4,981,379	1,903,753
54.02	5401 CARDIAC REHAB	366,568	12,425	378,993		378,993
54.03	3650 VASCULAR LAB	478,038	96,116	574,154		574,154
54.04	3330 ENDOSCOPY	1,693,086	1,019,143	2,712,229	-702,954	2,009,275
54.05	5402 CLINICAL NUTRITION	654,817	11,030	665,847		665,847
54.06	5403 PSYCHOTHERAPY	669,267	537,699	1,206,966	102,947	1,309,913
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				14,728,537	14,728,537
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				12,678,184	12,678,184
56	5600 DRUGS CHARGED TO PATIENTS				27,857,068	27,857,068
57	5700 RENAL DIALYSIS	254,509	1,102,794	1,357,303	-25,682	1,331,621
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	10,185,407	2,526,723	12,712,130	-137,743	12,574,387
61	6100 EMERGENCY	8,492,326	2,260,000	10,752,326	-378,131	10,374,195
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					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/15/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
68	5950 TRANSPORT					
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				106,052	106,052
84	8400 LIVER ACQUISITION				59,213	59,213
85	8500 HEART ACQUISITION				101,227	101,227
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		2,591,099	2,591,099		2,591,099
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	182,683,031	323,859,953	506,542,984	1,122,581	507,665,565
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,127	223,073	285,200		285,200
96.01	9601 RESTAURANT					
96.02	9602 PHYSICIAN SERVICES	516,037	232,902	748,939		748,939
96.03	9603 COMMUNITY EDUCATION	240,754	17,577	258,331		258,331
97	9700 RESEARCH		403,083	403,083		403,083
98	9800 PHYSICIANS' PRIVATE OFFICES	969,608	7,284,914	8,254,522	-1,219,442	7,035,080
98.01	9801 HOTELING ROOMS					
98.02	9802 FOUNDATION				96,861	96,861
98.03	9803 VENDING					
98.04	9804 55 ALIVE					
98.05	9806 VACANT					
99	9900 NONPAID WORKERS					
99.12	9912 HOME HEALTH					
99.15	9915 POISON CONTROL	1,771,808	446,682	2,218,490		2,218,490
99.16	9916 BILLABLE DEPARTMENTS	1,726,972	-327,324	1,399,648		1,399,648
99.17	9917 MISCELLANEOUS NONREIMBURSABLE	2,515,196	4,198,136	6,713,332		6,713,332
101	TOTAL	190,485,533	336,338,996	526,824,529	-0-	526,824,529

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/15/2011
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		
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		
1.02	0102 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	537,493	11,735,121
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	4,501,598	14,706,614
5	0500 EMPLOYEE BENEFITS	-10,387,537	36,835,071
6	0600 ADMINISTRATIVE & GENERAL	-19,875,092	103,697,105
7	0700 MAINTENANCE & REPAIRS	-1,558,664	1,783,633
8	0800 OPERATION OF PLANT	-106,818	11,788,753
9	0900 LAUNDRY & LINEN SERVICE	-109,032	1,645,578
10	1000 HOUSEKEEPING	-29,141	6,253,640
11	1100 DIETARY	-127	2,982,534
12	1200 CAFETERIA	-3,430,614	2,305,631
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-120,294	8,087,070
15	1500 CENTRAL SERVICES & SUPPLY	-12,822,930	1,884,231
16	1600 PHARMACY	-2,537,164	1,102,330
17	1700 MEDICAL RECORDS & LIBRARY	-13,918	4,916,205
18	1800 SOCIAL SERVICE	-5,835	2,398,816
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,397,253
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,915,326	19,182,034
24	2400 PARAMED ED PRGM		521,312
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-6,698,272	30,427,431
26	2600 INTENSIVE CARE UNIT	-42,207	2,482,463
26.01	2080 PEDIATRIC INTENSIVE CARE UNIT	-2,223	4,061,561
27	2700 CORONARY CARE UNIT	-4,101	2,613,157
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-284,195	17,326,542
31	3100 SUBPROVIDER	-28,095	4,178,597
33	3300 NURSERY		362,940
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-696,763	13,202,537
38	3800 RECOVERY ROOM	-9,216	3,970,324
39	3900 DELIVERY ROOM & LABOR ROOM		3,279,135
40	4000 ANESTHESIOLOGY	-3,523,159	1,763,045
41	4100 RADIOLOGY-DIAGNOSTIC	-387,753	7,327,327
42	4200 RADIOLOGY-THERAPEUTIC	-62,382	1,663,817
42.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	-160,353	1,154,174
43	4300 RADIOISOTOPE		
43.01	3630 ULTRA SOUND	-14,353	811,858
44	4400 LABORATORY	-1,349,807	6,641,609
44.01	4401 ANATOMICAL PATHOLOGY	-90,025	2,829,811
44.03	4403 LAB-STEM CELL		73,665
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
46.01	4601 MENTAL HYGIENE	-3,110	175,011
47	4700 BLOOD STORING, PROCESSING & TRANS.	-32,958	4,442,650
48	4800 INTRAVENOUS THERAPY	-206,209	2,052,006
48.01	4801 PHARMACY-IV DRUG THERAPY		
49	4900 RESPIRATORY THERAPY	-32,320	5,059,389
49.01	4901 SLEEP DISORDER		542,972
49.02	4902 PAIN MANAGEMENT	-202,067	641,824
50	5000 PHYSICAL THERAPY	-8,701	1,301,497
51	5100 OCCUPATIONAL THERAPY		500,417
52	5200 SPEECH PATHOLOGY		957,777
53	5300 ELECTROCARDIOLOGY	-341,793	1,522,725
54	5400 ELECTROENCEPHALOGRAPHY		779,392
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	-23,281	1,880,472
54.02	5401 CARDIAC REHAB	-9,571	369,422
54.03	3650 VASCULAR LAB	-161,018	413,136
54.04	3330 ENDOSCOPY	-12,923	1,996,352
54.05	5402 CLINICAL NUTRITION	-32,964	632,883
54.06	5403 PSYCHOTHERAPY	-441,271	868,642
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-161,632	14,566,905
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		12,678,184
56	5600 DRUGS CHARGED TO PATIENTS		27,857,068
57	5700 RENAL DIALYSIS	-9,506	1,322,115
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-2,555,093	10,019,294
61	6100 EMERGENCY	-415,472	9,958,723
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		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/15/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
68	5950 TRANSPORT		
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		106,052
84	8400 LIVER ACQUISITION		59,213
85	8500 HEART ACQUISITION		101,227
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE	-2,591,099	-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	-69,467,293	438,198,272
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		285,200
96.01	9601 RESTAURANT		
96.02	9602 PHYSICIAN SERVICES		748,939
96.03	9603 COMMUNITY EDUCATION		258,331
97	9700 RESEARCH		403,083
98	9800 PHYSICIANS' PRIVATE OFFICES		7,035,080
98.01	9801 HOTELING ROOMS		
98.02	9802 FOUNDATION		96,861
98.03	9803 VENDING		
98.04	9804 55 ALIVE		
98.05	9806 VACANT		
99	9900 NONPAID WORKERS		
99.12	9912 HOME HEALTH		
99.15	9915 POISON CONTROL		2,218,490
99.16	9916 BILLABLE DEPARTMENTS		1,399,648
99.17	9917 MISCELLANEOUS NONREIMBURSABLE		6,713,332
101	TOTAL	-69,467,293	457,357,236

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/15/2011
 I 26-0091 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-BLDG & FIXT	0102	OLD CAP REL COSTS-BLDG & FIXT
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	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
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	
42.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
43	RADIOISOTOPE	4300	
43.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
44.01	ANATOMICAL PATHOLOGY	4401	LABORATORY
44.03	LAB-STEM CELL	4403	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.01	MENTAL HYGIENE	4601	WHOLE BLOOD & PACKED RED BLOOD CELLS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	PHARMACY-IV DRUG THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP DISORDER	4901	RESPIRATORY THERAPY
49.02	PAIN MANAGEMENT	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
54.02	CARDIAC REHAB	5401	ELECTROENCEPHALOGRAPHY
54.03	VASCULAR LAB	3650	VASCULAR LAB
54.04	ENDOSCOPY	3330	ENDOSCOPY
54.05	CLINICAL NUTRITION	5402	ELECTROENCEPHALOGRAPHY
54.06	PSYCHOTHERAPY	5403	ELECTROENCEPHALOGRAPHY
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	
68	TRANSPORT	5950	OTHER REIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
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	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
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	
96.01	RESTAURANT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	PHYSICIAN SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	COMMUNITY EDUCATION	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOTELING ROOMS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
98.03	VENDING	9803	PHYSICIANS' PRIVATE OFFICES
98.04	55 ALIVE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	VACANT	9806	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.12	HOME HEALTH	9912	NONPAID WORKERS
99.15	POISON CONTROL	9915	NONPAID WORKERS
99.16	BILLEABLE DEPARTMENTS	9916	NONPAID WORKERS
99.17	MISCELLANEOUS NONREIMBURSABLE	9917	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/15/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 PHARMACY/DRUG RECLASS	A	DRUGS CHARGED TO PATIENTS	56	5,177,872	22,679,196
2 OT & ST RECLASS	B	OCCUPATIONAL THERAPY	51		157,103
3		SPEECH PATHOLOGY	52		96,630
4 NETWORK BHM	C	SUBPROVIDER	31	232,630	98,136
5		PSYCHOTHERAPY	54.06	72,403	30,544
6 DIETARY	D	CAFETERIA	12	1,988,880	3,747,365
7		PHYSICIANS' PRIVATE OFFICES	98	194,303	366,098
8 SM RX RESIDENT	E	PARAMED ED PRGM	24	80,431	98,245
9 CG FOUNDATION RENT	F	FOUNDATION	98.02		96,861
10 MCD FRA EXPENSE	H	ADMINISTRATIVE & GENERAL	6		35,921,445
11 LABOR & DELIVERY	I	DELIVERY ROOM & LABOR ROOM	39	2,251,484	614,023
12 CHARGEABLE SUPPLY	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		14,728,537
13		IMPL. DEV. CHARGED TO PATIENT	55.30		12,678,184
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 TEACHING PHYSICIAN COSTS - PHARMACY	K	PARAMED ED PRGM	24		39,667
2 ORGAN ACQUISITION	L	KIDNEY ACQUISITION	83		63,200
3		LIVER ACQUISITION	84		48,500
4		HEART ACQUISITION	85		79,800
5 PRE-TRANSPLANT COSTS	M	KIDNEY ACQUISITION	83	15,765	27,087
6		LIVER ACQUISITION	84	3,941	6,772
7		HEART ACQUISITION	85	7,883	13,544
8 PHYSICIANS	O	ADULTS & PEDIATRICS	25	362,680	3,688,800
9		PEDIATRIC INTENSIVE CARE UNIT	26.01		413,054
10		NEONATAL INTENSIVE CARE UNIT	30		1,437,291
11		OPERATING ROOM	37		2,386,609
12		ANESTHESIOLOGY	40		369,347
13		RADIOLOGY-DIAGNOSTIC	41		740,929
14		ULTRA SOUND	43.01		71,524
15		ANATOMIC PATHOLOGY	44.01		726,688
16		RESPIRATORY THERAPY	49		180,370
17		ELECTROCARDIOLOGY	53		383,202
18		ELECTROENCEPHALOGRAPHY	54		411,007
19		CARDIAC CATHETERIZATION LABORATORY	54.01		620,568
20		RENAL DIALYSIS	57		101,942
21		CLINIC	60		355,457
22		EMERGENCY	61		451,772
23 NURSERY	Q	NURSERY	33	219,533	143,407
24 RETAIL VS OP PHARMACY	R	ADMINISTRATIVE & GENERAL	6		8,436
25		PHARMACY	16	209,192	1,562,215
26 INTERN & RESIDENT	S	I&R SERVICES-SALARY & FRINGES APPRVD	22	1,397,253	
36 TOTAL RECLASSIFICATIONS				12,214,250	105,643,555

(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:
260091

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

PREPARED 6/15/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
		6	7		8	9	10
1 PHARMACY/DRUG RECLASS	A	PHARMACY	16		5,177,872	22,679,196	
2 OT & ST RECLASS	B						
3		PHYSICAL THERAPY	50			253,733	
4 NETWORK BHM	C						
5		ADMINISTRATIVE & GENERAL	6		305,033	128,680	
6 DIETARY	D						
7		DIETARY	11		2,183,183	4,113,463	
8 SM RX RESIDENT	E	PHARMACY	16		80,431	98,245	
9 CG FOUNDATION RENT	F	ADMINISTRATIVE & GENERAL	6			96,861	
10 MCD FRA EXPENSE	H	CENTRAL SERVICES & SUPPLY	15			35,921,445	
11 LABOR & DELIVERY	I	ADULTS & PEDIATRICS	25		2,251,484	614,023	
12 CHARGEABLE SUPPLY	J	ADULTS & PEDIATRICS	25			1,608,440	
13		INTENSIVE CARE UNIT	26			219,815	
14		PEDIATRIC INTENSIVE CARE UNIT	26.01			407,176	
15		CORONARY CARE UNIT	27			251,441	
16		NEONATAL INTENSIVE CARE UNIT	30			483,384	
17		SUBPROVIDER	31			2,026	
18		OPERATING ROOM	37			15,165,501	
19		RECOVERY ROOM	38			157,444	
20		ANESTHESIOLOGY	40			2,055	
21		RADIOLOGY-DIAGNOSTIC	41			824,805	
22		ULTRASOUND	43.01			64,842	
23		LABORATORY	44			1,172	
24		INTRAVENOUS THERAPY	48			25,872	
25		RESPIRATORY THERAPY	49			387,035	
26		PAIN MANAGEMENT	49.02			40,029	
27		PHYSICAL THERAPY	50			654	
28		OCCUPATIONAL THERAPY	51			5,012	
29		SPEECH PATHOLOGY	52			2,151	
30		ELECTROCARDIOLOGY	53			2,239	
31		CARDIAC CATHETERIZATION LABORATORY	54.01			5,601,947	
32		ENDOSCOPY	54.04			702,954	
33		RENAL DIALYSIS	57			127,624	
34		CLINIC	60			493,200	
35		EMERGENCY	61			829,903	
1 TEACHING PHYSICIAN COSTS - PHARMACY	K	PHARMACY	16			39,667	
2 ORGAN ACQUISITION	L						
3							
4		ADMINISTRATIVE & GENERAL	6			191,500	
5 PRE-TRANSPLANT COSTS	M						
6							
7		ADMINISTRATIVE & GENERAL	6		27,589	47,403	
8 PHYSICIANS	O	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		362,680	12,338,560	
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23 NURSERY	Q	ADULTS & PEDIATRICS	25		219,533	143,407	
24 RETAIL VS OP PHARMACY	R						
25		PHYSICIANS' PRIVATE OFFICES	98		209,192	1,570,651	
26 INTERN & RESIDENT	S	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,397,253		
36 TOTAL RECLASSIFICATIONS					12,214,250	105,643,555	

(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:
260091

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

PREPARED 6/15/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PHARMACY/DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	27,857,068	PHARMACY	16	27,857,068	
TOTAL RECLASSIFICATIONS FOR CODE A			27,857,068				27,857,068

RECLASS CODE: B
EXPLANATION : OT & ST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	157,103			0	
2.00	SPEECH PATHOLOGY	52	96,630	PHYSICAL THERAPY	50	253,733	
TOTAL RECLASSIFICATIONS FOR CODE B			253,733				253,733

RECLASS CODE: C
EXPLANATION : NETWORK BHM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	330,766			0	
2.00	PSYCHOTHERAPY	54.06	102,947	ADMINISTRATIVE & GENERAL	6	433,713	
TOTAL RECLASSIFICATIONS FOR CODE C			433,713				433,713

RECLASS CODE: D
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	5,736,245			0	
2.00	PHYSICIANS' PRIVATE OFFICES	98	560,401	DIETARY	11	6,296,646	
TOTAL RECLASSIFICATIONS FOR CODE D			6,296,646				6,296,646

RECLASS CODE: E
EXPLANATION : SM RX RESIDENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	178,676	PHARMACY	16	178,676	
TOTAL RECLASSIFICATIONS FOR CODE E			178,676				178,676

RECLASS CODE: F
EXPLANATION : CG FOUNDATION RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FOUNDATION	98.02	96,861	ADMINISTRATIVE & GENERAL	6	96,861	
TOTAL RECLASSIFICATIONS FOR CODE F			96,861				96,861

RECLASS CODE: H
EXPLANATION : MCD FRA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	35,921,445	CENTRAL SERVICES & SUPPLY	15	35,921,445	
TOTAL RECLASSIFICATIONS FOR CODE H			35,921,445				35,921,445

RECLASS CODE: I
EXPLANATION : LABOR & DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	2,865,507	ADULTS & PEDIATRICS	25	2,865,507	
TOTAL RECLASSIFICATIONS FOR CODE I			2,865,507				2,865,507

RECLASS CODE: J
EXPLANATION : CHARGEABLE SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	14,728,537	ADULTS & PEDIATRICS	25	1,608,440	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/15/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : CHARGEABLE SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	12,678,184	INTENSIVE CARE UNIT	26	219,815	
3.00			0	PEDIATRIC INTENSIVE CARE UNIT	26.01	407,176	
4.00			0	CORONARY CARE UNIT	27	251,441	
5.00			0	NEONATAL INTENSIVE CARE UNIT	30	483,384	
6.00			0	SUBPROVIDER	31	2,026	
7.00			0	OPERATING ROOM	37	15,165,501	
8.00			0	RECOVERY ROOM	38	157,444	
9.00			0	ANESTHESIOLOGY	40	2,055	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	824,805	
11.00			0	ULTRA SOUND	43.01	64,842	
12.00			0	LABORATORY	44	1,172	
13.00			0	INTRAVENOUS THERAPY	48	25,872	
14.00			0	RESPIRATORY THERAPY	49	387,035	
15.00			0	PAIN MANAGEMENT	49.02	40,029	
16.00			0	PHYSICAL THERAPY	50	654	
17.00			0	OCCUPATIONAL THERAPY	51	5,012	
18.00			0	SPEECH PATHOLOGY	52	2,151	
19.00			0	ELECTROCARDIOLOGY	53	2,239	
20.00			0	CARDIAC CATHETERIZATION LABORA	54.01	5,601,947	
21.00			0	ENDOSCOPY	54.04	702,954	
22.00			0	RENAL DIALYSIS	57	127,624	
23.00			0	CLINIC	60	493,200	
24.00			0	EMERGENCY	61	829,903	
TOTAL RECLASSIFICATIONS FOR CODE J			27,406,721	TOTAL RECLASSIFICATIONS FOR CODE J			27,406,721

RECLASS CODE: K
EXPLANATION : TEACHING PHYSICIAN COSTS - PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	39,667	PHARMACY	16	39,667	
TOTAL RECLASSIFICATIONS FOR CODE K			39,667	TOTAL RECLASSIFICATIONS FOR CODE K			39,667

RECLASS CODE: L
EXPLANATION : ORGAN ACQUISITION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	KIDNEY ACQUISITION	83	63,200			0	
2.00	LIVER ACQUISITION	84	48,500			0	
3.00	HEART ACQUISITION	85	79,800	ADMINISTRATIVE & GENERAL	6	191,500	
TOTAL RECLASSIFICATIONS FOR CODE L			191,500	TOTAL RECLASSIFICATIONS FOR CODE L			191,500

RECLASS CODE: M
EXPLANATION : PRE-TRANSPLANT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	KIDNEY ACQUISITION	83	42,852			0	
2.00	LIVER ACQUISITION	84	10,713			0	
3.00	HEART ACQUISITION	85	21,427	ADMINISTRATIVE & GENERAL	6	74,992	
TOTAL RECLASSIFICATIONS FOR CODE M			74,992	TOTAL RECLASSIFICATIONS FOR CODE M			74,992

RECLASS CODE: O
EXPLANATION : PHYSICIANS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	4,051,480	I&R SERVICES-OTHER PRGM COSTS	23	12,701,240	
2.00	PEDIATRIC INTENSIVE CARE UNIT	26.01	413,054			0	
3.00	NEONATAL INTENSIVE CARE UNIT	30	1,437,291			0	
4.00	OPERATING ROOM	37	2,386,609			0	
5.00	ANESTHESIOLOGY	40	369,347			0	
6.00	RADIOLOGY-DIAGNOSTIC	41	740,929			0	
7.00	ULTRA SOUND	43.01	71,524			0	
8.00	ANATOMIC PATHOLOGY	44.01	726,688			0	
9.00	RESPIRATORY THERAPY	49	180,370			0	
10.00	ELECTROCARDIOLOGY	53	383,202			0	
11.00	ELECTROENCEPHALOGRAPHY	54	411,007			0	
12.00	CARDIAC CATHETERIZATION LABORA	54.01	620,568			0	
13.00	RENAL DIALYSIS	57	101,942			0	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/15/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : PHYSICIANS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
14.00	CLINIC	60	355,457			0	
15.00	EMERGENCY	61	451,772			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			12,701,240				12,701,240

RECLASS CODE: 0
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	362,940	ADULTS & PEDIATRICS	25	362,940	
TOTAL RECLASSIFICATIONS FOR CODE 0			362,940				362,940

RECLASS CODE: R
EXPLANATION : RETAIL VS OP PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	8,436			0	
2.00	PHARMACY	16	1,771,407	PHYSICIANS' PRIVATE OFFICES	98	1,779,843	
TOTAL RECLASSIFICATIONS FOR CODE R			1,779,843				1,779,843

RECLASS CODE: S
EXPLANATION : INTERN & RESIDENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	1,397,253	I&R SERVICES-OTHER PRGM COSTS	23	1,397,253	
TOTAL RECLASSIFICATIONS FOR CODE S			1,397,253				1,397,253

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	8,114,844	3,304,362		3,304,362		11,419,206	
2 LAND IMPROVEMENTS	7,804,043	167,452		167,452		7,971,495	
3 BUILDINGS & FIXTURE	343,709,215	6,157,345		6,157,345	187,816	349,678,744	
4 BUILDING IMPROVEMENT	7,017,846					7,017,846	
5 FIXED EQUIPMENT	45,216,615	383,426		383,426	28,503	45,571,538	
6 MOVABLE EQUIPMENT	166,683,093	6,235,811		6,235,811	3,549,100	169,369,804	
7 SUBTOTAL	578,545,656	16,248,396		16,248,396	3,765,419	591,028,633	
8 RECONCILING ITEMS							
9 TOTAL	578,545,656	16,248,396		16,248,396	3,765,419	591,028,633	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	421,658,829		421,658,829	.713432			
4	NEW CAP REL COSTS-MV	169,369,804		169,369,804	.286568			
5	TOTAL	591,028,633		591,028,633	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	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		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,735,121					11,735,121	
4	NEW CAP REL COSTS-MV	14,706,614					14,706,614	
5	TOTAL	26,441,735					26,441,735	

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

SUMMARY OF OLD AND NEW CAPITAL

*	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		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,197,628					11,197,628	
4	NEW CAP REL COSTS-MV	10,205,016					10,205,016	
5	TOTAL	21,402,644					21,402,644	

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			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			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-14,659,223			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-18,162,088			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
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		-19,915	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	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 MIS REVENUE	B	-486,490	ADMINISTRATIVE & GENERAL	6	
37.01 MIS REVENUE	B	-106,768	OPERATION OF PLANT	8	
37.02 MIS REVENUE	B	-109,032	LAUNDRY & LINEN SERVICE	9	
37.03 MIS REVENUE	B	-29,070	HOUSEKEEPING	10	
37.04 MIS REVENUE	B	-3,430,614	CAFETERIA	12	
37.05 MIS REVENUE	B	-27,222	NURSING ADMINISTRATION	14	
37.06 MIS REVENUE	B	-26,930	CENTRAL SERVICES & SUPPLY	15	
37.07 MIS REVENUE	B	-2,527,158	PHARMACY	16	
37.08 MIS REVENUE	B	-13,790	MEDICAL RECORDS & LIBRARY	17	
37.09 MIS REVENUE	B	-3,124	SOCIAL SERVICE	18	
37.10 MIS REVENUE	B	-16,167	I&R SERVICES-OTHER PRGM C	23	
37.11 MIS REVENUE	B	-50,260	ADULTS & PEDIATRICS	25	
37.12 MIS REVENUE	B	1,199	NEONATAL INTENSIVE CARE U	30	
37.13 MIS REVENUE	B	-71,516	OPERATING ROOM	37	
37.14 MIS REVENUE	B	-8,946	RECOVERY ROOM	38	
37.15 MIS REVENUE	B	-9,830	ANESTHESIOLOGY	40	
37.16 MIS REVENUE	B	-386,425	RADIOLOGY-DIAGNOSTIC	41	
37.17 MIS REVENUE	B	-21,912	RADIOLOGY-THERAPEUTIC	42	
37.18 MIS REVENUE	B	-2,426	NUCLEAR MEDICINE-DIAGNOST	42.01	
37.19 MIS REVENUE	B	-14,321	ULTRASOUND	43.01	
37.20 MIS REVENUE	B	-1,095,407	LABORATORY	44	
37.21 MIS REVENUE	B	-930	ANATOMICAL PATHOLOGY	44.01	
37.22 MIS REVENUE	B	-32,958	BLOOD STORING, PROCESSING	47	
37.23 MIS REVENUE	B	-11,803	INTRAVENOUS THERAPY	48	
37.24 MIS REVENUE	B	-32,179	RESPIRATORY THERAPY	49	
37.25 MIS REVENUE	B	-4,119	PHYSICAL THERAPY	50	
37.26 MIS REVENUE	B	-39,194	ELECTROCARDIOLOGY	53	
37.27 MIS REVENUE	B	-23,176	CARDIAC CATHETERIZATION L	54.01	
37.28 MIS REVENUE	B	-9,571	CARDIAC REHAB	54.02	
37.29 MIS REVENUE	B	-159,884	VASCULAR LAB	54.03	
37.30 MIS REVENUE	B	-12,703	ENDOSCOPY	54.04	
37.31 MIS REVENUE	B	-32,964	CLINICAL NUTRITION	54.05	
37.32 MIS REVENUE	B	-9,506	RENAL DIALYSIS	57	
37.33 MIS REVENUE	B	-98,944	CLINIC	60	
37.34 MIS REVENUE	B	-38,915	EMERGENCY	61	
38 INTEREST EXPENSE	B	-2,591,099	INTEREST EXPENSE	88	
38.01 INTEREST EXPENSE	B	-520,073	ADMINISTRATIVE & GENERAL	6	
39 TEACHING RCE	A	-10,520	ADMINISTRATIVE & GENERAL	6	
39.01 TEACHING RCE	A	-2,898,576	I&R SERVICES-OTHER PRGM C	23	
39.02 TEACHING RCE	A	-578	ADULTS & PEDIATRICS	25	
39.03 TEACHING RCE	A	-5,424	INTENSIVE CARE UNIT	26	
39.04 TEACHING RCE	A	-6,651	CLINIC	60	
40 NONALLOWABLE A&G	A	298	ADMINISTRATIVE & GENERAL	6	
41 TELEPHONE EXPENSE	A	-17,843	NEW CAP REL COSTS-MVBLE E	4	9
41.01 TELEPHONE EXPENSE	A	-10,708	EMPLOYEE BENEFITS	5	
41.02 TELEPHONE EXPENSE	A	-49,625	ADMINISTRATIVE & GENERAL	6	
42 FRA EXPENSE MCR ADJUSTMENT	A	-6,475,137	ADMINISTRATIVE & GENERAL	6	
43 LOBBYING EXPENSE	A	-45,218	ADMINISTRATIVE & GENERAL	6	
44 BAD DEBT EXPENSE	A	-12,796,000	CENTRAL SERVICES & SUPPLY	15	

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. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
45 NON MED TRANSPORTATION	A	-15,574	SUBPROVIDER	31	
45.01 NON MED TRANSPORTATION	A	-88	ANATOMI C PATHOLOGY	44.01	
45.02 NON MED TRANSPORTATION	A	-48	INTRAVENOUS THERAPY	48	
45.03 NON MED TRANSPORTATION	A	-428,151	PSYCHOTHERAPY	54.06	
45.04 NON MED TRANSPORTATION	A	-13,465	CLINIC	60	
46 ADVERTISING	A	-111,053	ADMINISTRATIVE & GENERAL	6	
46.01 ADVERTISING	A	-300	SUBPROVIDER	31	
46.02 ADVERTISING	A	-189	RADIOLOGY-DIAGNOSTIC	41	
46.03 ADVERTISING	A	-10	RADIOLOGY-THERAPEUTIC	42	
46.04 ADVERTISING	A	-51,130	CLINIC	60	
47 ENTERTAINMENT	A	-46,457	ADMINISTRATIVE & GENERAL	6	
47.01 ENTERTAINMENT	A	-127	DIETARY	11	
47.02 ENTERTAINMENT	A	-265	ADULTS & PEDIATRICS	25	
47.03 ENTERTAINMENT	A	-11	VASCULAR LAB	54.03	
47.04 ENTERTAINMENT	A	-13	EMERGENCY	61	
48 CONTRIBUTIONS	A	-134,049	ADMINISTRATIVE & GENERAL	6	
48.01 CONTRIBUTIONS	A	-50	OPERATION OF PLANT	8	
48.02 CONTRIBUTIONS	A	-71	HOUSEKEEPING	10	
48.03 CONTRIBUTIONS	A	-6,447	NURSING ADMINISTRATION	14	
48.04 CONTRIBUTIONS	A	-10,006	PHARMACY	16	
48.05 CONTRIBUTIONS	A	-128	MEDICAL RECORDS & LIBRARY	17	
48.06 CONTRIBUTIONS	A	-1,860	SOCIAL SERVICE	18	
48.07 CONTRIBUTIONS	A	-583	I&R SERVICES-OTHER PRGM C	23	
48.08 CONTRIBUTIONS	A	-43,685	ADULTS & PEDIATRICS	25	
48.09 CONTRIBUTIONS	A	-62	CORONARY CARE UNIT	27	
48.10 CONTRIBUTIONS	A	-75	SUBPROVIDER	31	
48.11 CONTRIBUTIONS	A	-582	OPERATING ROOM	37	
48.12 CONTRIBUTIONS	A	-32	RECOVERY ROOM	38	
48.13 CONTRIBUTIONS	A	-1,139	RADIOLOGY-DIAGNOSTIC	41	
48.14 CONTRIBUTIONS	A	-273	RADIOLOGY-THERAPEUTIC	42	
48.15 CONTRIBUTIONS	A	-32	NUCLEAR MEDICINE-DIAGNOSTIC	42.01	
48.16 CONTRIBUTIONS	A	-32	ULTRA SOUND	43.01	
48.17 CONTRIBUTIONS	A	-2,574	INTRAVENOUS THERAPY	48	
48.18 CONTRIBUTIONS	A	-141	RESPIRATORY THERAPY	49	
48.19 CONTRIBUTIONS	A	-10	PAIN MANAGEMENT	49.02	
48.20 CONTRIBUTIONS	A	-2,296	ELECTROCARDIOLOGY	53	
48.21 CONTRIBUTIONS	A	-105	CARDIAC CATHETERIZATION L	54.01	
48.22 CONTRIBUTIONS	A	-220	ENDOSCOPY	54.04	
48.23 CONTRIBUTIONS	A	-11,459	CLINIC	60	
48.24 CONTRIBUTIONS	A	-5,071	EMERGENCY	61	
49 POB GARAGE	A	-271,700	ADMINISTRATIVE & GENERAL	6	
49.01 PERSONAL USE OF AUTO	A	-360	NEW CAP REL COSTS-MVBLE E	4	9
49.02 NURSE PRACTITIONER	A	-13,052	ADMINISTRATIVE & GENERAL	6	
49.03 NURSE PRACTITIONER	A	-86,625	NURSING ADMINISTRATION	14	
49.04 NURSE PRACTITIONER	A	-100,222	ADULTS & PEDIATRICS	25	
49.05 NURSE PRACTITIONER	A	-2,223	PEDIATRIC INTENSIVE CARE	26.01	
49.06 NURSE PRACTITIONER	A	-4,702	NEONATAL INTENSIVE CARE U	30	
49.07 NURSE PRACTITIONER	A	-87,389	OPERATING ROOM	37	
49.08 NURSE PRACTITIONER	A	-238	RECOVERY ROOM	38	
49.09 NURSE PRACTITIONER	A	-169,899	INTRAVENOUS THERAPY	48	
49.10 NURSE PRACTITIONER	A	-264,956	CLINIC	60	
49.11 NURSE PRACTITIONER	A	-366,629	EMERGENCY	61	
50 TOTAL (SUM OF LINES 1 THRU 49)		-69,467,293			

(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	5	EMPLOYEE BENEFITS	HOME OFFICE	21,462,348	31,839,177	-10,376,829	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	537,493		537,493	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE	4,539,716		4,539,716	9
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	18,246,998	26,561,000	-8,314,002	
4.01	7	MAINTENANCE & REPAIRS	HOME OFFICE CES		1,558,664	-1,558,664	
4.02	55	MEDICAL SUPPLIES CHARGED	HOME OFFICE		161,632	-161,632	
4.03	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE INTEREST	2,691,263	2,691,263		11
4.04	6	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	520,073	520,073		
4.05	6	ADMINISTRATIVE & GENERAL	NETWORK CORP 130	34,091,845	36,920,015	-2,828,170	
4.06	5	EMPLOYEE BENEFITS	OTHER INTERCO	140,301	140,301		
4.07	6	ADMINISTRATIVE & GENERAL	OTHER INTERCO	6,059,501	6,059,501		
4.08	14	NURSING ADMINISTRATION	OTHER INTERCO	293,153	293,153		
4.09	5	EMPLOYEE BENEFITS	SISTER SERVICES	2,570	2,570		
4.10	6	ADMINISTRATIVE & GENERAL	SISTER SERVICES	21,484	21,484		
5		TOTALS		88,606,745	106,768,833	-18,162,088	

* 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 XVIIII.

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	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	0.00	HOME OFFICE
2	G	SSM HEALTH CARE ST LOUIS	0.00	FRAN SISTERS OF MARY	100.00	ST LOUIS NETWORK
3	G	SSM INFO CENTER	0.00	FRAN SISTERS OF MARY	100.00	DATA PROCESSING SERVICES
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.
VOLUNTARY NONPROFIT--CHURCH

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 6/15/2011
 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	A&G	938,216	345,122	593,094	177,200	4,324	368,372	18,419
2 18	SOCIAL SERVICE	2,896		2,896	177,200	24	2,045	102
3 25	A&P	12,883,825	5,966,619	6,917,206	177,200	74,896	6,380,563	319,028
4 26	ICU	53,140	33,629	19,511	177,200	192	16,357	818
5 27	CCU	4,163	4,039	124	177,200	2	170	9
6 30	NICU	280,692	280,692		177,200			
7 31	SUBPROVIDER	24,000		24,000	154,100	160	11,854	593
8 37	OR	563,076	537,262	25,814	208,000	258	25,800	1,290
9 40	ANESTHESIOLOGY	3,513,329	3,513,329		200,300			
10 41	RAD - DIAG	12,918		12,918	225,300	120	12,998	650
11 42	RAD - THERAPEUTIC	79,939	18,688	61,251	225,300	367	39,752	1,988
12 42 1	NUC MED - DIAG	161,256	157,895	3,361	225,300	37	4,008	200
13 44	LAB	254,400	254,400		215,700			
14 44 1	ANATOMIC PATHOLOGY	89,007	89,007		215,700			
15 46 1	MENTAL HYGIENE	12,000		12,000	154,100	120	8,890	445
16 48	INTRAVENEOUS THERAPY	43,013		43,013	177,200	248	21,128	1,056
17 49 2	PAIN MGMT	203,250	201,850	1,400	177,200	14	1,193	60
18 50	PT	4,582	4,582		177,200			
19 53	ELECTROCARDIOLOGY	324,924	235,477	89,447	177,200	289	24,621	1,231
20 54 3	VASCULAR LAB	5,383		5,383	177,200	50	4,260	213
21 54 6	PSYCHOTHERAPY	84,000		84,000	177,200	832	70,880	3,544
22 60	CLINIC	2,178,261	2,091,048	87,213	177,200	819	69,773	3,489
23 61	ER	4,844	4,844		177,200			
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	21,721,114	13,738,483	7,982,631		82,752	7,062,664	353,135

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-0091

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

PREPARED 6/15/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G					368,372	224,722	569,844
2 18	SOCIAL SERVICE					2,045	851	851
3 25	A&P					6,380,563	536,643	6,503,262
4 26	ICU					16,357	3,154	36,783
5 27	CCU					170		4,039
6 30	NICU							280,692
7 31	SUBPROVIDER					11,854	12,146	12,146
8 37	OR					25,800	14	537,276
9 40	ANESTHESIOLOGY							3,513,329
10 41	RAD - DIAG					12,998		
11 42	RAD - THERAPEUTIC					39,752	21,499	40,187
12 42	1 NUC MED - DIAG					4,008		157,895
13 44	LAB							254,400
14 44	1 ANATOMIC PATHOLOGY							89,007
15 46	1 MENTAL HYGIENE					8,890	3,110	3,110
16 48	INTRAVENEOUS THERAPY					21,128	21,885	21,885
17 49	2 PAIN MGMT					1,193	207	202,057
18 50	PT							4,582
19 53	ELECTROCARDIOLOGY					24,621	64,826	300,303
20 54	3 VASCULAR LAB					4,260	1,123	1,123
21 54	6 PSYCHOTHERAPY					70,880	13,120	13,120
22 60	CLINIC					69,773	17,440	2,108,488
23 61	ER							4,844
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					7,062,664	920,740	14,659,223

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	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	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT 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	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	1.02	2	3	4
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	11,735,121					11,735,121	
004 NEW CAP REL COSTS-MVBLE E	14,706,614						14,706,614
005 EMPLOYEE BENEFITS	36,835,071					61,089	8,024
006 ADMINISTRATIVE & GENERAL	103,697,105					1,292,841	1,722,726
007 MAINTENANCE & REPAIRS	1,783,633					41,366	
008 OPERATION OF PLANT	11,788,753					1,363,968	952,468
009 LAUNDRY & LINEN SERVICE	1,645,578					101,018	2,287
010 HOUSEKEEPING	6,253,640					205,187	16,479
011 DIETARY	2,982,534					201,093	208,669
012 CAFETERIA	2,305,631					181,232	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	8,087,070					45,269	248,133
015 CENTRAL SERVICES & SUPPLY	1,884,231					281,039	48,946
016 PHARMACY	1,102,330					56,952	22,807
017 MEDICAL RECORDS & LIBRARY	4,916,205					150,372	20,003
018 SOCIAL SERVICE	2,398,816					25,521	11,108
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	1,397,253						
023 I&R SERVICES-OTHER PRGM C	19,182,034					121,961	4,772
024 PARAMEDICAL PRGM	521,312						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,427,431					2,007,660	991,422
026 INTENSIVE CARE UNIT	2,482,463					81,668	51,637
026 01 PEDIATRIC INTENSIVE CARE	4,061,561					59,393	236,375
027 CORONARY CARE UNIT	2,613,157					71,283	76,434
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	17,326,542					470,865	649,491
031 SUBPROVIDER	4,178,597					162,548	7,985
033 NURSERY	362,940					7,330	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,202,537					897,863	2,246,001
038 RECOVERY ROOM	3,970,324					177,667	51,957
039 DELIVERY ROOM & LABOR ROO	3,279,135					80,777	97,221
040 ANESTHESIOLOGY	1,763,045					31,388	318,660
041 RADIOLOGY-DIAGNOSTIC	7,327,327					294,410	1,519,245
042 RADIOLOGY-THERAPEUTIC	1,663,817					39,168	528,335
042 01 NUCLEAR MEDICINE-DIAGNOST	1,154,174					54,053	64,657
043 RADIOISOTOPE							
043 01 ULTRA SOUND	811,858					20,804	58,658
044 LABORATORY	6,641,609					226,155	162,614
044 01 ANATOMIC PATHOLOGY	2,829,811					71,889	216,862
044 03 LAB-STEM CELL	73,665					5,712	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE	175,011					29,709	3,415
047 BLOOD STORING, PROCESSING	4,442,650					9,926	35,313
048 INTRAVENOUS THERAPY	2,052,006					27,433	26,260
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	5,059,389					41,133	254,874
049 01 SLEEP DISORDER	542,972					13,630	32,184
049 02 PAIN MANAGEMENT	641,824						20,743
050 PHYSICAL THERAPY	1,301,497					436,171	22,487
051 OCCUPATIONAL THERAPY	500,417					55,429	827
052 SPEECH PATHOLOGY	957,777					25,235	24,227
053 ELECTROCARDIOLOGY	1,522,725					17,637	351,396
054 ELECTROENCEPHALOGRAPHY	779,392					24,482	24,773
054 01 CARDIAC CATHETERIZATION L	1,880,472					71,949	1,082,729
054 02 CARDIAC REHAB	369,422					44,845	3,626
054 03 VASCULAR LAB	413,136					74,650	149,503
054 04 ENDOSCOPY	1,996,352					120,351	584,863
054 05 CLINICAL NUTRITION	632,883					6,041	89
054 06 PSYCHOTHERAPY	868,642					47,987	
055 MEDICAL SUPPLIES CHARGED	14,566,905						
055 30 IMPL. DEV. CHARGED TO PAT	12,678,184						
056 DRUGS CHARGED TO PATIENTS	27,857,068						
057 RENAL DIALYSIS	1,322,115					19,247	31,782
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,019,294					956,104	178,863
061 EMERGENCY	9,958,723					340,423	906,644
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4
067 OTHER REIMBURS COST CNTRS								
068 DURABLE MEDICAL EQUIP-SOL								
069 TRANSPORT								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION	106,052						87	
086 LIVER ACQUISITION	59,213						130	
085 01 HEART ACQUISITION	101,227						69	
086 PANCREAS ACQUISITION								
092 OTHER ORGAN ACQUISITION								
093 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	438,198,272						11,252,209	14,278,574
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP	285,200						17,819	
096 02 RESTAURANT								
096 03 PHYSICIAN SERVICES	748,939						71,448	8,318
096 04 COMMUNITY EDUCATION	258,331						21,289	
097 RESEARCH	403,083						60,578	2,905
098 PHYSICIANS' PRIVATE OFFIC	7,035,080						93,965	141,414
098 01 HOTELING ROOMS								
098 02 FOUNDATION	96,861						5,521	
098 03 VENDI NG								
098 04 55 ALIVE								
098 05 VACANT							150,329	
099 NONPAID WORKERS								
099 12 HOME HEALTH								
099 15 POISON CONTROL	2,218,490							103,972
099 16 BILLABLE DEPARTMENTS	1,399,648							
099 17 MISCELLANEOUS NONREIMBURS	6,713,332						61,963	171,431
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	457,357,236						11,735,121	14,706,614

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	36,904,184						
006 ADMINISTRATIVE & GENERAL	5,804,771	112,517,443	112,517,443				
007 MAINTENANCE & REPAIRS		1,824,999	595,477	2,420,476			
008 OPERATION OF PLANT	536,927	14,642,116	4,777,561	319,295	19,738,972		
009 LAUNDRY & LINEN SERVICE	51,616	1,800,499	587,483	23,648	222,151	2,633,781	
010 HOUSEKEEPING	743,591	7,218,897	2,355,447	48,033	451,230	63,560	10,137,167
011 DIETARY	200,556	3,592,852	1,172,308	47,074	442,228		235,132
012 CAFETERIA	385,709	2,872,572	937,289	42,425	398,551		211,910
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,468,403	9,848,875	3,213,580	10,597	99,552		52,932
015 CENTRAL SERVICES & SUPPLY	196,186	2,410,402	786,488	65,789	618,038		328,611
016 PHARMACY	100,180	1,282,269	418,390	13,332	125,244		66,592
017 MEDICAL RECORDS & LIBRARY	549,607	5,636,187	1,839,026	35,201	330,686		175,826
018 SOCIAL SERVICE	399,842	2,835,287	925,123	5,974	56,123		29,841
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	270,973	1,668,226	544,324				
023 I&R SERVICES-OTHER PRGM C	236,940	19,545,707	6,377,549	28,550	268,207	1,362	142,605
024 PARAMED ED PRGM	73,190	594,502	193,979				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,023,505	39,450,018	12,872,117	469,981	4,415,091	1,122,653	2,347,503
026 01 INTENSIVE CARE UNIT	442,894	3,058,662	998,008	19,118	179,597	104,238	95,492
027 01 PEDIATRIC INTENSIVE CARE	651,363	5,008,692	1,634,281	13,903	130,611	9,975	69,446
027 02 CORONARY CARE UNIT	440,646	3,201,520	1,044,621	16,687	156,760	55,768	83,349
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	2,908,103	21,355,001	6,967,902	110,226	1,035,488	64,526	550,568
031 SUBPROVIDER	718,744	5,067,874	1,653,592	38,051	357,463	44,810	190,063
033 NURSERY	42,575	412,845	134,707	1,716	16,119	21,792	8,571
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,510,687	17,857,088	5,826,571	210,183	1,974,506	222,219	1,049,844
038 RECOVERY ROOM	744,123	4,944,071	1,613,196	41,590	390,711	59,253	207,741
039 DELIVERY ROOM & LABOR ROO	508,832	3,965,965	1,294,051	18,909	177,637	150,079	94,450
040 ANESTHESIOLOGY	38,893	2,151,986	702,169	7,348	69,026		36,701
041 RADIOLOGY-DIAGNOSTIC	1,003,528	10,144,510	3,310,042	68,919	647,441	124,399	344,244
042 RADIOLOGY-THERAPEUTIC	152,581	2,383,901	777,841	9,169	86,135	1,408	45,798
042 01 NUCLEAR MEDICINE-DIAGNOST	76,104	1,348,988	440,160	12,653	118,869	7,777	63,203
043 RADIOISOTOPE							
043 01 ULTRA SOUND	139,968	1,031,288	336,498	4,870	45,751	4,086	24,326
044 LABORATORY	886,037	7,916,415	2,583,039	52,941	497,342		264,437
044 01 ANATOMICAL PATHOLOGY	275,508	3,394,070	1,107,448	16,829	158,092		84,058
044 03 LAB-STEM CELL		79,377	25,900	1,337	12,561		6,678
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE	28,367	236,502	77,168	6,955	65,334		34,738
047 BLOOD STORING, PROCESSING	369,951	4,857,840	1,585,060	2,324	21,829		11,606
048 INTRAVENOUS THERAPY	294,761	2,400,460	783,244	6,422	60,329	1,635	32,077
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	623,690	5,979,086	1,950,910	9,629	90,455		48,095
049 01 SLEEP DISORDER	80,802	669,588	218,479	3,191	29,974		15,937
049 02 PAIN MANAGEMENT	126,257	788,824	257,385			4,767	
050 PHYSICAL THERAPY	126,304	1,886,459	615,531	102,104	959,192	37,423	510,002
051 OCCUPATIONAL THERAPY	65,788	622,461	203,102	12,976	121,895	15,726	64,811
052 SPEECH PATHOLOGY	147,771	1,155,010	376,867	5,907	55,495		29,507
053 ELECTROCARDIOLOGY	206,631	2,098,389	684,681	4,129	38,786	482	20,622
054 ELECTROENCEPHALOGRAPHY	62,800	891,447	290,869	5,731	53,839	23,772	28,626
054 01 CARDIAC CATHETERIZATION L	234,142	3,269,292	1,066,734	16,843	158,225	40,651	84,128
054 02 CARDIAC REHAB	71,090	488,983	159,550	10,498	98,620	5,403	52,436
054 03 VASCULAR LAB	92,707	729,996	238,190	17,475	164,163	3,405	87,285
054 04 ENDOSCOPY	328,345	3,029,911	988,627	28,173	264,667	40,928	140,723
054 05 CLINICAL NUTRITION	126,991	766,004	249,939	1,414	13,284		7,063
054 06 PSYCHOTHERAPY	143,834	1,060,463	346,017	11,233	105,528		56,109
055 MEDICAL SUPPLIES CHARGED		14,566,905	4,753,021				
055 30 IMPL. DEV. CHARGED TO PAT	1,004,160	13,682,344	4,464,398				
056 DRUGS CHARGED TO PATIENTS		27,857,068	9,089,455				
057 RENAL DIALYSIS	49,358	1,422,502	464,147	4,505	42,325		22,504
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,975,286	13,129,547	4,284,027	223,817	2,102,586	104,870	1,117,944
061 EMERGENCY	1,646,942	12,852,732	4,193,705	79,690	748,630	285,159	398,046
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
067 OTHER REIMBURS COST CNTRS							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION	3,057	109,196	35,629		20	190	101
086 LIVER ACQUISITION	764	60,107	19,612		30	285	152
085 01 HEART ACQUISITION	1,529	102,825	33,551		16	152	81
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	35,393,909	435,777,045	105,476,065	2,307,430	18,676,993	2,622,126	9,572,514
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	12,048	315,067	102,803	4,171	39,185		20,835
096 02 RESTAURANT							
096 03 PHYSICIAN SERVICES	100,077	928,782	303,051	16,725	157,122		83,541
096 03 COMMUNITY EDUCATION	46,690	326,310	106,471	4,984	46,817		24,892
097 RESEARCH		466,566	152,235	14,181	133,218		70,832
098 PHYSICIANS' PRIVATE OFFIC	185,152	7,455,611	2,432,684	21,997	206,641	11,655	109,871
098 01 HOTELING ROOMS							
098 02 FOUNDATION		102,382	33,406	1,292	12,142		6,456
098 03 VENDING							
098 04 55 ALIVE							
098 05 VACANT		150,329	49,051	35,191	330,591		175,775
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	343,612	2,666,074	869,911				
099 16 BILLABLE DEPARTMENTS	334,917	1,734,565	565,969				
099 17 MISCELLANEOUS NONREIMBURS	487,779	7,434,505	2,425,797	14,505	136,263		72,451
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	36,904,184	457,357,236	112,517,443	2,420,476	19,738,972	2,633,781	10,137,167

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE & REPAIRS	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	5,489,594						
012 CAFETERIA		4,462,747					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		250,060		13,475,596			
015 CENTRAL SERVICES & SUPPLY		54,264			4,263,592		
016 PHARMACY					71,285	1,977,112	
017 MEDICAL RECORDS & LIBRARY		133,043		51,427	42		8,201,438
018 SOCIAL SERVICE		60,125		127,097			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		58,428					
023 I&R SERVICES-OTHER PRGM C						18	
024 PARAMED PRGM		8,852				37	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,613,162	979,988		5,069,766	161,897	3,696	1,020,074
026 INTENSIVE CARE UNIT	134,484	61,439		327,864	12,779	244	70,835
026 01 PEDIATRIC INTENSIVE CARE	158,197	103,981		511,213	14,234	235	106,725
027 CORONARY CARE UNIT	140,342	65,804		346,457	28,162	163	74,661
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	750,671	395,412		1,861,150	86,072	450	557,053
031 SUBPROVIDER	490,084	128,840		521,569	5,092	24	101,161
033 NURSERY	202,654	8,610		19,535			40,905
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		238,500		723,512	55,099	1,870	635,687
038 RECOVERY ROOM		97,150		496,032	2,282	217	177,473
039 DELIVERY ROOM & LABOR ROO		87,429		324,215	1,519		167,110
040 ANESTHESIOLOGY		10,711		62,372	120,730	11,946	170,204
041 RADIOLOGY-DIAGNOSTIC		173,868		68,021	7,787	63	756,635
042 RADIOLOGY-THERAPEUTIC		16,451		23,537	1,368	3	106,324
042 01 NUCLEAR MEDICINE-DIAGNOST		5,538			1,537		50,490
043 RADIOISOTOPE							
043 01 ULTRASOUND		18,513				147	72,505
044 LABORATORY		141,855		118	77,245	1,549	885,671
044 01 ANATOMIC PATHOLOGY		52,365			29,787	198	90,034
044 03 LAB-STEM CELL						16	484
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE		3,800		21,418	1,998		7,071
047 BLOOD STORING, PROCESSING		88,662		3,177	36,877	8	111,229
048 INTRAVENOUS THERAPY		35,105		151,811	30,208	196	41,410
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY		101,010				500	288,802
049 01 SLEEP DISORDER		16,027		1,059	3,049	50	33,678
049 02 PAIN MANAGEMENT		13,521		61,195	1,575	20	11,173
050 PHYSICAL THERAPY		13,622			914		47,242
051 OCCUPATIONAL THERAPY		10,631					20,209
052 SPEECH PATHOLOGY		22,656			2,800		13,257
053 ELECTROCARDIOLOGY		34,580		11,533	5,890		129,755
054 ELECTROENCEPHALOGRAPHY		13,238			2,095	25	14,021
054 01 CARDIAC CATHETERIZATION L		31,407		132,628	421	85	210,890
054 02 CARDIAC REHAB		9,196		52,369	565		6,139
054 03 VASCULAR LAB		13,157		2,001	1,847	4,458	96,759
054 04 ENDOSCOPY		49,030		185,350	916	186	176,713
054 05 CLINICAL NUTRITION		24,656			1	2	1,606
054 06 PSYCHOTHERAPY		22,312		37,188	48		49,142
055 MEDICAL SUPPLIES CHARGED					1,781,009		165,933
055 30 IMPL. DEV. CHARGED TO PAT					1,533,084		137,969
056 DRUGS CHARGED TO PATIENTS		145,938				1,483,108	881,051
057 RENAL DIALYSIS		7,235		37,423	358	856	35,446
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		223,888		916,394	9,099	9,520	104,197
061 EMERGENCY		276,334		1,009,481	47,737	799	533,715
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
067 OTHER REIMBURS COST CNTRS							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		445		2,354			
084 LIVER ACQUISITION		121		588			
085 HEART ACQUISITION		222		1,177			
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	5,489,594	4,308,019		13,161,031	4,137,463	1,520,634	8,201,438
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,314			3		
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES		12,348					
096 03 COMMUNITY EDUCATION		6,952		31,068	3		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		19,563		22,007	10,919	455,319	
098 01 HOTELING ROOMS							
098 02 FOUNDATION							
098 03 VENDI NG							
098 04 55 ALIVE							
098 05 VACANT							
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL		41,229		171,110			
099 16 BILLLEABLE DEPARTMENTS						42	
099 17 MISCELLANEOUS NONREIMBURS		71,322		90,380	115,204	1,117	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,489,594	4,462,747		13,475,596	4,263,592	1,977,112	8,201,438

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
067 OTHER REIMBURS COST CNTRS								
068 DURABLE MEDICAL EQUIP-SOL								
069 TRANSPORT								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION								147,935
085 01 LIVER ACQUISITION								80,895
086 HEART ACQUISITION								138,024
092 01 PANCREAS ACQUISITION								
093 OTHER ORGAN ACQUISITION								
095 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	4,039,570			2,270,978	26,363,998	797,370		425,932,434
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								485,378
096 01 RESTAURANT								
096 02 PHYSICIAN SERVICES								1,501,569
096 03 COMMUNITY EDUCATION								547,497
097 RESEARCH								837,032
098 PHYSICIANS' PRIVATE OFFIC								10,746,267
098 01 HOTELING ROOMS								
098 02 FOUNDATION								155,678
098 03 VENDING								
098 04 55 ALIVE								
098 05 VACANT								740,937
099 NONPAID WORKERS								
099 12 HOME HEALTH								
099 15 POISON CONTROL								3,748,324
099 16 BILLABLE DEPARTMENTS								2,300,576
099 17 MISCELLANEOUS NONREIMBURS								10,361,544
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	4,039,570			2,270,978	26,363,998	797,370		457,357,236

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
001 01 OLD CAP REL COSTS-BLDG &		
001 02 OLD CAP REL COSTS-BLDG &		
002 OLD CAP REL COSTS-MVBLE E		
003 NEW CAP REL COSTS-BLDG &		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
024 PARAMED ED PRGM		
025 INPAT ROUTINE SRVC CNTRS		
026 ADULTS & PEDIATRICS	-19,977,636	74,613,101
026 INTENSIVE CARE UNIT	-920,527	5,233,378
026 01 PEDIATRIC INTENSIVE CARE		7,906,499
027 CORONARY CARE UNIT		5,388,547
028 BURN INTENSIVE CARE UNIT		
029 SURGICAL INTENSIVE CARE U		
030 NEONATAL INTENSIVE CARE U		34,425,216
031 SUBPROVIDER	-173,512	8,928,623
033 NURSERY		947,191
034 SKILLED NURSING FACILITY		
035 NURSING FACILITY		
035 01 ICF/MR		
036 OTHER LONG TERM CARE		
037 ANCILLARY SRVC COST CNTRS		
038 OPERATING ROOM	-3,019,110	28,795,079
038 RECOVERY ROOM		8,029,716
039 DELIVERY ROOM & LABOR ROO		6,281,364
040 ANESTHESIOLOGY	-999,065	3,343,193
041 RADIOLOGY-DIAGNOSTIC	-818,246	15,645,929
042 RADIOLOGY-THERAPEUTIC		3,451,935
042 01 NUCLEAR MEDICINE-DIAGNOST		2,049,215
043 RADIOISOTOPE		
043 01 ULTRASOUND		1,537,984
044 LABORATORY		12,420,612
044 01 ANATOMIC PATHOLOGY	-721,445	4,932,881
044 03 LAB-STEM CELL		126,353
045 PBP CLINICAL LAB SERVICES		
046 WHOLE BLOOD & PACKED RED		
046 01 MENTAL HYGIENE		454,984
047 BLOOD STORING, PROCESSING		6,718,612
048 INTRAVENOUS THERAPY		3,542,897
048 01 PHARMACY-IV DRUG THERAPY		
049 RESPIRATORY THERAPY	-43,834	8,468,487
049 01 SLEEP DISORDER		991,032
049 02 PAIN MANAGEMENT		1,138,460
050 PHYSICAL THERAPY		4,172,489
051 OCCUPATIONAL THERAPY		1,071,811
052 SPEECH PATHOLOGY		1,661,499
053 ELECTROCARDIOLOGY	-91,323	3,028,847
054 ELECTROENCEPHALOGRAPHY	-896,784	1,323,663
054 01 CARDIAC CATHETERIZATION L	-7,305	5,011,304
054 02 CARDIAC REHAB		883,759
054 03 VASCULAR LAB		1,358,736
054 04 ENDOSCOPY		4,905,224
054 05 CLINICAL NUTRITION		1,063,969
054 06 PSYCHOTHERAPY		1,688,040
055 MEDICAL SUPPLIES CHARGED		21,266,868
055 30 IMPL. DEV. CHARGED TO PAT		19,817,795
056 DRUGS CHARGED TO PATIENTS		39,456,620
057 RENAL DIALYSIS	-84,326	1,952,975
058 ASC (NON-DISTINCT PART)		
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC	-60,273	22,385,363
061 EMERGENCY	-905,916	20,426,028
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
064 HOME PROGRAM DIALYSIS		
065 AMBULANCE SERVICES		
066 DURABLE MEDICAL EQUIP-REN		

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
		27
067 OTHER REIMBURS COST CNTRS		
068 DURABLE MEDICAL EQUIP-SOL		
069 TRANSPORT		
070 CORF		
071 I&R SERVICES-NOT APPRVD P		
082 HOME HEALTH AGENCY		
083 LUNG ACQUISITION		
084 SPEC PURPOSE COST CENTERS		
085 KIDNEY ACQUISITION		147,935
085 01 LIVER ACQUISITION		80,895
086 HEART ACQUISITION		138,024
086 01 PANCREAS ACQUISITION		
092 OTHER ORGAN ACQUISITION		
093 AMBULATORY SURGICAL CENTE		
095 HOSPICE		
095 SUBTOTALS	-28,719,302	397,213,132
096 NONREIMBURS COST CENTERS		
096 01 GIFT, FLOWER, COFFEE SHOP		485,378
096 02 RESTAURANT		
096 03 PHYSICIAN SERVICES		1,501,569
097 03 COMMUNITY EDUCATION		547,497
097 RESEARCH		837,032
098 PHYSICIANS' PRIVATE OFFIC		10,746,267
098 01 HOTELING ROOMS		
098 02 FOUNDATION		155,678
098 03 VENDI NG		
098 04 55 ALIVE		
098 05 VACANT		740,937
099 NONPAID WORKERS		
099 12 HOME HEALTH		
099 15 POISON CONTROL		3,748,324
099 16 BILLEABLE DEPARTMENTS		2,300,576
099 17 MISCELLANEOUS NONREIMBURS		10,361,544
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-28,719,302	428,637,934

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 6/15/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,067					61,089	8,024
006 ADMINISTRATIVE & GENERAL	5,412,618					1,292,841	1,722,726
007 MAINTENANCE & REPAIRS						41,366	
008 OPERATION OF PLANT	10,628					1,363,968	952,468
009 LAUNDRY & LINEN SERVICE	22,122					101,018	2,287
010 HOUSEKEEPING	1,444					205,187	16,479
011 DIETARY	26,763					201,093	208,669
012 CAFETERIA						181,232	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,781					45,269	248,133
015 CENTRAL SERVICES & SUPPLY	886,774					281,039	48,946
016 PHARMACY	230,634					56,952	22,807
017 MEDICAL RECORDS & LIBRARY	20,659					150,372	20,003
018 SOCIAL SERVICE	4,684					25,521	11,108
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,712					121,961	4,772
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	129,770					2,007,660	991,422
026 INTENSIVE CARE UNIT	3,162					81,668	51,637
026 01 PEDIATRIC INTENSIVE CARE	16,361					59,393	236,375
027 CORONARY CARE UNIT	8,755					71,283	76,434
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	15,387					470,865	649,491
031 SUBPROVIDER	2,172					162,548	7,985
033 NURSERY						7,330	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	432,507					897,863	2,246,001
038 RECOVERY ROOM	3,390					177,667	51,957
039 DELIVERY ROOM & LABOR ROO	1,823					80,777	97,221
040 ANESTHESIOLOGY						31,388	318,660
041 RADIOLOGY-DIAGNOSTIC	305,953					294,410	1,519,245
042 RADIOLOGY-THERAPEUTIC	225,996					39,168	528,335
042 01 NUCLEAR MEDICINE-DIAGNOST	1,793					54,053	64,657
043 RADIOISOTOPE							
043 01 ULTRASOUND						20,804	58,658
044 LABORATORY	146,659					226,155	162,614
044 01 ANATOMICAL PATHOLOGY	6,093					71,889	216,862
044 03 LAB-STEM CELL						5,712	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE						29,709	3,415
047 BLOOD STORING, PROCESSING						9,926	35,313
048 INTRAVENOUS THERAPY	248,669					27,433	26,260
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	123,137					41,133	254,874
049 01 SLEEP DISORDER	420					13,630	32,184
049 02 PAIN MANAGEMENT	65,690						20,743
050 PHYSICAL THERAPY	6,144					436,171	22,487
051 OCCUPATIONAL THERAPY	576					55,429	827
052 SPEECH PATHOLOGY	1,881					25,235	24,227
053 ELECTROCARDIOLOGY	5,319					17,637	351,396
054 ELECTROENCEPHALOGRAPHY	537					24,482	24,773
054 01 CARDIAC CATHETERIZATION L	12,500					71,949	1,082,729
054 02 CARDIAC REHAB	829					44,845	3,626
054 03 VASCULAR LAB	1,993					74,650	149,503
054 04 ENDOSCOPY	130,838					120,351	584,863
054 05 CLINICAL NUTRITION						6,041	89
054 06 PSYCHOTHERAPY	1,175					47,987	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS						19,247	31,782
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	684,682					956,104	178,863
061 EMERGENCY	9,847					340,423	906,644
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	1.02	2	3	4
067 OTHER REIMBURS COST CNTRS							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION						87	
086 LIVER ACQUISITION						130	
085 01 HEART ACQUISITION						69	
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	9,220,944					11,252,209	14,278,574
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						17,819	
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	4,068					71,448	8,318
096 03 COMMUNITY EDUCATION						21,289	
097 RESEARCH	7,074					60,578	2,905
098 PHYSICIANS' PRIVATE OFFIC	80,557					93,965	141,414
098 01 HOTELING ROOMS							
098 02 FOUNDATION	96,861					5,521	
098 03 VENDING							
098 04 55 ALIVE							
098 05 VACANT						150,329	
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	68,078						103,972
099 16 BILLABLE DEPARTMENTS							
099 17 MISCELLANEOUS NONREIMBURS	23,088					61,963	171,431
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,500,670					11,735,121	14,706,614

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	72,180	72,180					
006 ADMINISTRATIVE & GENERAL	8,428,185	11,344	8,439,529				
007 MAINTENANCE & REPAIRS	41,366		44,665	86,031			
008 OPERATION OF PLANT	2,327,064	1,049	358,351	11,349	2,697,813		
009 LAUNDRY & LINEN SERVICE	125,427	101	44,065	841	30,362	200,796	
010 HOUSEKEEPING	223,110	1,453	176,675	1,707	61,672	4,846	469,463
011 DIETARY	436,525	392	87,931	1,673	60,441		10,889
012 CAFETERIA	181,232	754	70,303	1,508	54,472		9,814
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	298,183	2,870	241,041	377	13,606		2,451
015 CENTRAL SERVICES & SUPPLY	1,216,759	383	58,992	2,338	84,470		15,218
016 PHARMACY	310,393	196	31,382	474	17,118		3,084
017 MEDICAL RECORDS & LIBRARY	191,034	1,074	137,940	1,251	45,196		8,143
018 SOCIAL SERVICE	41,313	781	69,391	212	7,671		1,382
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		530	40,828				
023 I&R SERVICES-OTHER PRGM C	129,445	463	478,362	1,015	36,657	104	6,604
024 PARAMED ED PRGM		143	14,550				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,128,852	11,829	965,421	16,705	603,428	85,591	108,718
026 01 INTENSIVE CARE UNIT	136,467	866	74,858	680	24,546	7,947	4,422
027 01 PEDIATRIC INTENSIVE CARE	312,129	1,273	122,583	494	17,851	760	3,216
027 02 CORONARY CARE UNIT	156,472	861	78,354	593	21,425	4,252	3,860
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	1,135,743	5,683	522,642	3,918	141,525	4,919	25,497
031 SUBPROVIDER	172,705	1,405	124,031	1,352	48,856	3,416	8,802
033 NURSERY	7,330	83	10,104	61	2,203	1,661	397
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	3,576,371	2,952	437,034	7,470	269,865	16,942	48,619
038 RECOVERY ROOM	233,014	1,454	121,001	1,478	53,400	4,517	9,621
039 DELIVERY ROOM & LABOR ROO	179,821	994	97,063	672	24,278	11,442	4,374
040 ANESTHESIOLOGY	350,048	76	52,668	261	9,434		1,700
041 RADIOLOGY-DIAGNOSTIC	2,119,608	1,961	248,277	2,450	88,489	9,484	15,942
042 RADIOLOGY-THERAPEUTIC	793,499	298	58,344	326	11,772	107	2,121
042 01 NUCLEAR MEDICINE-DIAGNOST	120,503	149	33,015	450	16,246	593	2,927
043 RADIOISOTOPE							
043 01 ULTRA SOUND	79,462	274	25,240	173	6,253	311	1,127
044 LABORATORY	535,428	1,732	193,746	1,882	67,974		12,246
044 01 ANATOMIC PATHOLOGY	294,844	538	83,066	598	21,607		3,893
044 03 LAB-STEM CELL	5,712		1,943	48	1,717		309
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE	33,124	55	5,788	247	8,930		1,609
047 BLOOD STORING, PROCESSING	45,239	723	118,891	83	2,983		538
048 INTRAVENOUS THERAPY	302,362	576	58,749	228	8,245	125	1,486
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	419,144	1,219	146,332	342	12,363		2,227
049 01 SLEEP DISORDER	46,234	158	16,387	113	4,097		738
049 02 PAIN MANAGEMENT	86,433	247	19,306			363	
050 PHYSICAL THERAPY	464,802	247	46,169	3,629	131,097	2,853	23,619
051 OCCUPATIONAL THERAPY	56,832	129	15,234	461	16,660	1,199	3,001
052 SPEECH PATHOLOGY	51,343	289	28,268	210	7,585		1,366
053 ELECTROCARDIOLOGY	374,352	404	51,356	147	5,301	37	955
054 ELECTROENCEPHALOGRAPHY	49,792	123	21,817	204	7,358	1,812	1,326
054 01 CARDIAC CATHETERIZATION L	1,167,178	458	80,013	599	21,625	3,099	3,896
054 02 CARDIAC REHAB	49,300	139	11,967	373	13,479	412	2,428
054 03 VASCULAR LAB	226,146	181	17,866	621	22,437	260	4,042
054 04 ENDOSCOPY	836,052	642	74,154	1,001	36,173	3,120	6,517
054 05 CLINICAL NUTRITION	6,130	248	18,747	50	1,816		327
054 06 PSYCHOTHERAPY	49,162	281	25,954	399	14,423		2,598
055 MEDICAL SUPPLIES CHARGED			356,510				
055 30 IMPL. DEV. CHARGED TO PAT		1,962	334,862				
056 DRUGS CHARGED TO PATIENTS			681,774				
057 RENAL DIALYSIS	51,029	96	34,814	160	5,785		1,042
058 ASC (NON-DI STINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	1,819,649	3,860	321,333	7,955	287,370	7,995	51,773
061 EMERGENCY	1,256,914	3,219	314,558	2,832	102,319	21,740	18,434
062 OBSERVATION BEDS (NON-DIS							
062 01 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
067 OTHER REIMBURS COST CNTRS							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION	87	6	2,672	1	26		5
084 LIVER ACQUISITION	130	1	1,471	1	39		7
085 HEART ACQUISITION	69	3	2,517	1	21		4
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	34,751,727	69,227	7,911,375	82,013	2,552,666	199,907	443,314
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	17,819	24	7,711	148	5,356		965
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	83,834	196	22,731	594	21,475		3,869
096 03 COMMUNITY EDUCATION	21,289	91	7,986	177	6,399		1,153
097 RESEARCH	70,557		11,419	504	18,208		3,280
098 PHYSICIANS' PRIVATE OFFIC	315,936	362	182,469	782	28,243	889	5,088
098 01 HOTELING ROOMS							
098 02 FOUNDATION	102,382		2,506	46	1,659		299
098 03 VENDI NG							
098 04 55 ALI VE							
098 05 VACANT	150,329		3,679	1,251	45,183		8,140
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POI SON CONTROL	172,050	672	65,249				
099 16 BI LLEABLE DEPARTMENTS		655	42,452				
099 17 MI SCELLANEOUS NONREIMBURS	256,482	953	181,952	516	18,624		3,355
101 CROSS FOOT ADJUSTMENTS							
102 NEGATI VE COST CENTER							
103 TOTAL	35,942,405	72,180	8,439,529	86,031	2,697,813	200,796	469,463

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	597,851						
012 CAFETERIA		318,083					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		17,823		576,351			
015 CENTRAL SERVICES & SUPPLY		3,868			1,382,028		
016 PHARMACY					23,107	385,754	
017 MEDICAL RECORDS & LIBRARY		9,483		2,200	14		396,335
018 SOCIAL SERVICE		4,285		5,436			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		4,164					
023 I&R SERVICES-OTHER PRGM C						6	
024 PARAMED ED PRGM		631				12	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	393,496	69,847		216,831	52,479	721	48,868
026 01 INTENSIVE CARE UNIT	14,646	4,379		14,023	4,142	48	3,427
026 02 PEDIATRIC INTENSIVE CARE	17,229	7,411		21,865	4,614	46	5,164
027 CORONARY CARE UNIT	15,284	4,690		14,818	9,129	32	3,612
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	81,753	28,183		79,601	27,900	88	26,953
031 SUBPROVIDER	53,373	9,183		22,308	1,651	5	4,895
033 NURSERY	22,070	614		836			1,979
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		16,999		30,945	17,860	365	30,757
038 RECOVERY ROOM		6,924		21,215	740	42	8,587
039 DELIVERY ROOM & LABOR ROO		6,232		13,867	492		8,086
040 ANESTHESIOLOGY		763		2,668	39,134	2,331	8,235
041 RADIOLOGY-DIAGNOSTIC		12,392		2,909	2,524	12	36,609
042 RADIOLOGY-THERAPEUTIC		1,173		1,007	444	1	5,144
042 01 NUCLEAR MEDICINE-DIAGNOST		395			498		2,443
043 RADIOISOTOPE							
043 01 ULTRASOUND		1,319				29	3,508
044 LABORATORY		10,111		5	25,039	302	42,853
044 01 ANATOMIC PATHOLOGY		3,732			9,655	39	4,356
044 03 LAB-STEM CELL						3	23
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE		271		916	648		342
047 BLOOD STORING, PROCESSING		6,319		136	11,954	2	5,382
048 INTRAVENOUS THERAPY		2,502		6,493	9,792	38	2,004
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY		7,200				98	13,974
049 01 SLEEP DISORDER		1,142		45	988	10	1,629
049 02 PAIN MANAGEMENT		964		2,617	510	4	541
050 PHYSICAL THERAPY		971			296		2,286
051 OCCUPATIONAL THERAPY		758					978
052 SPEECH PATHOLOGY		1,615			908		641
053 ELECTROCARDIOLOGY		2,465		493	1,909		6,278
054 ELECTROENCEPHALOGRAPHY		944			679	5	678
054 01 CARDIAC CATHETERIZATION L		2,239		5,673	136	17	10,204
054 02 CARDIAC REHAB		655		2,240	183		297
054 03 VASCULAR LAB		938		86	599	870	4,682
054 04 ENDOSCOPY		3,495		7,927	297	36	8,550
054 05 CLINICAL NUTRITION		1,757					78
054 06 PSYCHOTHERAPY		1,590		1,591	16		2,378
055 MEDICAL SUPPLIES CHARGED					577,303		8,029
055 30 IMPL. DEV. CHARGED TO PAT					496,947		6,676
056 DRUGS CHARGED TO PATIENTS		10,402				289,367	42,629
057 RENAL DIALYSIS		516		1,601	116	167	1,715
058 ASC (NON-DISTINCT PART)							
058 OUTPAT SERVICE COST CNTRS							
060 CLINIC		15,958		39,194	2,949	1,857	5,042
061 EMERGENCY		19,696		43,175	15,474	156	25,823
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	MAINTENANCE OF F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
067 OTHER REIMBURS COST CNTRS							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION			32	101			
086 LIVER ACQUISITION			9	25			
085 01 HEART ACQUISITION			16	50			
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	597,851	307,055		562,897	1,341,144	296,691	396,335
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		236			1		
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES		880					
096 03 COMMUNITY EDUCATION		496		1,329	1		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		1,394		941	3,539	88,837	
098 01 HOTELING ROOMS							
098 02 FOUNDATION							
098 03 VENDING							
098 04 55 ALIVE							
098 05 VACANT							
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL		2,939		7,318			
099 16 BILLABLE DEPARTMENTS						8	
099 17 MISCELLANEOUS NONREIMBURS		5,083		3,866	37,343	218	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	597,851	318,083		576,351	1,382,028	385,754	396,335

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL
	18	20	21	22	23	24	25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	130,471						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				45,522			
023 I&R SERVICES-OTHER PRGM C					652,656		
024 PARAMED ED PRGM						15,336	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	86,834						5,789,620
026 INTENSIVE CARE UNIT	2,935						293,386
026 01 PEDIATRIC INTENSIVE CARE	4,683						519,318
027 CORONARY CARE UNIT	3,053						316,435
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	22,308						2,106,713
031 SUBPROVIDER	10,658						462,640
033 NURSERY							47,338
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							4,456,179
038 RECOVERY ROOM							461,993
039 DELIVERY ROOM & LABOR ROO							347,321
040 ANESTHESIOLOGY							467,318
041 RADIOLOGY-DIAGNOSTIC							2,540,657
042 RADIOLOGY-THERAPEUTIC							874,236
042 01 NUCLEAR MEDICINE-DIAGNOST							177,219
043 RADIOISOTOPE							
043 01 ULTRA SOUND							117,696
044 LABORATORY							891,318
044 01 ANATOMIC PATHOLOGY							422,328
044 03 LAB-STEM CELL							9,755
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
046 01 MENTAL HYGIENE							51,930
047 BLOOD STORING, PROCESSING							192,250
048 INTRAVENOUS THERAPY							392,600
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY							602,899
049 01 SLEEP DISORDER							71,541
049 02 PAIN MANAGEMENT							110,985
050 PHYSICAL THERAPY							675,969
051 OCCUPATIONAL THERAPY							95,252
052 SPEECH PATHOLOGY							92,225
053 ELECTROCARDIOLOGY							443,697
054 ELECTROENCEPHALOGRAPHY							84,738
054 01 CARDIAC CATHETERIZATION L							1,295,137
054 02 CARDIAC REHAB							81,473
054 03 VASCULAR LAB							278,728
054 04 ENDOSCOPY							977,964
054 05 CLINICAL NUTRITION							29,153
054 06 PSYCHOTHERAPY							98,392
055 MEDICAL SUPPLIES CHARGED							941,842
055 30 IMPL. DEV. CHARGED TO PAT							840,447
056 DRUGS CHARGED TO PATIENTS							1,024,172
057 RENAL DIALYSIS							97,041
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							2,564,935
061 EMERGENCY							1,824,340
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL
	18	20	21	22	23	24	25
067 OTHER REIMBURS COST CNTRS							
068 DURABLE MEDICAL EQUIP-SOL							
069 TRANSPORT							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							2,930
085 01 LIVER ACQUISITION							1,683
086 HEART ACQUISITION							2,681
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	130,471						33,176,474
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							32,260
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES							133,579
096 03 COMMUNITY EDUCATION							38,921
097 RESEARCH							103,968
098 PHYSICIANS' PRIVATE OFFIC							628,480
098 01 HOTELING ROOMS							
098 02 FOUNDATION							106,892
098 03 VENDING							
098 04 55 ALIVE							
098 05 VACANT							208,582
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL							248,228
099 16 BILLABLE DEPARTMENTS							43,115
099 17 MISCELLANEOUS NONREIMBURS							508,392
101 CROSS FOOT ADJUSTMENTS				45,522	652,656	15,336	713,514
102 NEGATIVE COST CENTER							
103 TOTAL	130,471			45,522	652,656	15,336	35,942,405

ALLOCATION OF NEW CAPITAL RELATED COSTS

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	5,789,620
026	INTENSIVE CARE UNIT	293,386
026	01 PEDIATRIC INTENSIVE CARE	519,318
027	CORONARY CARE UNIT	316,435
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
030	NEONATAL INTENSIVE CARE U	2,106,713
031	SUBPROVIDER	462,640
033	NURSERY	47,338
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	4,456,179
038	RECOVERY ROOM	461,993
039	DELIVERY ROOM & LABOR ROO	347,321
040	ANESTHESIOLOGY	467,318
041	RADIOLOGY-DIAGNOSTIC	2,540,657
042	RADIOLOGY-THERAPEUTIC	874,236
042	01 NUCLEAR MEDICINE-DIAGNOST	177,219
043	RADIOISOTOPE	
043	01 ULTRA SOUND	117,696
044	LABORATORY	891,318
044	01 ANATOMIC PATHOLOGY	422,328
044	03 LAB-STEM CELL	9,755
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
046	01 MENTAL HYGIENE	51,930
047	BLOOD STORING, PROCESSING	192,250
048	INTRAVENOUS THERAPY	392,600
048	01 PHARMACY-IV DRUG THERAPY	
049	RESPIRATORY THERAPY	602,899
049	01 SLEEP DISORDER	71,541
049	02 PAIN MANAGEMENT	110,985
050	PHYSICAL THERAPY	675,969
051	OCCUPATIONAL THERAPY	95,252
052	SPEECH PATHOLOGY	92,225
053	ELECTROCARDIOLOGY	443,697
054	ELECTROENCEPHALOGRAPHY	84,738
054	01 CARDIAC CATHETERIZATION L	1,295,137
054	02 CARDIAC REHAB	81,473
054	03 VASCULAR LAB	278,728
054	04 ENDOSCOPY	977,964
054	05 CLINICAL NUTRITION	29,153
054	06 PSYCHOTHERAPY	98,392
055	MEDICAL SUPPLIES CHARGED	941,842
055	30 IMPL. DEV. CHARGED TO PAT	840,447
056	DRUGS CHARGED TO PATIENTS	1,024,172
057	RENAL DIALYSIS	97,041
058	ASC (NON-DISTINCT PART)	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	2,564,935
061	EMERGENCY	1,824,340
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B
 PART III

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
067	OTHER REIMBURS COST CNTRS	
068	DURABLE MEDICAL EQUIP-SOL	
069	TRANSPORT	
070	CORF	
071	I&R SERVICES-NOT APPRVD P	
082	HOME HEALTH AGENCY	
	LUNG ACQUISITION	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	2,930
084	LIVER ACQUISITION	1,683
085	HEART ACQUISITION	2,681
085 01	PANCREAS ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	33,176,474
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	32,260
096 01	RESTAURANT	
096 02	PHYSICIAN SERVICES	133,579
096 03	COMMUNITY EDUCATION	38,921
097	RESEARCH	103,968
098	PHYSICIANS' PRIVATE OFFIC	628,480
098 01	HOTELING ROOMS	
098 02	FOUNDATION	106,892
098 03	VENDING	
098 04	55 ALIVE	
098 05	VACANT	208,582
099	NONPAID WORKERS	
099 12	HOME HEALTH	
099 15	POISON CONTROL	248,228
099 16	BILLEABLE DEPARTMENTS	43,115
099 17	MISCELLANEOUS NONREIMBURS	508,392
101	CROSS FOOT ADJUSTMENTS	713,514
102	NEGATIVE COST CENTER	
103	TOTAL	35,942,405

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
26-0091

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

PREPARED 6/15/2011
WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C			
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	1.02	2	3	4
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	1,356,032					
001 02 OLD CAP REL COSTS-BLD		1,356,032				
002 OLD CAP REL COSTS-BLD			1,356,032			
003 OLD CAP REL COSTS-MVB				10,205,016		
004 NEW CAP REL COSTS-BLD					1,356,032	
004 NEW CAP REL COSTS-MVB						10,205,016
005 EMPLOYEE BENEFITS	7,059	7,059	7,059	5,568	7,059	5,568
006 ADMINISTRATIVE & GENE	149,392	149,392	149,392	1,195,411	149,392	1,195,411
007 MAINTENANCE & REPAIRS	4,780	4,780	4,780		4,780	
008 OPERATION OF PLANT	157,611	157,611	157,611	660,924	157,611	660,924
009 LAUNDRY & LINEN SERVI	11,673	11,673	11,673	1,587	11,673	1,587
010 HOUSEKEEPING	23,710	23,710	23,710	11,435	23,710	11,435
011 DIETARY	23,237	23,237	23,237	144,797	23,237	144,797
012 CAFETERIA	20,942	20,942	20,942		20,942	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	5,231	5,231	5,231	172,181	5,231	172,181
015 CENTRAL SERVICES & SU	32,475	32,475	32,475	33,964	32,475	33,964
016 PHARMACY	6,581	6,581	6,581	15,826	6,581	15,826
017 MEDICAL RECORDS & LIB	17,376	17,376	17,376	13,880	17,376	13,880
018 SOCIAL SERVICE	2,949	2,949	2,949	7,708	2,949	7,708
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR	14,093	14,093	14,093	3,311	14,093	3,311
024 PARAMED PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	231,992	231,992	231,992	687,954	231,992	687,954
026 INTENSIVE CARE UNIT	9,437	9,437	9,437	35,831	9,437	35,831
026 01 PEDIATRIC INTENSIVE C	6,863	6,863	6,863	164,022	6,863	164,022
027 CORONARY CARE UNIT	8,237	8,237	8,237	53,038	8,237	53,038
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	54,410	54,410	54,410	450,686	54,410	450,686
031 SUBPROVIDER	18,783	18,783	18,783	5,541	18,783	5,541
033 NURSERY	847	847	847		847	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	103,751	103,751	103,751	1,558,515	103,751	1,558,515
038 RECOVERY ROOM	20,530	20,530	20,530	36,053	20,530	36,053
039 DELIVERY ROOM & LABOR	9,334	9,334	9,334	67,462	9,334	67,462
040 ANESTHESIOLOGY	3,627	3,627	3,627	221,120	3,627	221,120
041 RADIOLOGY-DIAGNOSTIC	34,020	34,020	34,020	1,054,214	34,020	1,054,214
042 RADIOLOGY-THERAPEUTIC	4,526	4,526	4,526	366,615	4,526	366,615
042 01 NUCLEAR MEDICINE-DIAG	6,246	6,246	6,246	44,866	6,246	44,866
043 RADIOISOTOPE						
043 01 ULTRA SOUND	2,404	2,404	2,404	40,703	2,404	40,703
044 LABORATORY	26,133	26,133	26,133	112,839	26,133	112,839
044 01 ANATOMICAL PATHOLOGY	8,307	8,307	8,307	150,482	8,307	150,482
044 03 LAB-STEM CELL	660	660	660		660	
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
046 01 MENTAL HYGIENE	3,433	3,433	3,433	2,370	3,433	2,370
047 BLOOD STORING, PROCES	1,147	1,147	1,147	24,504	1,147	24,504
048 INTRAVENOUS THERAPY	3,170	3,170	3,170	18,222	3,170	18,222
048 01 PHARMACY-IV DRUG THER						
049 RESPIRATORY THERAPY	4,753	4,753	4,753	176,859	4,753	176,859
049 01 SLEEP DISORDER	1,575	1,575	1,575	22,333	1,575	22,333
049 02 PAIN MANAGEMENT				14,394		14,394
050 PHYSICAL THERAPY	50,401	50,401	50,401	15,604	50,401	15,604
051 OCCUPATIONAL THERAPY	6,405	6,405	6,405	574	6,405	574
052 SPEECH PATHOLOGY	2,916	2,916	2,916	16,811	2,916	16,811
053 ELECTROCARDIOLOGY	2,038	2,038	2,038	243,836	2,038	243,836
054 ELECTROENCEPHALOGRAPH	2,829	2,829	2,829	17,190	2,829	17,190
054 01 CARDIAC CATHETERIZATI	8,314	8,314	8,314	751,313	8,314	751,313
054 02 CARDIAC REHAB	5,182	5,182	5,182	2,516	5,182	2,516
054 03 VASCULAR LAB	8,626	8,626	8,626	103,741	8,626	103,741
054 04 ENDOSCOPY	13,907	13,907	13,907	405,840	13,907	405,840
054 05 CLINICAL NUTRITION	698	698	698	62	698	62
054 06 PSYCHOTHERAPY	5,545	5,545	5,545		5,545	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	2,224	2,224	2,224	22,054	2,224	22,054
058 ASC (NON-DIESTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC	110,481	110,481	110,481	124,114	110,481	124,114
061 EMERGENCY	39,337	39,337	39,337	629,126	39,337	629,126
062 OBSERVATION BEDS (NON						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0091
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 PREPARED 6/15/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C			
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	1.02	2	3	4
064 OUTPAT SERVICE COST C						
065 OTHER REIMBURS COST C						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
068 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 TRANSPORT						
071 CORF						
072 I&R SERVICES-NOT APPR						
073 HOME HEALTH AGENCY						
074 LUNG ACQUISITION						
075 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION	10	10	10		10	
084 LIVER ACQUISITION	15	15	15		15	
085 HEART ACQUISITION	8	8	8		8	
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,300,230	1,300,230	1,300,230	9,907,996	1,300,230	9,907,996
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE	2,059	2,059	2,059		2,059	
096 02 RESTAURANT						
096 02 PHYSICIAN SERVICES	8,256	8,256	8,256	5,772	8,256	5,772
096 03 COMMUNITY EDUCATION	2,460	2,460	2,460		2,460	
097 RESEARCH	7,000	7,000	7,000	2,016	7,000	2,016
098 PHYSICIANS' PRIVATE O	10,858	10,858	10,858	98,128	10,858	98,128
098 01 HOTELING ROOMS						
098 02 FOUNDATION	638	638	638		638	
098 03 VENDING						
098 04 55 ALIVE						
098 05 VACANT	17,371	17,371	17,371		17,371	
099 NONPAID WORKERS						
099 12 HOME HEALTH						
099 15 POISON CONTROL				72,147		72,147
099 16 BILLABLE DEPARTMENTS						
099 17 MISCELLANEOUS NONREIM	7,160	7,160	7,160	118,957	7,160	118,957
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED					11,735,121	14,706,614
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					8.654015	1.441116
105 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES	S RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(SQUARE FEET
	5	6a.00	6	7	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 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	190,293,198						
006 ADMINISTRATIVE & GENERAL	29,931,838	-112,517,443	344,839,793				
007 MAINTENANCE & REPAIRS			1,824,999	1,194,801			
008 OPERATION OF PLANT	2,768,623		14,642,116	157,611	1,037,190		
009 LAUNDRY & LINEN SERVICE	266,152		1,800,499	11,673	11,673	3,001,403	
010 HOUSEKEEPING	3,834,267		7,218,897	23,710	23,710	72,432	1,001,807
011 DIETARY	1,034,153		3,592,852	23,237	23,237		23,237
012 CAFETERIA	1,988,880		2,872,572	20,942	20,942		20,942
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	7,571,705		9,848,875	5,231	5,231		5,231
015 CENTRAL SERVICES & SUPPLIES	1,011,618		2,410,402	32,475	32,475		32,475
016 PHARMACY	516,572		1,282,269	6,581	6,581		6,581
017 MEDICAL RECORDS & LIBRARY	2,834,006		5,636,187	17,376	17,376		17,376
018 SOCIAL SERVICE	2,061,752		2,835,287	2,949	2,949		2,949
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	1,397,253		1,668,226				
023 I&R SERVICES-OTHER PERSONNEL	1,221,762		19,545,707	14,093	14,093	1,552	14,093
024 PARAMEDICAL PRGM	377,397		594,502				
INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	31,059,428		39,450,018	231,992	231,992	1,279,352	231,992
026 INTENSIVE CARE UNIT	2,283,749		3,058,662	9,437	9,437	118,788	9,437
026 01 PEDIATRIC INTENSIVE CARE	3,358,699		5,008,692	6,863	6,863	11,367	6,863
027 CORONARY CARE UNIT	2,272,156		3,201,520	8,237	8,237	63,552	8,237
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
030 NEONATAL INTENSIVE CARE	14,995,401		21,355,001	54,410	54,410	73,532	54,410
031 SUBPROVIDER	3,706,146		5,067,874	18,783	18,783	51,065	18,783
033 NURSERY	219,533		412,845	847	847	24,834	847
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	7,789,739		17,857,088	103,751	103,751	253,236	103,751
038 RECOVERY ROOM	3,837,011		4,944,071	20,530	20,530	67,524	20,530
039 DELIVERY ROOM & LABOR	2,623,750		3,965,965	9,334	9,334	171,027	9,334
040 ANESTHESIOLOGY	200,547		2,151,986	3,627	3,627		3,627
041 RADIOLOGY-DIAGNOSTIC	5,174,613		10,144,510	34,020	34,020	141,763	34,020
042 RADIOLOGY-THERAPEUTIC	786,771		2,383,901	4,526	4,526	1,604	4,526
042 01 NUCLEAR MEDICINE-DIAGNOSTIC	392,422		1,348,988	6,246	6,246	8,863	6,246
043 RADIOISOTOPE							
043 01 ULTRASOUND	721,733		1,031,288	2,404	2,404	4,656	2,404
044 LABORATORY	4,568,781		7,916,415	26,133	26,133		26,133
044 01 ANATOMICAL PATHOLOGY	1,420,637		3,394,070	8,307	8,307		8,307
044 03 LAB-STEM CELL			79,377	660	660		660
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
046 01 MENTAL HYGIENE	146,270		236,502	3,433	3,433		3,433
047 BLOOD STORAGE, PROCESSING	1,907,621		4,857,840	1,147	1,147		1,147
048 INTRAVENOUS THERAPY	1,519,913		2,400,460	3,170	3,170	1,863	3,170
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY	3,216,008		5,979,086	4,753	4,753		4,753
049 01 SLEEP DISORDER	416,649		669,588	1,575	1,575		1,575
049 02 PAIN MANAGEMENT	651,035		788,824			5,432	
050 PHYSICAL THERAPY	651,276		1,886,459	50,401	50,401	42,647	50,401
051 OCCUPATIONAL THERAPY	339,233		622,461	6,405	6,405	17,921	6,405
052 SPEECH PATHOLOGY	761,969		1,155,010	2,916	2,916		2,916
053 ELECTROCARDIOLOGY	1,065,477		2,098,389	2,038	2,038	549	2,038
054 ELECTROENCEPHALOGRAPHY	323,824		891,447	2,829	2,829	27,090	2,829
054 01 CARDIAC CATHETERIZATION	1,207,337		3,269,292	8,314	8,314	46,325	8,314
054 02 CARDIAC REHABILITATION	366,568		488,983	5,182	5,182	6,157	5,182
054 03 VASCULAR LAB	478,038		729,996	8,626	8,626	3,880	8,626
054 04 ENDOSCOPY	1,693,086		3,029,911	13,907	13,907	46,641	13,907
054 05 CLINICAL NUTRITION	654,817		766,004	698	698		698
054 06 PSYCHOTHERAPY	741,670		1,060,463	5,545	5,545		5,545
055 MEDICAL SUPPLIES CHARGED TO PATIENTS			14,566,905				
055 30 IMPL. DEV. CHARGED TO PATIENTS	5,177,872		13,682,344				
056 DRUGS CHARGED TO PATIENTS			27,857,068				
057 RENAL DIALYSIS	254,509		1,422,502	2,224	2,224		2,224
058 ASC (NON-DIAGNOSTIC) PATIENTS							
060 CLINIC	10,185,405		13,129,547	110,481	110,481	119,508	110,481
061 EMERGENCY	8,492,326		12,852,732	39,337	39,337	324,961	39,337
062 OBSERVATION BEDS (NON)							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES) RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(SQUARE FEET
	5	6a.00	6	7	8	9	10
064 OUTPAT SERVICE COST C							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 TRANSPORT							
071 CORF							
072 I&R SERVICES-NOT APPR							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	15,765		109,196	10	10		10
084 LIVER ACQUISITION	3,941		60,107	15	15		15
085 HEART ACQUISITION	7,883		102,825	8	8		8
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	182,505,586	-112,517,443	323,259,602	1,138,999	981,388	2,988,121	946,005
096 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE	62,127		315,067	2,059	2,059		2,059
096 02 RESTAURANT							
096 02 PHYSICIAN SERVICES	516,037		928,782	8,256	8,256		8,256
096 03 COMMUNITY EDUCATION	240,754		326,310	2,460	2,460		2,460
097 RESEARCH			466,566	7,000	7,000		7,000
098 PHYSICIANS' PRIVATE O	954,719		7,455,611	10,858	10,858	13,282	10,858
098 01 HOTELING ROOMS							
098 02 FOUNDATION			102,382	638	638		638
098 03 VENDING							
098 04 55 ALIVE							
098 05 VACANT			150,329	17,371	17,371		17,371
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	1,771,808		2,666,074				
099 16 BILLABLE DEPARTMENTS	1,726,972		1,734,565				
099 17 MISCELLANEOUS NONREIM	2,515,195		7,434,505	7,160	7,160		7,160
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	36,904,184		112,517,443	2,420,476	19,738,972	2,633,781	10,137,167
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				2.025840		.877517	
105 (WRKSHT B, PT I)	.193933		.326289		19.031202		10.118882
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	72,180		8,439,529	86,031	2,697,813	200,796	469,463
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				.072004		.066901	
108 (WRKSHT B, PT III)	.000379		.024474		2.601079		.468616

COST ALLOCATION - STATISTICAL BASIS

26-0091

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	(FTE'S)	(NUMBER HOUSED)	(DIRECT HRS)	NR(COSTED) EQUI S.	R(COSTED) EQUI S.	R(GROSS) REVENUE
	11	12	13	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 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 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	704,709						
012 CAFETERIA		220,817					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		12,373		114,508			
015 CENTRAL SERVICES & SUPPLY		2,685			35,258,803		
016 PHARMACY					589,506	28,845,765	
017 MEDICAL RECORDS & LIBRARY		6,583		437	345		1373,085,170
018 SOCIAL SERVICE		2,975		1,080	2		
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS		2,891					
023 I&R SERVICES-OTHER PERSONNEL						148	
024 PARAMEDICAL PRGM		438				310	
INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	463,828	48,490		43,080	1,338,843	53,923	170,780,970
026 INTENSIVE CARE UNIT	17,264	3,040		2,786	105,677	3,553	11,859,189
026 01 PEDIATRIC INTENSIVE CARE	20,308	5,145		4,344	117,710	3,427	17,867,873
027 CORONARY CARE UNIT	18,016	3,256		2,944	232,895	2,371	12,499,765
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
030 NEONATAL INTENSIVE CARE	96,365	19,565		15,815	711,795	6,565	93,261,904
031 SUBPROVIDER	62,913	6,375		4,432	42,113	353	16,936,392
033 NURSERY	26,015	426		166			6,848,358
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICU/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		11,801		6,148	455,656	27,279	106,426,706
038 RECOVERY ROOM		4,807		4,215	18,871	3,165	29,712,481
039 DELIVERY ROOM & LABOR		4,326		2,755	12,563		27,977,588
040 ANESTHESIOLOGY		530		530	998,404	174,286	28,495,585
041 RADIOLOGY-DIAGNOSTIC		8,603		578	64,400	915	126,675,807
042 RADIOLOGY-THERAPEUTIC		814		200	11,315	48	17,800,749
042 01 NUCLEAR MEDICINE-DIAGNOSTIC		274			12,708		8,452,984
043 RADIOISOTOPE							
043 01 ULTRASOUND		916				2,149	12,138,714
044 LABORATORY		7,019		1	638,793	22,601	148,279,096
044 01 ANATOMICAL PATHOLOGY		2,591			246,330	2,894	15,073,556
044 03 LAB-STEM CELL						239	80,949
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
046 01 MENTAL HYGIENE		188		182	16,524		1,183,776
047 BLOOD STORAGE, PROCESSING		4,387		27	304,964	119	18,621,951
048 INTRAVENOUS THERAPY		1,737		1,290	249,811	2,855	6,932,827
048 01 PHARMACY-IV DRUG THERAPY							
049 RESPIRATORY THERAPY		4,998				7,294	48,351,242
049 01 SLEEP DISORDER		793		9	25,213	731	5,638,370
049 02 PAIN MANAGEMENT		669		520	13,022	295	1,870,548
050 PHYSICAL THERAPY		674			7,555		7,909,228
051 OCCUPATIONAL THERAPY		526			1		3,383,469
052 SPEECH PATHOLOGY		1,121			23,156		2,219,503
053 ELECTROCARDIOLOGY		1,711		98	48,711	1	21,723,645
054 ELECTROENCEPHALOGRAPHY		655			17,326	369	2,347,352
054 01 CARDIAC CATHETERIZATION		1,554		1,127	3,481	1,242	35,307,241
054 02 CARDIAC REHABILITATION		455		445	4,674		1,027,747
054 03 VASCULAR LAB		651		17	15,272	65,044	16,199,410
054 04 ENDOSCOPY		2,426		1,575	7,572	2,713	29,585,225
054 05 CLINICAL NUTRITION		1,220			9	36	268,819
054 06 PSYCHOTHERAPY		1,104		316	396		8,227,359
055 MEDICAL SUPPLIES CHARGED TO PATIENT					14,728,536		27,780,567
055 30 IMPL. DEV. CHARGED TO PATIENT					12,678,183		23,098,804
056 DRUGS CHARGED TO PATIENT		7,221				21,638,340	147,505,684
057 RENAL DIALYSIS		358		318	2,957	12,484	5,934,428
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER							
060 CLINIC		11,078		7,787	75,246	138,896	17,444,679
061 EMERGENCY		13,673		8,578	394,770	11,657	89,354,630
062 OBSERVATION BEDS (NON)							

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA S(FTE'S)	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY NR(COSTED EQUIS.	PHARMACY R(COSTED EQUIS.	MEDICAL RECORDS & LIBRARY R(GROSS)VENUE	R
	11	12	13	14	15	16	17	
064 OUTPAT SERVICE COST C								
065 OTHER REIMBURS COST C								
066 HOME PROGRAM DIALYSIS								
067 AMBULANCE SERVICES								
068 DURABLE MEDICAL EQUIP								
069 DURABLE MEDICAL EQUIP								
070 TRANSPORT								
071 CORF								
072 I&R SERVICES-NOT APPR								
073 HOME HEALTH AGENCY								
074 LUNG ACQUISITION								
075 SPEC PURPOSE COST CEN								
076 KIDNEY ACQUISITION			22		20			
077 LIVER ACQUISITION			6		5			
078 HEART ACQUISITION			11		10			
079 01 PANCREAS ACQUISITION								
080 OTHER ORGAN ACQUISITI								
081 AMBULATORY SURGICAL C								
082 HOSPICE								
083 SUBTOTALS	704,709	213,161		111,835	34,215,763	22,185,844	1373,085,170	
084 NONREIMBURS COST CENT								
085 GIFT, FLOWER, COFFEE		164			21			
086 01 RESTAURANT								
087 02 PHYSICIAN SERVICES		611						
088 03 COMMUNITY EDUCATION		344		264	23			
089 RESEARCH								
090 PHYSICIANS' PRIVATE O		968		187	90,293	6,643,016		
091 01 HOTELING ROOMS								
092 02 FOUNDATION								
093 03 VENDING								
094 04 55 ALIVE								
095 05 VACANT								
096 NONPAID WORKERS								
097 12 HOME HEALTH								
098 15 POISON CONTROL		2,040		1,454				
099 16 BILLABLE DEPARTMENTS						606		
100 17 MISCELLANEOUS NONREIM		3,529		768	952,703	16,299		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	5,489,594	4,462,747		13,475,596	4,263,592	1,977,112	8,201,438	
104 (WRKSHT B, PART I)								
105 UNIT COST MULTIPLIER		20.210160		117.682572		.068541		
106 (WRKSHT B, PT I)	7.789874				.120923		.005973	
107 COST TO BE ALLOCATED								
108 (WRKSHT B, PART II)								
109 UNIT COST MULTIPLIER								
110 (WRKSHT B, PT II)								
111 COST TO BE ALLOCATED	597,851	318,083		576,351	1,382,028	385,754	396,335	
112 (WRKSHT B, PART III)								
113 UNIT COST MULTIPLIER		1.440482		5.033282		.013373		
114 (WRKSHT B, PT III)	.848366				.039197		.000289	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
26-0091

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

PREPARED 6/15/2011
WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	18	20	21	22	23	24
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
001 02 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 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	10,001					
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &				15,678		
023 I&R SERVICES-OTHER PR					15,678	
024 PARAMED ED PRGM						160
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	6,656			10,938	10,938	80
026 INTENSIVE CARE UNIT	225			504	504	16
026 01 PEDIATRIC INTENSIVE C	359					
027 CORONARY CARE UNIT	234					16
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	1,710					
031 SUBPROVIDER	817			95	95	
033 NURSERY						16
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM				1,653	1,653	
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY				547	547	
041 RADIOLOGY-DIAGNOSTIC				448	448	
042 RADIOLOGY-THERAPEUTIC						
042 01 NUCLEAR MEDICINE-DIAG						
043 RADIOISOTOPE						
043 01 ULTRASOUND						
044 LABORATORY						
044 01 ANATOMICAL PATHOLOGY				395	395	
044 03 LAB-STEM CELL						
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
046 01 MENTAL HYGIENE						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
048 01 PHARMACY-IV DRUG THER						
049 RESPIRATORY THERAPY				24	24	
049 01 SLEEP DISORDER						
049 02 PAIN MANAGEMENT						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				50	50	
054 ELECTROENCEPHALOGRAPH				491	491	
054 01 CARDIAC CATHETERIZATI				4	4	
054 02 CARDIAC REHAB						
054 03 VASCULAR LAB						
054 04 ENDOSCOPY						
054 05 CLINICAL NUTRITION						
054 06 PSYCHOTHERAPY						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC				33	33	32
061 EMERGENCY				496	496	
062 OBSERVATION BEDS (NON						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	20	21	22	23	24
064 OUTPAT SERVICE COST C						
065 OTHER REIMBURS COST C						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
068 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 TRANSPORT						
071 CORF						
082 I&R SERVICES-NOT APPR						
083 HOME HEALTH AGENCY						
084 LUNG ACQUISITION						
085 SPEC PURPOSE COST CEN						
085 01 KIDNEY ACQUISITION						
086 LIVER ACQUISITION						
092 HEART ACQUISITION						
093 PANCREAS ACQUISITION						
095 01 OTHER ORGAN ACQUISITI						
095 AMBULATORY SURGICAL C						
095 HOSPICE						
095 SUBTOTALS	10,001			15,678	15,678	160
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE						
096 02 RESTAURANT						
096 03 PHYSICIAN SERVICES						
096 03 COMMUNITY EDUCATION						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 HOTELING ROOMS						
098 02 FOUNDATION						
098 03 VENDING						
098 04 55 ALIVE						
098 05 VACANT						
099 NONPAID WORKERS						
099 12 HOME HEALTH						
099 15 POISON CONTROL						
099 16 BILLABLE DEPARTMENTS						
099 17 MISCELLANEOUS NONREIM						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,039,570			2,270,978	26,363,998	797,370
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER				144.851257		4,983.562500
(WRKSHT B, PT I)	403.916608				1,681.591912	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	130,471			45,522	652,656	15,336
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER				2.903559		95.850000
(WRKSHT B, PT III)	13.045795				41.628779	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0091

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

PREPARED 6/15/2011
WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	-84,326
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL. 27 1	PT I THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	74,613,101		74,613,101	536,643	75,149,744
26	INTENSIVE CARE UNIT	5,233,378		5,233,378	3,154	5,236,532
26	01 PEDIATRIC INTENSIVE CARE	7,906,499		7,906,499		7,906,499
27	CORONARY CARE UNIT	5,388,547		5,388,547		5,388,547
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	34,425,216		34,425,216		34,425,216
31	SUBPROVIDER	8,928,623		8,928,623	12,146	8,940,769
33	NURSERY	947,191		947,191		947,191
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,795,079		28,795,079	14	28,795,093
38	RECOVERY ROOM	8,029,716		8,029,716		8,029,716
39	DELIVERY ROOM & LABOR ROO	6,281,364		6,281,364		6,281,364
40	ANESTHESIOLOGY	3,343,193		3,343,193		3,343,193
41	RADIOLOGY-DIAGNOSTIC	15,645,929		15,645,929		15,645,929
42	RADIOLOGY-THERAPEUTIC	3,451,935		3,451,935	21,499	3,473,434
42	01 NUCLEAR MEDICINE-DIAGNOST	2,049,215		2,049,215		2,049,215
43	RADIOISOTOPE					
43	01 ULTRASOUND	1,537,984		1,537,984		1,537,984
44	LABORATORY	12,420,612		12,420,612		12,420,612
44	01 ANATOMICAL PATHOLOGY	4,932,881		4,932,881		4,932,881
44	03 LAB-STEM CELL	126,353		126,353		126,353
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
46	01 MENTAL HYGIENE	454,984		454,984	3,110	458,094
47	BLOOD STORING, PROCESSING	6,718,612		6,718,612		6,718,612
48	INTRAVENOUS THERAPY	3,542,897		3,542,897	21,885	3,564,782
48	01 PHARMACY-IV DRUG THERAPY					
49	RESPIRATORY THERAPY	8,468,487		8,468,487		8,468,487
49	01 SLEEP DISORDER	991,032		991,032		991,032
49	02 PAIN MANAGEMENT	1,138,460		1,138,460	207	1,138,667
50	PHYSICAL THERAPY	4,172,489		4,172,489		4,172,489
51	OCCUPATIONAL THERAPY	1,071,811		1,071,811		1,071,811
52	SPEECH PATHOLOGY	1,661,499		1,661,499		1,661,499
53	ELECTROCARDIOLOGY	3,028,847		3,028,847	64,826	3,093,673
54	ELECTROENCEPHALOGRAPHY	1,323,663		1,323,663		1,323,663
54	01 CARDIAC CATHETERIZATION L	5,011,304		5,011,304		5,011,304
54	02 CARDIAC REHAB	883,759		883,759		883,759
54	03 VASCULAR LAB	1,358,736		1,358,736	1,123	1,359,859
54	04 ENDOSCOPY	4,905,224		4,905,224		4,905,224
54	05 CLINICAL NUTRITION	1,063,969		1,063,969		1,063,969
54	06 PSYCHOTHERAPY	1,688,040		1,688,040	13,120	1,701,160
55	MEDICAL SUPPLIES CHARGED	21,266,868		21,266,868		21,266,868
55	30 IMPL. DEV. CHARGED TO PAT	19,817,795		19,817,795		19,817,795
56	DRUGS CHARGED TO PATIENTS	39,456,620		39,456,620		39,456,620
57	RENAL DIALYSIS	1,952,975		1,952,975		1,952,975
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	22,385,363		22,385,363	17,440	22,402,803
61	EMERGENCY	20,426,028		20,426,028		20,426,028
62	OBSERVATION BEDS (NON-DIS	4,010,408		4,010,408		4,010,408
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	TRANSPORT					
101	SUBTOTAL	400,856,686		400,856,686	695,167	401,551,853
102	LESS OBSERVATION BEDS	4,010,408		4,010,408		4,010,408
103	TOTAL	396,846,278		396,846,278	695,167	397,541,445

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	167,922,704		167,922,704			
26	INTENSIVE CARE UNIT	11,772,775		11,772,775			
26	01 PEDIATRIC INTENSIVE CARE	17,846,558		17,846,558			
27	CORONARY CARE UNIT	12,434,865		12,434,865			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	92,280,234		92,280,234			
31	SUBPROVIDER	16,794,696		16,794,696			
33	NURSERY	6,733,420		6,733,420			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	49,477,273	53,665,265	103,142,538	.279178	.279178	.279178
38	RECOVERY ROOM	5,209,137	23,695,766	28,904,903	.277798	.277798	.277798
39	DELIVERY ROOM & LABOR ROO	16,631,877	11,286,535	27,918,412	.224990	.224990	.224990
40	ANESTHESIOLOGY	14,636,964	13,171,512	27,808,476	.120222	.120222	.120222
41	RADIOLOGY-DIAGNOSTIC	43,714,089	78,922,265	122,636,354	.127580	.127580	.127580
42	RADIOLOGY-THERAPEUTIC	534,760	16,785,077	17,319,837	.199305	.199305	.200547
42	01 NUCLEAR MEDICINE-DIAGNOST	2,601,198	5,597,590	8,198,788	.249941	.249941	.249941
43	RADIOISOTOPE						
43	01 ULTRA SOUND	3,757,562	8,080,946	11,838,508	.129914	.129914	.129914
44	LABORATORY	88,871,268	55,860,487	144,731,755	.085818	.085818	.085818
44	01 ANATOMI C PATHOLOGY	4,310,190	10,370,713	14,680,903	.336007	.336007	.336007
44	03 LAB-STEM CELL	77,247	3,702	80,949	1.560896	1.560896	1.560896
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	488,559	674,273	1,162,832	.391272	.391272	.393947
47	BLOOD STORING, PROCESSING	14,191,247	4,142,079	18,333,326	.366470	.366470	.366470
48	INTRAVENOUS THERAPY	833,074	5,888,404	6,721,478	.527101	.527101	.530357
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	44,327,700	3,574,892	47,902,592	.176786	.176786	.176786
49	01 SLEEP DISORDER	74,963	5,413,920	5,488,883	.180553	.180553	.180553
49	02 PAIN MANAGEMENT	665,710	1,162,533	1,828,243	.622707	.622707	.622820
50	PHYSICAL THERAPY	5,345,168	2,491,722	7,836,890	.532416	.532416	.532416
51	OCCUPATIONAL THERAPY	2,326,867	993,909	3,320,776	.322759	.322759	.322759
52	SPEECH PATHOLOGY	902,525	1,293,414	2,195,939	.756623	.756623	.756623
53	ELECTROCARDIOLOGY	8,191,156	13,183,472	21,374,628	.141703	.141703	.144736
54	ELECTROENCEPHALOGRAPHY	836,640	1,476,865	2,313,505	.572146	.572146	.572146
54	01 CARDIAC CATHETERIZATION L	16,976,695	17,637,908	34,614,603	.144774	.144774	.144774
54	02 CARDIAC REHAB	2,748	1,012,567	1,015,315	.870428	.870428	.870428
54	03 VASCULAR LAB	11,464,424	4,362,069	15,826,493	.085852	.085852	.085923
54	04 ENDOSCOPY	4,787,534	23,546,109	28,333,643	.173124	.173124	.173124
54	05 CLINICAL NUTRITION	1,886	260,849	262,735	4.049590	4.049590	4.049590
54	06 PSYCHOTHERAPY	2,732	8,224,627	8,227,359	.205174	.205174	.206769
55	MEDICAL SUPPLIES CHARGED	22,212,201	5,568,366	27,780,567	.765530	.765530	.765530
55	30 IMPL. DEV. CHARGED TO PAT	14,346,480	8,752,323	23,098,803	.857958	.857958	.857958
56	DRUGS CHARGED TO PATIENTS	80,658,273	66,851,188	147,509,461	.267485	.267485	.267485
57	RENAL DIALYSIS	4,461,220	1,439,928	5,901,148	.330948	.330948	.330948
58	ASC (NON-DI STINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		17,280,759	17,280,759	1.295392	1.295392	1.296402
61	EMERGENCY	27,670,668	60,469,070	88,139,738	.231746	.231746	.231746
62	OBSERVATION BEDS (NON-DIS		19,115,280	19,115,280	.209801	.209801	.209801
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	816,375,287	552,256,384	1368,631,671			
102	LESS OBSERVATION BEDS						
103	TOTAL	816,375,287	552,256,384	1368,631,671			

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	28,795,079	4,456,179	24,338,900			28,795,079
38	RECOVERY ROOM	8,029,716	461,993	7,567,723			8,029,716
39	DELIVERY ROOM & LABOR ROO	6,281,364	347,321	5,934,043			6,281,364
40	ANESTHESIOLOGY	3,343,193	467,318	2,875,875			3,343,193
41	RADIOLOGY-DIAGNOSTIC	15,645,929	2,540,657	13,105,272			15,645,929
42	RADIOLOGY-THERAPEUTIC	3,451,935	874,236	2,577,699			3,451,935
42 01	NUCLEAR MEDICINE-DIAGNOST	2,049,215	177,219	1,871,996			2,049,215
43	RADIOISOTOPE						
43 01	ULTRA SOUND	1,537,984	117,696	1,420,288			1,537,984
44	LABORATORY	12,420,612	891,318	11,529,294			12,420,612
44 01	ANATOMIC PATHOLOGY	4,932,881	422,328	4,510,553			4,932,881
44 03	LAB-STEM CELL	126,353	9,755	116,598			126,353
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	454,984	51,930	403,054			454,984
47	BLOOD STORING, PROCESSING	6,718,612	192,250	6,526,362			6,718,612
48	INTRAVENOUS THERAPY	3,542,897	392,600	3,150,297			3,542,897
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	8,468,487	602,899	7,865,588			8,468,487
49 01	SLEEP DISORDER	991,032	71,541	919,491			991,032
49 02	PAIN MANAGEMENT	1,138,460	110,985	1,027,475			1,138,460
50	PHYSICAL THERAPY	4,172,489	675,969	3,496,520			4,172,489
51	OCCUPATIONAL THERAPY	1,071,811	95,252	976,559			1,071,811
52	SPEECH PATHOLOGY	1,661,499	92,225	1,569,274			1,661,499
53	ELECTROCARDIOLOGY	3,028,847	443,697	2,585,150			3,028,847
54	ELECTROENCEPHALOGRAPHY	1,323,663	84,738	1,238,925			1,323,663
54 01	CARDIAC CATHETERIZATION L	5,011,304	1,295,137	3,716,167			5,011,304
54 02	CARDIAC REHAB	883,759	81,473	802,286			883,759
54 03	VASCULAR LAB	1,358,736	278,728	1,080,008			1,358,736
54 04	ENDOSCOPY	4,905,224	977,964	3,927,260			4,905,224
54 05	CLINICAL NUTRITION	1,063,969	29,153	1,034,816			1,063,969
54 06	PSYCHOTHERAPY	1,688,040	98,392	1,589,648			1,688,040
55	MEDICAL SUPPLIES CHARGED	21,266,868	941,842	20,325,026			21,266,868
55 30	IMPL. DEV. CHARGED TO PAT	19,817,795	840,447	18,977,348			19,817,795
56	DRUGS CHARGED TO PATIENTS	39,456,620	1,024,172	38,432,448			39,456,620
57	RENAL DIALYSIS	1,952,975	97,041	1,855,934			1,952,975
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	22,385,363	2,564,935	19,820,428			22,385,363
61	EMERGENCY	20,426,028	1,824,340	18,601,688			20,426,028
62	OBSERVATION BEDS (NON-DIS	4,010,408	308,966	3,701,442			4,010,408
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	263,414,131	23,942,696	239,471,435			263,414,131
102	LESS OBSERVATION BEDS	4,010,408	308,966	3,701,442			4,010,408
103	TOTAL	259,403,723	23,633,730	235,769,993			259,403,723

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	103,142,538	.279178	.279178
38	RECOVERY ROOM	28,904,903	.277798	.277798
39	DELIVERY ROOM & LABOR ROO	27,918,412	.224990	.224990
40	ANESTHESIOLOGY	27,808,476	.120222	.120222
41	RADIOLOGY-DIAGNOSTIC	122,636,354	.127580	.127580
42	RADIOLOGY-THERAPEUTIC	17,319,837	.199305	.199305
42 01	NUCLEAR MEDICINE-DIAGNOST	8,198,788	.249941	.249941
43	RADIOISOTOPE			
43 01	ULTRA SOUND	11,838,508	.129914	.129914
44	LABORATORY	144,731,755	.085818	.085818
44 01	ANATOMIC PATHOLOGY	14,680,903	.336007	.336007
44 03	LAB-STEM CELL	80,949	1.560896	1.560896
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46 01	MENTAL HYGIENE	1,162,832	.391272	.391272
47	BLOOD STORING, PROCESSING	18,333,326	.366470	.366470
48	INTRAVENOUS THERAPY	6,721,478	.527101	.527101
48 01	PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	47,902,592	.176786	.176786
49 01	SLEEP DISORDER	5,488,883	.180553	.180553
49 02	PAIN MANAGEMENT	1,828,243	.622707	.622707
50	PHYSICAL THERAPY	7,836,890	.532416	.532416
51	OCCUPATIONAL THERAPY	3,320,776	.322759	.322759
52	SPEECH PATHOLOGY	2,195,939	.756623	.756623
53	ELECTROCARDIOLOGY	21,374,628	.141703	.141703
54	ELECTROENCEPHALOGRAPHY	2,313,505	.572146	.572146
54 01	CARDIAC CATHETERIZATION L	34,614,603	.144774	.144774
54 02	CARDIAC REHAB	1,015,315	.870428	.870428
54 03	VASCULAR LAB	15,826,493	.085852	.085852
54 04	ENDOSCOPY	28,333,643	.173124	.173124
54 05	CLINICAL NUTRITION	262,735	4.049590	4.049590
54 06	PSYCHOTHERAPY	8,227,359	.205174	.205174
55	MEDICAL SUPPLIES CHARGED	27,780,567	.765530	.765530
55 30	IMPL. DEV. CHARGED TO PAT	23,098,803	.857958	.857958
56	DRUGS CHARGED TO PATIENTS	147,509,461	.267485	.267485
57	RENAL DIALYSIS	5,901,148	.330948	.330948
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	17,280,759	1.295392	1.295392
61	EMERGENCY	88,139,738	.231746	.231746
62	OBSERVATION BEDS (NON-DIS	19,115,280	.209801	.209801
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	1042,846,419		
102	LESS OBSERVATION BEDS	19,115,280		
103	TOTAL	1023,731,139		

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						
	OPERATING ROOM	31,814,189	4,456,179	27,358,010	445,618	1,586,765	29,781,806
38	RECOVERY ROOM	8,029,716	461,993	7,567,723	46,199	438,928	7,544,589
39	DELIVERY ROOM & LABOR ROO	6,281,364	347,321	5,934,043	34,732	344,174	5,902,458
40	ANESTHESIOLOGY	4,342,258	467,318	3,874,940	46,732	224,747	4,070,779
41	RADIOLOGY-DIAGNOSTIC	16,464,175	2,540,657	13,923,518	254,066	807,564	15,402,545
42	RADIOLOGY-THERAPEUTIC	3,451,935	874,236	2,577,699	87,424	149,507	3,215,004
42 01	NUCLEAR MEDICINE-DIAGNOST	2,049,215	177,219	1,871,996	17,722	108,576	1,922,917
43	RADIOISOTOPE						
43 01	ULTRA SOUND	1,537,984	117,696	1,420,288	11,770	82,377	1,443,837
44	LABORATORY	12,420,612	891,318	11,529,294	89,132	668,699	11,662,781
44 01	ANATOMIC PATHOLOGY	5,654,326	422,328	5,231,998	42,233	303,456	5,308,637
44 03	LAB-STEM CELL	126,353	9,755	116,598	976	6,763	118,614
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	454,984	51,930	403,054	5,193	23,377	426,414
47	BLOOD STORING, PROCESSING	6,718,612	192,250	6,526,362	19,225	378,529	6,320,858
48	INTRAVENOUS THERAPY	3,542,897	392,600	3,150,297	39,260	182,717	3,320,920
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	8,512,321	602,899	7,909,422	60,290	458,746	7,993,285
49 01	SLEEP DISORDER	991,032	71,541	919,491	7,154	53,330	930,548
49 02	PAIN MANAGEMENT	1,138,460	110,985	1,027,475	11,099	59,594	1,067,767
50	PHYSICAL THERAPY	4,172,489	675,969	3,496,520	67,597	202,798	3,902,094
51	OCCUPATIONAL THERAPY	1,071,811	95,252	976,559	9,525	56,640	1,005,646
52	SPEECH PATHOLOGY	1,661,499	92,225	1,569,274	9,223	91,018	1,561,258
53	ELECTROCARDIOLOGY	3,120,170	443,697	2,676,473	44,370	155,235	2,920,565
54	ELECTROENCEPHALOGRAPHY	2,220,447	84,738	2,135,709	8,474	123,871	2,088,102
54 01	CARDIAC CATHETERIZATION L	5,018,609	1,295,137	3,723,472	129,514	215,961	4,673,134
54 02	CARDIAC REHAB	883,759	81,473	802,286	8,147	46,533	829,079
54 03	VASCULAR LAB	1,358,736	278,728	1,080,008	27,873	62,640	1,268,223
54 04	ENDOSCOPY	4,905,224	977,964	3,927,260	97,796	227,781	4,579,647
54 05	CLINICAL NUTRITION	1,063,969	29,153	1,034,816	2,915	60,019	1,001,035
54 06	PSYCHOTHERAPY	1,688,040	98,392	1,589,648	9,839	92,200	1,586,001
55	MEDICAL SUPPLIES CHARGED	21,266,868	941,842	20,325,026	94,184	1,178,852	19,993,832
55 30	IMPL. DEV. CHARGED TO PAT	19,817,795	840,447	18,977,348	84,045	1,100,686	18,633,064
56	DRUGS CHARGED TO PATIENTS	39,456,620	1,024,172	38,432,448	102,417	2,229,082	37,125,121
57	RENAL DIALYSIS	1,952,975	97,041	1,855,934	9,704	107,644	1,835,627
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	22,445,636	2,564,935	19,880,701	256,494	1,153,081	21,036,061
61	EMERGENCY	21,331,944	1,824,340	19,507,604	182,434	1,131,441	20,018,069
62	OBSERVATION BEDS (NON-DIS	4,010,408	308,966	3,701,442	30,897	214,684	3,764,827
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	270,977,432	23,942,696	247,034,736	2,394,273	14,328,015	254,255,144
102	LESS OBSERVATION BEDS	4,010,408	308,966	3,701,442	30,897	214,684	3,764,827
103	TOTAL	266,967,024	23,633,730	243,333,294	2,363,376	14,113,331	250,490,317

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	103,142,538	.288744	.304128
38	RECOVERY ROOM	28,904,903	.261014	.276199
39	DELIVERY ROOM & LABOR ROO	27,918,412	.211418	.223746
40	ANESTHESIOLOGY	27,808,476	.146386	.154468
41	RADIOLOGY-DIAGNOSTIC	122,636,354	.125595	.132180
42	RADIOLOGY-THERAPEUTIC	17,319,837	.185626	.194258
42 01	NUCLEAR MEDICINE-DIAGNOST	8,198,788	.234537	.247780
43	RADIOISOTOPE			
43 01	ULTRA SOUND	11,838,508	.121961	.128919
44	LABORATORY	144,731,755	.080582	.085202
44 01	ANATOMIC PATHOLOGY	14,680,903	.361602	.382272
44 03	LAB-STEM CELL	80,949	1.465293	1.548839
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46 01	MENTAL HYGIENE	1,162,832	.366703	.386807
47	BLOOD STORING, PROCESSING	18,333,326	.344774	.365421
48	INTRAVENOUS THERAPY	6,721,478	.494076	.521260
48 01	PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	47,902,592	.166865	.176442
49 01	SLEEP DISORDER	5,488,883	.169533	.179249
49 02	PAIN MANAGEMENT	1,828,243	.584040	.616636
50	PHYSICAL THERAPY	7,836,890	.497914	.523791
51	OCCUPATIONAL THERAPY	3,320,776	.302835	.319891
52	SPEECH PATHOLOGY	2,195,939	.710975	.752423
53	ELECTROCARDIOLOGY	21,374,628	.136637	.143900
54	ELECTROENCEPHALOGRAPHY	2,313,505	.902571	.956113
54 01	CARDIAC CATHETERIZATION L	34,614,603	.135005	.141244
54 02	CARDIAC REHAB	1,015,315	.816573	.862404
54 03	VASCULAR LAB	15,826,493	.080133	.084091
54 04	ENDOSCOPY	28,333,643	.161633	.169672
54 05	CLINICAL NUTRITION	262,735	3.810056	4.038495
54 06	PSYCHOTHERAPY	8,227,359	.192772	.203978
55	MEDICAL SUPPLIES CHARGED	27,780,567	.719706	.762140
55 30	IMPL. DEV. CHARGED TO PAT	23,098,803	.806668	.854319
56	DRUGS CHARGED TO PATIENTS	147,509,461	.251680	.266791
57	RENAL DIALYSIS	5,901,148	.311063	.329304
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	17,280,759	1.217311	1.284037
61	EMERGENCY	88,139,738	.227117	.239954
62	OBSERVATION BEDS (NON-DIS	19,115,280	.196954	.208185
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	1042,846,419		
102	LESS OBSERVATION BEDS	19,115,280		
103	TOTAL	1023,731,139		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/15/2011 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				5,789,620		5,789,620
26	INTENSIVE CARE UNIT				293,386		293,386
26 01	PEDIATRIC INTENSIVE CARE				519,318		519,318
27	CORONARY CARE UNIT				316,435		316,435
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				2,106,713		2,106,713
31	SUBPROVIDER				462,640		462,640
33	NURSERY				47,338		47,338
101	TOTAL				9,535,450		9,535,450

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 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	91,595	25,553			63.21	1,615,205
26	INTENSIVE CARE UNIT	3,533	1,670			83.04	138,677
26	01 PEDIATRIC INTENSIVE CARE	4,156	14			124.96	1,749
27	CORONARY CARE UNIT	3,687	1,669			85.82	143,234
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	27,936				75.41	
31	SUBPROVIDER	12,775	5,582			36.21	202,124
33	NURSERY	5,324				8.89	
101	TOTAL	149,006	34,488				2,100,989

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,456,179	103,142,538	19,971,197		
38	RECOVERY ROOM		461,993	28,904,903	1,522,922		
39	DELIVERY ROOM & LABOR ROO		347,321	27,918,412	349,941		
40	ANESTHESIOLOGY		467,318	27,808,476	2,437,037		
41	RADIOLOGY-DIAGNOSTIC		2,540,657	122,636,354	14,683,685		
42	RADIOLOGY-THERAPEUTIC		874,236	17,319,837	302,339		
42	01 NUCLEAR MEDICINE-DIAGNOST		177,219	8,198,788	1,175,258		
43	RADIOISOTOPE						
43	01 ULTRA SOUND		117,696	11,838,508	644,821		
44	LABORATORY		891,318	144,731,755	24,116,320		
44	01 ANATOMIC PATHOLOGY		422,328	14,680,903	718,313		
44	03 LAB-STEM CELL		9,755	80,949			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		51,930	1,162,832	2,247		
47	BLOOD STORING, PROCESSING		192,250	18,333,326	4,257,005		
48	INTRAVENOUS THERAPY		392,600	6,721,478	647,586		
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY		602,899	47,902,592	8,533,694		
49	01 SLEEP DISORDER		71,541	5,488,883	47,634		
49	02 PAIN MANAGEMENT		110,985	1,828,243	57,106		
50	PHYSICAL THERAPY		675,969	7,836,890	1,829,501		
51	OCCUPATIONAL THERAPY		95,252	3,320,776	496,638		
52	SPEECH PATHOLOGY		92,225	2,195,939	250,673		
53	ELECTROCARDIOLOGY		443,697	21,374,628	3,764,994		
54	ELECTROENCEPHALOGRAPHY		84,738	2,313,505	24,367		
54	01 CARDIAC CATHETERIZATION L		1,295,137	34,614,603	5,413,877		
54	02 CARDIAC REHAB		81,473	1,015,315	1,025		
54	03 VASCULAR LAB		278,728	15,826,493	2,701,313		
54	04 ENDOSCOPY		977,964	28,333,643	1,939,962		
54	05 CLINICAL NUTRITION		29,153	262,735	449		
54	06 PSYCHOTHERAPY		98,392	8,227,359			
55	MEDICAL SUPPLIES CHARGED		941,842	27,780,567	6,523,496		
55	30 IMPL. DEV. CHARGED TO PAT		840,447	23,098,803	4,420,879		
56	DRUGS CHARGED TO PATIENTS		1,024,172	147,509,461	13,580,182		
57	RENAL DIALYSIS		97,041	5,901,148	3,105,480		
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		2,564,935	17,280,759			
61	EMERGENCY		1,824,340	88,139,738	7,827,882		
62	OBSERVATION BEDS (NON-DIS		308,966	19,115,280			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		23,942,696	1042,846,419	131,347,823		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 26-0091
 PREPARED 6/15/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.043204	862,836
38	RECOVERY ROOM	.015983	24,341
39	DELIVERY ROOM & LABOR ROO	.012441	4,354
40	ANESTHESIOLOGY	.016805	40,954
41	RADIOLOGY-DIAGNOSTIC	.020717	304,202
42	RADIOLOGY-THERAPEUTIC	.050476	15,261
42 01	NUCLEAR MEDICINE-DIAGNOST	.021615	25,403
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.009942	6,411
44	LABORATORY	.006158	148,508
44 01	ANATOMIC PATHOLOGY	.028767	20,664
44 03	LAB-STEM CELL	.120508	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.044658	100
47	BLOOD STORING, PROCESSING	.010486	44,639
48	INTRAVENOUS THERAPY	.058410	37,825
48 01	PHARMACY-IV DRUG THERAPY		
49	RESPIRATORY THERAPY	.012586	107,405
49 01	SLEEP DISORDER	.013034	621
49 02	PAIN MANAGEMENT	.060706	3,467
50	PHYSICAL THERAPY	.086255	157,804
51	OCCUPATIONAL THERAPY	.028684	14,246
52	SPEECH PATHOLOGY	.041998	10,528
53	ELECTROCARDIOLOGY	.020758	78,154
54	ELECTROENCEPHALOGRAPHY	.036628	893
54 01	CARDIAC CATHETERIZATION L	.037416	202,566
54 02	CARDIAC REHAB	.080244	82
54 03	VASCULAR LAB	.017611	47,573
54 04	ENDOSCOPY	.034516	66,960
54 05	CLINICAL NUTRITION	.110960	50
54 06	PSYCHOTHERAPY	.011959	
55	MEDICAL SUPPLIES CHARGED	.033903	221,166
55 30	IMPL. DEV. CHARGED TO PAT	.036385	160,854
56	DRUGS CHARGED TO PATIENTS	.006943	94,287
57	RENAL DIALYSIS	.016444	51,067
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.148427	
61	EMERGENCY	.020698	162,022
62	OBSERVATION BEDS (NON-DIS	.016163	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		2,915,243

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

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/15/2011
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		398,685		398,685	91,595	4.35
26	INTENSIVE CARE UNIT		79,737		79,737	3,533	22.57
26	01 PEDIATRIC INTENSIVE CARE					4,156	
27	CORONARY CARE UNIT		79,737		79,737	3,687	21.63
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					27,936	
31	SUBPROVIDER					12,775	
33	NURSERY		79,737		79,737	5,324	14.98
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL		637,896		637,896	149,006	

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

PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/15/2011
WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	25,553	111,156
26	INTENSIVE CARE UNIT	1,670	37,692
26 01	PEDIATRIC INTENSIVE CARE	14	
27	CORONARY CARE UNIT	1,669	36,100
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	5,582	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	34,488	184,948

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
42	01 NUCLEAR MEDICINE-DIAGNOST										
43	RADIOISOTOPE										
43	01 ULTRA SOUND										
44	LABORATORY										
44	01 ANATOMIC PATHOLOGY										
44	03 LAB-STEM CELL										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
46	01 MENTAL HYGIENE										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
48	01 PHARMACY-IV DRUG THERAPY										
49	RESPIRATORY THERAPY										
49	01 SLEEP DISORDER										
49	02 PAIN MANAGEMENT										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 CARDIAC CATHETERIZATION L										
54	02 CARDIAC REHAB										
54	03 VASCULAR LAB										
54	04 ENDOSCOPY										
54	05 CLINICAL NUTRITION										
54	06 PSYCHOTHERAPY										
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					159,474					
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS					21,275					
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
68	TRANSPORT										
101	TOTAL					180,749					

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			103,142,538			19,971,197	
38	RECOVERY ROOM			28,904,903			1,522,922	
39	DELIVERY ROOM & LABOR ROO			27,918,412			349,941	
40	ANESTHESIOLOGY			27,808,476			2,437,037	
41	RADIOLOGY-DIAGNOSTIC			122,636,354			14,683,685	
42	RADIOLOGY-THERAPEUTIC			17,319,837			302,339	
42	01 NUCLEAR MEDICINE-DIAGNOST			8,198,788			1,175,258	
43	RADIOISOTOPE							
43	01 ULTRA SOUND			11,838,508			644,821	
44	LABORATORY			144,731,755			24,116,320	
44	01 ANATOMIC PATHOLOGY			14,680,903			718,313	
44	03 LAB-STEM CELL			80,949				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
46	01 MENTAL HYGIENE			1,162,832			2,247	
47	BLOOD STORING, PROCESSING			18,333,326			4,257,005	
48	INTRAVENOUS THERAPY			6,721,478			647,586	
48	01 PHARMACY-IV DRUG THERAPY							
49	RESPIRATORY THERAPY			47,902,592			8,533,694	
49	01 SLEEP DISORDER			5,488,883			47,634	
49	02 PAIN MANAGEMENT			1,828,243			57,106	
50	PHYSICAL THERAPY			7,836,890			1,829,501	
51	OCCUPATIONAL THERAPY			3,320,776			496,638	
52	SPEECH PATHOLOGY			2,195,939			250,673	
53	ELECTROCARDIOLOGY			21,374,628			3,764,994	
54	ELECTROENCEPHALOGRAPHY			2,313,505			24,367	
54	01 CARDIAC CATHETERIZATION L			34,614,603			5,413,877	
54	02 CARDIAC REHAB			1,015,315			1,025	
54	03 VASCULAR LAB			15,826,493			2,701,313	
54	04 ENDOSCOPY			28,333,643			1,939,962	
54	05 CLINICAL NUTRITION			262,735			449	
54	06 PSYCHOTHERAPY			8,227,359				
55	MEDICAL SUPPLIES CHARGED			27,780,567			6,523,496	
55	30 IMPL. DEV. CHARGED TO PAT			23,098,803			4,420,879	
56	DRUGS CHARGED TO PATIENTS			147,509,461			13,580,182	
57	RENAL DIALYSIS			5,901,148			3,105,480	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC	159,474	159,474	17,280,759	.009228	.009228		
61	EMERGENCY			88,139,738			7,827,882	
62	OBSERVATION BEDS (NON-DIS	21,275	21,275	19,115,280	.001113	.001113		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	180,749	180,749	1042,846,419			131,347,823	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,804,222					
38	RECOVERY ROOM	2,917,977					
39	DELIVERY ROOM & LABOR ROO	303,186					
40	ANESTHESIOLOGY	1,705,341					
41	RADIOLOGY-DIAGNOSTIC	13,123,352					
42	RADIOLOGY-THERAPEUTIC	5,429,907					
42 01	NUCLEAR MEDICINE-DIAGNOST	1,929,380					
43	RADIOISOTOPE						
43 01	ULTRA SOUND	576,538					
44	LABORATORY	107,615					
44 01	ANATOMIC PATHOLOGY	960,083					
44 03	LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	326,876					
47	BLOOD STORING, PROCESSING	660,693					
48	INTRAVENOUS THERAPY	1,475,832					
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	362,971					
49 01	SLEEP DISORDER	85,169					
49 02	PAIN MANAGEMENT	191,922					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,117,215					
54	ELECTROENCEPHALOGRAPHY	83,127					
54 01	CARDIAC CATHETERIZATION L	3,426,448					
54 02	CARDIAC REHAB	397,642					
54 03	VASCULAR LAB	897,531					
54 04	ENDOSCOPY	4,382,350					
54 05	CLINICAL NUTRITION	24					
54 06	PSYCHOTHERAPY						
55	MEDICAL SUPPLIES CHARGED	1,606,203					
55 30	IMPL. DEV. CHARGED TO PAT	2,477,077					
56	DRUGS CHARGED TO PATIENTS	13,208,773					
57	RENAL DIALYSIS	37,532					
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,856,683			26,361		
61	EMERGENCY	5,039,172					
62	OBSERVATION BEDS (NON-DIS	2,007,101			2,234		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL	77,497,942			28,595		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,456,179	103,142,538	1,078,571		
38	RECOVERY ROOM		461,993	28,904,903	2,479		
39	DELIVERY ROOM & LABOR ROO		347,321	27,918,412	1,822		
40	ANESTHESIOLOGY		467,318	27,808,476	53,190		
41	RADIOLOGY-DIAGNOSTIC		2,540,657	122,636,354	152,980		
42	RADIOLOGY-THERAPEUTIC		874,236	17,319,837	19,900		
42	01 NUCLEAR MEDICINE-DIAGNOST		177,219	8,198,788	6,088		
43	RADIOISOTOPE						
43	01 ULTRA SOUND		117,696	11,838,508	6,275		
44	LABORATORY		891,318	144,731,755	663,935		
44	01 ANATOMIC PATHOLOGY		422,328	14,680,903	106		
44	03 LAB-STEM CELL		9,755	80,949			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		51,930	1,162,832	185,504		
47	BLOOD STORING, PROCESSING		192,250	18,333,326	6,546		
48	INTRAVENOUS THERAPY		392,600	6,721,478	185		
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY		602,899	47,902,592	70,871		
49	01 SLEEP DISORDER		71,541	5,488,883			
49	02 PAIN MANAGEMENT		110,985	1,828,243			
50	PHYSICAL THERAPY		675,969	7,836,890	80,114		
51	OCCUPATIONAL THERAPY		95,252	3,320,776	5,305		
52	SPEECH PATHOLOGY		92,225	2,195,939	3,881		
53	ELECTROCARDIOLOGY		443,697	21,374,628	55,884		
54	ELECTROENCEPHALOGRAPHY		84,738	2,313,505			
54	01 CARDIAC CATHETERIZATION L		1,295,137	34,614,603	4,133		
54	02 CARDIAC REHAB		81,473	1,015,315			
54	03 VASCULAR LAB		278,728	15,826,493	17,780		
54	04 ENDOSCOPY		977,964	28,333,643	3,535		
54	05 CLINICAL NUTRITION		29,153	262,735			
54	06 PSYCHOTHERAPY		98,392	8,227,359	2,016		
55	MEDICAL SUPPLIES CHARGED		941,842	27,780,567	16,683		
55	30 IMPL. DEV. CHARGED TO PAT		840,447	23,098,803	235		
56	DRUGS CHARGED TO PATIENTS		1,024,172	147,509,461	128,619		
57	RENAL DIALYSIS		97,041	5,901,148	28,160		
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		2,564,935	17,280,759			
61	EMERGENCY		1,824,340	88,139,738	392,119		
62	OBSERVATION BEDS (NON-DIS		308,966	19,115,280			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		23,942,696	1042,846,419	2,986,916		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 26-S091
 PREPARED 6/15/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.043204	46,599
38	RECOVERY ROOM	.015983	40
39	DELIVERY ROOM & LABOR ROO	.012441	23
40	ANESTHESIOLOGY	.016805	894
41	RADIOLOGY-DIAGNOSTIC	.020717	3,169
42	RADIOLOGY-THERAPEUTIC	.050476	1,004
42 01	NUCLEAR MEDICINE-DIAGNOST	.021615	132
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.009942	62
44	LABORATORY	.006158	4,089
44 01	ANATOMIC PATHOLOGY	.028767	3
44 03	LAB-STEM CELL	.120508	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.044658	8,284
47	BLOOD STORING, PROCESSING	.010486	69
48	INTRAVENOUS THERAPY	.058410	11
48 01	PHARMACY-IV DRUG THERAPY		
49	RESPIRATORY THERAPY	.012586	892
49 01	SLEEP DISORDER	.013034	
49 02	PAIN MANAGEMENT	.060706	
50	PHYSICAL THERAPY	.086255	6,910
51	OCCUPATIONAL THERAPY	.028684	152
52	SPEECH PATHOLOGY	.041998	163
53	ELECTROCARDIOLOGY	.020758	1,160
54	ELECTROENCEPHALOGRAPHY	.036628	
54 01	CARDIAC CATHETERIZATION L	.037416	155
54 02	CARDIAC REHAB	.080244	
54 03	VASCULAR LAB	.017611	313
54 04	ENDOSCOPY	.034516	122
54 05	CLINICAL NUTRITION	.110960	
54 06	PSYCHOTHERAPY	.011959	24
55	MEDICAL SUPPLIES CHARGED	.033903	566
55 30	IMPL. DEV. CHARGED TO PAT	.036385	9
56	DRUGS CHARGED TO PATIENTS	.006943	893
57	RENAL DIALYSIS	.016444	463
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.148427	
61	EMERGENCY	.020698	8,116
62	OBSERVATION BEDS (NON-DIS	.016163	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		84,317

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	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	01 NUCLEAR MEDICINE-DIAGNOST										
44	03 RADIOISOTOPE										
45	01 ULTRA SOUND										
46	LABORATORY										
47	01 ANATOMIC PATHOLOGY										
48	03 LAB-STEM CELL										
49	PBP CLINICAL LAB SERVICES										
50	WHOLE BLOOD & PACKED RED										
51	01 MENTAL HYGIENE										
52	BLOOD STORING, PROCESSING										
53	INTRAVENOUS THERAPY										
54	01 PHARMACY-IV DRUG THERAPY										
55	RESPIRATORY THERAPY										
56	01 SLEEP DISORDER										
57	02 PAIN MANAGEMENT										
58	PHYSICAL THERAPY										
59	OCCUPATIONAL THERAPY										
60	SPEECH PATHOLOGY										
61	ELECTROCARDIOLOGY										
62	ELECTROENCEPHALOGRAPHY										
63	01 CARDIAC CATHETERIZATION L										
64	02 CARDIAC REHAB										
65	03 VASCULAR LAB										
66	04 ENDOSCOPY										
67	05 CLINICAL NUTRITION										
68	06 PSYCHOTHERAPY										
69	MEDICAL SUPPLIES CHARGED										
70	30 IMPL. DEV. CHARGED TO PAT										
71	DRUGS CHARGED TO PATIENTS										
72	RENAL DIALYSIS										
73	ASC (NON-DISTINCT PART)										
74	OUTPAT SERVICE COST CNTRS										
75	CLINIC			159,474							
76	EMERGENCY										
77	OBSERVATION BEDS (NON-DIS			21,275							
78	OTHER REIMBURS COST CNTRS										
79	HOME PROGRAM DIALYSIS										
80	AMBULANCE SERVICES										
81	DURABLE MEDICAL EQUIP-REN										
82	DURABLE MEDICAL EQUIP-SOL										
83	TRANSPORT										
84	TOTAL			180,749							

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			103,142,538			1,078,571	
38	RECOVERY ROOM			28,904,903			2,479	
39	DELIVERY ROOM & LABOR ROO			27,918,412			1,822	
40	ANESTHESIOLOGY			27,808,476			53,190	
41	RADIOLOGY-DIAGNOSTIC			122,636,354			152,980	
42	RADIOLOGY-THERAPEUTIC			17,319,837			19,900	
42	01 NUCLEAR MEDICINE-DIAGNOST			8,198,788			6,088	
43	RADIOISOTOPE							
43	01 ULTRA SOUND			11,838,508			6,275	
44	LABORATORY			144,731,755			663,935	
44	01 ANATOMIC PATHOLOGY			14,680,903			106	
44	03 LAB-STEM CELL			80,949				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
46	01 MENTAL HYGIENE			1,162,832			185,504	
47	BLOOD STORING, PROCESSING			18,333,326			6,546	
48	INTRAVENOUS THERAPY			6,721,478			185	
48	01 PHARMACY-IV DRUG THERAPY							
49	RESPIRATORY THERAPY			47,902,592			70,871	
49	01 SLEEP DISORDER			5,488,883				
49	02 PAIN MANAGEMENT			1,828,243				
50	PHYSICAL THERAPY			7,836,890			80,114	
51	OCCUPATIONAL THERAPY			3,320,776			5,305	
52	SPEECH PATHOLOGY			2,195,939			3,881	
53	ELECTROCARDIOLOGY			21,374,628			55,884	
54	ELECTROENCEPHALOGRAPHY			2,313,505				
54	01 CARDIAC CATHETERIZATION L			34,614,603			4,133	
54	02 CARDIAC REHAB			1,015,315				
54	03 VASCULAR LAB			15,826,493			17,780	
54	04 ENDOSCOPY			28,333,643			3,535	
54	05 CLINICAL NUTRITION			262,735				
54	06 PSYCHOTHERAPY			8,227,359			2,016	
55	MEDICAL SUPPLIES CHARGED			27,780,567			16,683	
55	30 IMPL. DEV. CHARGED TO PAT			23,098,803			235	
56	DRUGS CHARGED TO PATIENTS			147,509,461			128,619	
57	RENAL DIALYSIS			5,901,148			28,160	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC	159,474	159,474	17,280,759	.009228	.009228	392,119	
61	EMERGENCY			88,139,738				
62	OBSERVATION BEDS (NON-DIS	21,275	21,275	19,115,280	.001113	.001113		
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	180,749	180,749	1042,846,419			2,986,916	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		135				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		12,347				
43	RADIOLOGY-THERAPEUTIC						
44	01 NUCLEAR MEDICINE-DIAGNOST						
44	03 RADIOISOTOPE						
45	01 ULTRA SOUND						
46	LABORATORY						
47	01 ANATOMIC PATHOLOGY						
48	03 LAB-STEM CELL						
49	PBP CLINICAL LAB SERVICES						
50	WHOLE BLOOD & PACKED RED						
51	01 MENTAL HYGIENE						
52	BLOOD STORING, PROCESSING						
53	INTRAVENOUS THERAPY						
54	01 PHARMACY-IV DRUG THERAPY						
55	RESPIRATORY THERAPY						
56	01 SLEEP DISORDER						
57	02 PAIN MANAGEMENT						
58	PHYSICAL THERAPY						
59	OCCUPATIONAL THERAPY						
60	SPEECH PATHOLOGY						
61	ELECTROCARDIOLOGY		964				
62	ELECTROENCEPHALOGRAPHY						
63	01 CARDIAC CATHETERIZATION L						
64	02 CARDIAC REHAB						
65	03 VASCULAR LAB						
66	04 ENDOSCOPY						
67	05 CLINICAL NUTRITION						
68	06 PSYCHOTHERAPY		8,055,583				
69	MEDICAL SUPPLIES CHARGED						
70	30 IMPL. DEV. CHARGED TO PAT						
71	DRUGS CHARGED TO PATIENTS		13,099				
72	RENAL DIALYSIS						
73	ASC (NON-DISTINCT PART)						
74	OUTPAT SERVICE COST CNTRS						
75	CLINIC		1,786		16		
76	EMERGENCY		1,380				
77	OBSERVATION BEDS (NON-DIS						
78	OTHER REIMBURS COST CNTRS						
79	HOME PROGRAM DIALYSIS						
80	AMBULANCE SERVICES						
81	DURABLE MEDICAL EQUIP-REN						
82	DURABLE MEDICAL EQUIP-SOL						
83	TRANSPORT						
101	TOTAL		8,085,294		16		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: 26-0091 | PERIOD: FROM 1/1/2010 TO 12/31/2010 | PREPARED 6/15/2011
 | COMPONENT NO: 26-S091 | | WORKSHEET D PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.279178	.279178			
38 RECOVERY ROOM	.277798	.277798			
39 DELIVERY ROOM & LABOR ROOM	.224990	.224990			
40 ANESTHESIOLOGY	.120222	.120222			
41 RADIOLOGY-DIAGNOSTIC	.127580	.127580			
42 RADIOLOGY-THERAPEUTIC	.199305	.199305			
01 42 NUCLEAR MEDICINE-DIAGNOSTIC	.249941	.249941			
43 RADIOISOTOPE					
43 01 ULTRA SOUND	.129914	.129914			
44 LABORATORY	.085818	.085818			
44 01 ANATOMICAL PATHOLOGY	.336007	.336007			
44 03 LAB-STEM CELL	1.560896	1.560896			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE	.391272	.391272			
47 BLOOD STORING, PROCESSING & TRANS.	.366470	.366470			
48 INTRAVENOUS THERAPY	.527101	.527101			
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY	.176786	.176786			
49 01 SLEEP DISORDER	.180553	.180553			
49 02 PAIN MANAGEMENT	.622707	.622707			
50 PHYSICAL THERAPY	.532416	.532416			
51 OCCUPATIONAL THERAPY	.322759	.322759			
52 SPEECH PATHOLOGY	.756623	.756623			
53 ELECTROCARDIOLOGY	.141703	.141703			
54 ELECTROENCEPHALOGRAPHY	.572146	.572146			
54 01 CARDIAC CATHETERIZATION LABORATORY	.144774	.144774			
54 02 CARDIAC REHAB	.870428	.870428			
54 03 VASCULAR LAB	.085852	.085852			
54 04 ENDOSCOPY	.173124	.173124			
54 05 CLINICAL NUTRITION	4.049590	4.049590			
54 06 PSYCHOTHERAPY	.205174	.205174			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.765530	.765530			
55 30 IMPL. DEV. CHARGED TO PATIENT	.857958	.857958			
56 DRUGS CHARGED TO PATIENTS	.267485	.267485			
57 RENAL DIALYSIS	.330948	.330948			
58 ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.295392	1.295392			
61 EMERGENCY	.231746	.231746			
62 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.209801	.209801			
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		135			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		12,347			
42 RADIOLOGY-THERAPEUTIC					
01 NUCLEAR MEDICINE-DIAGNOSTIC					
43 RADIOISOTOPE					
01 ULTRASOUND					
44 LABORATORY					
01 ANATOMIC PATHOLOGY					
03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
01 MENTAL HYGIENE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY					
01 SLEEP DISORDER					
02 PAIN MANAGEMENT					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		964			
54 ELECTROENCEPHALOGRAPHY					
01 CARDIAC CATHETERIZATION LABORATORY					
02 CARDIAC REHAB					
03 VASCULAR LAB					
04 ENDOSCOPY					
05 CLINICAL NUTRITION					
06 PSYCHOTHERAPY		8,055,583			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		13,099			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,786			
61 EMERGENCY		1,380			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL		8,085,294			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		8,085,294			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	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	.288744				2,887,835
38 RECOVERY ROOM	.261014				1,125,018
39 DELIVERY ROOM & LABOR ROOM	.211418				1,070,020
40 ANESTHESIOLOGY	.146386				783,874
41 RADIOLOGY-DIAGNOSTIC	.125595				5,235,676
42 RADIOLOGY-THERAPEUTIC	.185626				1,388,749
01 42 NUCLEAR MEDICINE-DIAGNOSTIC	.234537				312,427
43 RADIOISOTOPE					
43 01 ULTRA SOUND	.121961				991,122
44 LABORATORY	.080582				5,083,923
44 01 ANATOMICAL PATHOLOGY	.361602				627,149
44 03 LAB-STEM CELL	1.465293				
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE	.366703				109,956
47 BLOOD STORING, PROCESSING & TRANS.	.344774				473,123
48 INTRAVENOUS THERAPY	.494076				630,384
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY	.166865				555,110
49 01 SLEEP DISORDER	.169533				336,841
49 02 PAIN MANAGEMENT	.584040				47,119
50 PHYSICAL THERAPY	.497914				135,032
51 OCCUPATIONAL THERAPY	.302835				80,814
52 SPEECH PATHOLOGY	.710975				62,573
53 ELECTROCARDIOLOGY	.136637				609,969
54 ELECTROENCEPHALOGRAPHY	.902571				129,370
54 01 CARDIAC CATHETERIZATION LABORATORY	.135005				982,283
54 02 CARDIAC REHAB	.816573				39,600
54 03 VASCULAR LAB	.080133				523,751
54 04 ENDOSCOPY	.161633				879,079
54 05 CLINICAL NUTRITION	3.810056				17,263
54 06 PSYCHOTHERAPY	.192772				43,973
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.719706				263,965
55 30 IMPL. DEV. CHARGED TO PATIENT	.806668				651,250
56 DRUGS CHARGED TO PATIENTS	.251680				5,835,466
57 RENAL DIALYSIS	.311063				135,440
58 ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.217311				1,515,226
61 EMERGENCY	.227117				5,248,115
62 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.196954				1,517,079
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL					40,328,574
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					40,328,574

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	699.86
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	8,940,769			
87	NEW CAPITAL-RELATED COST	462,640	.051745		
88	NON PHYSICIAN ANESTHETIST	8,940,769			
89	MEDICAL EDUCATION	8,940,769			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,888
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,032.71
85	OBSERVATION BED COST	5,047,886

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		43,654,850	
26	INTENSIVE CARE UNIT		5,548,361	
26	01 PEDIATRIC INTENSIVE CARE UNIT		38,422	
27	CORONARY CARE UNIT		5,548,361	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.279178	19,971,197	5,575,519
38	RECOVERY ROOM	.277798	1,522,922	423,065
39	DELIVERY ROOM & LABOR ROOM	.224990	349,941	78,733
40	ANESTHESIOLOGY	.120222	2,437,037	292,985
41	RADIOLOGY-DIAGNOSTIC	.127580	14,683,685	1,873,345
42	RADIOLOGY-THERAPEUTIC	.200547	302,339	60,633
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.249941	1,175,258	293,745
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.129914	644,821	83,771
44	LABORATORY	.085818	24,116,320	2,069,614
44	01 ANATOMI C PATHOLOGY	.336007	718,313	241,358
44	03 LAB-STEM CELL	1.560896		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.393947	2,247	885
47	BLOOD STORING, PROCESSING & TRANS.	.366470	4,257,005	1,560,065
48	INTRAVENOUS THERAPY	.530357	647,586	343,452
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.176786	8,533,694	1,508,638
49	01 SLEEP DISORDER	.180553	47,634	8,600
49	02 PAIN MANAGEMENT	.622820	57,106	35,567
50	PHYSICAL THERAPY	.532416	1,829,501	974,056
51	OCCUPATIONAL THERAPY	.322759	496,638	160,294
52	SPEECH PATHOLOGY	.756623	250,673	189,665
53	ELECTROCARDIOLOGY	.144736	3,764,994	544,930
54	ELECTROENCEPHALOGRAPHY	.572146	24,367	13,941
54	01 CARDIAC CATHETERIZATION LABORATORY	.144774	5,413,877	783,789
54	02 CARDIAC REHAB	.870428	1,025	892
54	03 VASCULAR LAB	.085923	2,701,313	232,105
54	04 ENDOSCOPY	.173124	1,939,962	335,854
54	05 CLINICAL NUTRITION	4.049590	449	1,818
54	06 PSYCHOTHERAPY	.206769		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765530	6,523,496	4,993,932
55	30 IMPL. DEV. CHARGED TO PATIENT	.857958	4,420,879	3,792,929
56	DRUGS CHARGED TO PATIENTS	.267485	13,580,182	3,632,495
57	RENAL DIALYSIS	.330948	3,105,480	1,027,752
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.296402		
61	EMERGENCY	.231746	7,827,882	1,814,080
62	OBSERVATION BEDS (NON-DISTINCT PART)	.209801		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		131,347,823	32,948,507
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		131,347,823	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		7,332,665	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.279178	1,078,571	301,113
38	RECOVERY ROOM	.277798	2,479	689
39	DELIVERY ROOM & LABOR ROOM	.224990	1,822	410
40	ANESTHESIOLOGY	.120222	53,190	6,395
41	RADIOLOGY-DIAGNOSTIC	.127580	152,980	19,517
42	RADIOLOGY-THERAPEUTIC	.200547	19,900	3,991
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.249941	6,088	1,522
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.129914	6,275	815
44	LABORATORY	.085818	663,935	56,978
44	01 ANATOMI C PATHOLOGY	.336007	106	36
44	03 LAB-STEM CELL	1.560896		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.393947	185,504	73,079
47	BLOOD STORING, PROCESSING & TRANS.	.366470	6,546	2,399
48	INTRAVENOUS THERAPY	.530357	185	98
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.176786	70,871	12,529
49	01 SLEEP DISORDER	.180553		
49	02 PAIN MANAGEMENT	.622820		
50	PHYSICAL THERAPY	.532416	80,114	42,654
51	OCCUPATIONAL THERAPY	.322759	5,305	1,712
52	SPEECH PATHOLOGY	.756623	3,881	2,936
53	ELECTROCARDIOLOGY	.144736	55,884	8,088
54	ELECTROENCEPHALOGRAPHY	.572146		
54	01 CARDIAC CATHETERIZATION LABORATORY	.144774	4,133	598
54	02 CARDIAC REHAB	.870428		
54	03 VASCULAR LAB	.085923	17,780	1,528
54	04 ENDOSCOPY	.173124	3,535	612
54	05 CLINICAL NUTRITION	4.049590		
54	06 PSYCHOTHERAPY	.206769	2,016	417
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765530	16,683	12,771
55	30 IMPL. DEV. CHARGED TO PATIENT	.857958	235	202
56	DRUGS CHARGED TO PATIENTS	.267485	128,619	34,404
57	RENAL DIALYSIS	.330948	28,160	9,319
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.296402		
61	EMERGENCY	.231746	392,119	90,872
62	OBSERVATION BEDS (NON-DISTINCT PART)	.209801		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		2,986,916	685,684
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,986,916	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 26-0091
 PREPARED 6/15/2011
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		18,536,122	
26	INTENSIVE CARE UNIT		1,357,839	
26	01 PEDIATRIC INTENSIVE CARE UNIT		2,118,711	
27	CORONARY CARE UNIT		1,357,839	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT		13,492,991	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.308449	4,569,970	1,409,603
38	RECOVERY ROOM	.277798	443,504	123,205
39	DELIVERY ROOM & LABOR ROOM	.224990	1,647,936	370,769
40	ANESTHESIOLOGY	.156149	1,292,122	201,764
41	RADIOLOGY-DIAGNOSTIC	.134252	5,615,072	753,835
42	RADIOLOGY-THERAPEUTIC	.199305	25,058	4,994
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.249941	291,819	72,938
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.129914	408,432	53,061
44	LABORATORY	.085818	11,362,815	975,134
44	01 ANATOMI C PATHOLOGY	.385148	460,442	177,338
44	03 LAB-STEM CELL	1.560896	46,840	73,112
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.391272	4,488	1,756
47	BLOOD STORING, PROCESSING & TRANS.	.366470	1,545,841	566,504
48	INTRAVENOUS THERAPY	.527101	112,180	59,130
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.177701	7,511,911	1,334,874
49	01 SLEEP DISORDER	.180553		
49	02 PAIN MANAGEMENT	.622707	47,390	29,510
50	PHYSICAL THERAPY	.532416	565,532	301,098
51	OCCUPATIONAL THERAPY	.322759	313,020	101,030
52	SPEECH PATHOLOGY	.756623	112,123	84,835
53	ELECTROCARDIOLOGY	.145975	1,100,834	160,694
54	ELECTROENCEPHALOGRAPHY	.959776	120,054	115,225
54	01 CARDIAC CATHETERIZATION LABORATORY	.144985	1,253,452	181,732
54	02 CARDIAC REHAB	.870428	720	627
54	03 VASCULAR LAB	.085852	823,826	70,727
54	04 ENDOSCOPY	.173124	459,328	79,521
54	05 CLINICAL NUTRITION	4.049590	328	1,328
54	06 PSYCHOTHERAPY	.205174		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765530	2,379,515	1,821,590
55	30 IMPL. DEV. CHARGED TO PATIENT	.857958	944,468	810,314
56	DRUGS CHARGED TO PATIENTS	.267485	10,730,622	2,870,280
57	RENAL DIALYSIS	.330948	392,059	129,751
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.298880		
61	EMERGENCY	.242024	2,932,803	709,809
62	OBSERVATION BEDS (NON-DISTINCT PART)	.209801		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		57,514,504	13,646,088
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		57,514,504	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,638,260	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.308449	10,826	3,339
38	RECOVERY ROOM	.277798	1,272	353
39	DELIVERY ROOM & LABOR ROOM	.224990	966	217
40	ANESTHESIOLOGY	.156149	49,225	7,686
41	RADIOLOGY-DIAGNOSTIC	.134252	61,893	8,309
42	RADIOLOGY-THERAPEUTIC	.199305		
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.249941	10,605	2,651
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.129914	1,950	253
44	LABORATORY	.085818	497,478	42,693
44	01 ANATOMI C PATHOLOGY	.385148		
44	03 LAB-STEM CELL	1.560896		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.391272	163,812	64,095
47	BLOOD STORING, PROCESSING & TRANS.	.366470	962	353
48	INTRAVENOUS THERAPY	.527101	116	61
48	01 PHARMACY-IV DRUG THERAPY			
49	RESPIRATORY THERAPY	.177701	33,920	6,028
49	01 SLEEP DISORDER	.180553		
49	02 PAIN MANAGEMENT	.622707	35	22
50	PHYSICAL THERAPY	.532416	2,157	1,148
51	OCCUPATIONAL THERAPY	.322759	212	68
52	SPEECH PATHOLOGY	.756623	929	703
53	ELECTROCARDIOLOGY	.145975	36,760	5,366
54	ELECTROENCEPHALOGRAPHY	.959776		
54	01 CARDIAC CATHETERIZATION LABORATORY	.144985	3,796	550
54	02 CARDIAC REHAB	.870428		
54	03 VASCULAR LAB	.085852	1,860	160
54	04 ENDOSCOPY	.173124	6,368	1,102
54	05 CLINICAL NUTRITION	4.049590		
54	06 PSYCHOTHERAPY	.205174		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.765530	1,373	1,051
55	30 IMPL. DEV. CHARGED TO PATIENT	.857958	763	655
56	DRUGS CHARGED TO PATIENTS	.267485	1,008,296	269,704
57	RENAL DIALYSIS	.330948	6,400	2,118
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.298880		
61	EMERGENCY	.242024	430,499	104,191
62	OBSERVATION BEDS (NON-DISTINCT PART)	.209801		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		2,332,473	522,876
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,332,473	

KIDNEY

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1 D	2	3	4
1	ADULTS & PEDIATRICS	38	820.46		
2	INTENSIVE CARE UNIT	43	1,482.18		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,902.43		
3	CORONARY CARE UNIT	44	1,461.50		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,232.29		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		C 1	2	3
8	OPERATING ROOM	37 .279178	4,348	1,214
9	RECOVERY ROOM	38 .277798		
10	DELIVERY ROOM & LABOR ROOM	39 .224990		
11	ANESTHESIOLOGY	40 .120222	1,338	161
12	RADIOLOGY-DIAGNOSTIC	41 .127580	97	12
13	RADIOLOGY-THERAPEUTIC	42 .199305		
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	42.01 .249941		
14	RADIOISOTOPE	43		
14.01	ULTRASOUND	43.01 .129914		
15	LABORATORY	44 .085818	1,258	108
15.01	ANATOMIC PATHOLOGY	44.01 .336007		
15.03	LAB-STEM CELL	44.03 1.560896		
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17.01	MENTAL HYGIENE	46.01 .391272		
18	BLOOD STORING, PROCESSING	47 .366470		
19	INTRAVENOUS THERAPY	48 .527101		
19.01	PHARMACY-IV DRUG THERAPY	48.01		
20	RESPIRATORY THERAPY	49 .176786	664	117
20.01	SLEEP DISORDER	49.01 .180553		
20.02	PAIN MANAGEMENT	49.02 .622707		
21	PHYSICAL THERAPY	50 .532416		
22	OCCUPATIONAL THERAPY	51 .322759		
23	SPEECH PATHOLOGY	52 .756623		
24	ELECTROCARDIOLOGY	53 .141703		
25	ELECTROENCEPHALOGRAPHY	54 .572146		
25.01	CARDIAC CATHETERIZATION	54.01 .144774		
25.02	CARDIAC REHAB	54.02 .870428		
25.03	VASCULAR LAB	54.03 .085852		
25.04	ENDOSCOPY	54.04 .173124		
25.05	CLINICAL NUTRITION	54.05 4.049590		
25.06	PSYCHOTHERAPY	54.06 .205174		
26	MEDICAL SUPPLIES CHARGED	55 .765530		
26.30	IMPL. DEV. CHARGED TO PAT	55.30 .857958		
27	DRUGS CHARGED TO PATIENTS	56 .267485		
28	RENAL DIALYSIS	57 .330948		
29	ASC (NON-DISTINCT PART)	58		
31	CLINIC	60 1.295392		
32	EMERGENCY	61 .231746		
33	OBSERVATION BEDS (NON-DIS)	62 .209801	1,783	374
35	TOTAL (SUM OF LINES 8-34)		9,488	1,986

KIDNEY

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)	1,783		
	22			
47	TOTAL (SUM OF LINES 43-46)	1,783		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	1,986		9,488	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	147,935		63,200	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	149,921		72,688	
54 TOTAL USABLE ORGANS		6		
55 MEDICARE USABLE ORGANS		2		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.333333		
57 MEDICARE COST/CHARGES	49,974		24,229	
58 REVENUE FOR ORGANS SOLD	9,488		9,488	
59 SUBTOTAL (LN 57 MINUS LN 58)	40,486		14,741	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	40,486		14,741	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)		2	
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		4	
66 TOTAL (SUM OF LINES 62-65)		6	
67 ORGANS TRANSPLANTED		4	
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		2	9,488
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		6	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

LIVER

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS		38				820.46
2	INTENSIVE CARE UNIT		43				1,482.18
2.01	PEDIATRIC INTENSIVE CARE UNIT		43.01				1,902.43
3	CORONARY CARE UNIT		44				1,461.50
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	NEONATAL INTENSIVE CARE UNIT		47				1,232.29
7	TOTAL (SUM OF LINES 1-6)						

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1		2	3
8	OPERATING ROOM	37	.279178		
9	RECOVERY ROOM	38	.277798		
10	DELIVERY ROOM & LABOR ROO	39	.224990		
11	ANESTHESIOLOGY	40	.120222		
12	RADIOLOGY-DIAGNOSTIC	41	.127580		
13	RADIOLOGY-THERAPEUTIC	42	.199305		
13.01	NUCLEAR MEDICINE-DIAGNOST	42.01	.249941		
14	RADIOISOTOPE	43			
14.01	ULTRA SOUND	43.01	.129914		
15	LABORATORY	44		174	15
15.01	ANATOMIC PATHOLOGY	44.01	.336007		
15.03	LAB-STEM CELL	44.03	1.560896		
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
17.01	MENTAL HYGIENE	46.01	.391272		
18	BLOOD STORING, PROCESSING	47	.366470		
19	INTRAVENOUS THERAPY	48	.527101		
19.01	PHARMACY-IV DRUG THERAPY	48.01			
20	RESPIRATORY THERAPY	49	.176786		
20.01	SLEEP DISORDER	49.01	.180553		
20.02	PAIN MANAGEMENT	49.02	.622707		
21	PHYSICAL THERAPY	50	.532416		
22	OCCUPATIONAL THERAPY	51	.322759		
23	SPEECH PATHOLOGY	52	.756623		
24	ELECTROCARDIOLOGY	53	.141703		
25	ELECTROENCEPHALOGRAPHY	54	.572146		
25.01	CARDIAC CATHETERIZATION L	54.01	.144774		
25.02	CARDIAC REHAB	54.02	.870428		
25.03	VASCULAR LAB	54.03	.085852		
25.04	ENDOSCOPY	54.04	.173124		
25.05	CLINICAL NUTRITION	54.05	4.049590		
25.06	PSYCHOTHERAPY	54.06	.205174		
26	MEDICAL SUPPLIES CHARGED	55	.765530		
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.857958		
27	DRUGS CHARGED TO PATIENTS	56	.267485		
28	RENAL DIALYSIS	57	.330948		
29	ASC (NON-DISTINCT PART)	58			
31	CLINIC	60	1.295392		
32	EMERGENCY	61	.231746		
33	OBSERVATION BEDS (NON-DIS	62	.209801		
35	TOTAL (SUM OF LINES 8-34)			174	15

LIVER

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)			
	22			
47	TOTAL (SUM OF LINES 43-46)			

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	15		174	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	80,895		48,500	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	80,910		48,674	
54 TOTAL USABLE ORGANS		1		
55 MEDICARE USABLE ORGANS				
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.000000		
57 MEDICARE COST/CHARGES				
58 REVENUE FOR ORGANS SOLD	174		174	
59 SUBTOTAL (LN 57 MINUS LN 58)	-174		-174	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	-174		-174	

PART IV - STATISTICS

	LI V I N G R E L A T E D 1	C A D A V E R I C 2	R E V E N U E 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			1
66 TOTAL (SUM OF LINES 62-65)			1
67 ORGANS TRANSPLANTED	1		
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			174
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)	1		

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

HEART

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	820.46		
2	INTENSIVE CARE UNIT	43	1,482.18		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,902.43		
3	CORONARY CARE UNIT	44	1,461.50		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,232.29		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	.279178	
9	RECOVERY ROOM	38	.277798	
10	DELIVERY ROOM & LABOR ROO	39	.224990	
11	ANESTHESIOLOGY	40	.120222	1,338
12	RADIOLOGY-DIAGNOSTIC	41	.127580	97
13	RADIOLOGY-THERAPEUTIC	42	.199305	
13.01	NUCLEAR MEDICINE-DIAGNOST	42.01	.249941	
14	RADIOISOTOPE	43		
14.01	ULTRA SOUND	43.01	.129914	
15	LABORATORY	44	.085818	1,417
15.01	ANATOMIC PATHOLOGY	44.01	.336007	
15.03	LAB-STEM CELL	44.03	1.560896	
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17.01	MENTAL HYGIENE	46.01	.391272	
18	BLOOD STORING, PROCESSING	47	.366470	
19	INTRAVENOUS THERAPY	48	.527101	
19.01	PHARMACY-IV DRUG THERAPY	48.01		
20	RESPIRATORY THERAPY	49	.176786	664
20.01	SLEEP DISORDER	49.01	.180553	
20.02	PAIN MANAGEMENT	49.02	.622707	
21	PHYSICAL THERAPY	50	.532416	
22	OCCUPATIONAL THERAPY	51	.322759	
23	SPEECH PATHOLOGY	52	.756623	
24	ELECTROCARDIOLOGY	53	.141703	2,779
25	ELECTROENCEPHALOGRAPHY	54	.572146	
25.01	CARDIAC CATHETERIZATION L	54.01	.144774	
25.02	CARDIAC REHAB	54.02	.870428	
25.03	VASCULAR LAB	54.03	.085852	
25.04	ENDOSCOPY	54.04	.173124	
25.05	CLINICAL NUTRITION	54.05	4.049590	
25.06	PSYCHOTHERAPY	54.06	.205174	
26	MEDICAL SUPPLIES CHARGED	55	.765530	
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.857958	
27	DRUGS CHARGED TO PATIENTS	56	.267485	
28	RENAL DIALYSIS	57	.330948	
29	ASC (NON-DISTINCT PART)	58		
31	CLINIC	60	1.295392	
32	EMERGENCY	61	.231746	
33	OBSERVATION BEDS (NON-DIS	62	.209801	1,783
35	TOTAL (SUM OF LINES 8-34)			12,426
				374
				2,394

HEART

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)	1,783		
	22			
47	TOTAL (SUM OF LINES 43-46)	1,783		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	2,394		12,426	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	138,024		79,800	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	140,418		92,226	
54 TOTAL USABLE ORGANS		2		
55 MEDICARE USABLE ORGANS		1		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.500000		
57 MEDICARE COST/CHARGES	70,209		46,113	
58 REVENUE FOR ORGANS SOLD	12,426		12,426	
59 SUBTOTAL (LN 57 MINUS LN 58)	57,783		33,687	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	57,783		33,687	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)		1	
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		1	
66 TOTAL (SUM OF LINES 62-65)		2	
67 ORGANS TRANSPLANTED		1	
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		1	12,426
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		2	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	42,376,506	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	16,989,744	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,519,945	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	477.61	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	141.25	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	6.00	
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	147.25	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	154.58	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	147.25	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	142.25	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	142.25	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	143.92	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.301334	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.291633	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.291633	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	8,752,069	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	8,752,069	33,245
		8,785,314
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		6.92
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		48.45
4.02 SUM OF LINES 4 AND 4.01		55.37
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		34.89
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		14,785,163
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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)	67,466,928	
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)	67,466,928	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	4,440,325	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	2,955,873	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	98,095	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	184,948	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	75,146,169	
17 PRIMARY PAYER PAYMENTS	125,510	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	75,020,659	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,075,226	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	319,364	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,367,630	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	957,341	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,367,630	
22 SUBTOTAL	71,583,410	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	71,583,410	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	70,744,286	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	839,124	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	71,085
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	22,858,522
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	15,288,192
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	28,595
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	71,085
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	249,405
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	249,405
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	249,405
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	178,320
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	71,085
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	15,316,787
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	13,718
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,348,135
19	SUBTOTAL (SEE INSTRUCTIONS)	12,026,019
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1,147,437
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	13,173,456
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	13,173,456
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	159,334
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	111,534
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	13,284,990
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	13,284,990
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	13,290,296
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-5,306
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2010	6/15/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
26-S091		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,660,668
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,770,572
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	16
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,770,588

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	357,163
19	SUBTOTAL (SEE INSTRUCTIONS)	1,413,425
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,413,425
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,413,425

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,413,425
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,413,425
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,413,409
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	16
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,712,194		1,413,409
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		3,712,194		1,413,409
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		SETTLEMENT TO PROVIDER .01	16,948	16
		SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY			3,729,142	1,413,425

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	3,984,932
1.09	NET IPF PPS OUTLIER PAYMENTS	8,077
1.10	NET IPF PPS ECT PAYMENTS	65,138
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	.59
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	.95
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.59
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	35.000000
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	.008646
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	34,454
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	4,092,601
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	4,092,601
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,092,601
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,092,601
7	DEDUCTIBLES	302,116
8	SUBTOTAL	3,790,485
9	COINSURANCE	85,437
10	SUBTOTAL	3,705,048
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	34,420
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24,094
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,729,142
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,729,142
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,712,194
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	16,948
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		30,174,843	
2	MEDICAL AND OTHER SERVICES		10,227,494	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		40,402,337	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		40,402,337	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		37,596,525	
11	ANCILLARY SERVICE CHARGES		97,843,078	
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		135,439,603	
	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)		135,439,603	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		95,037,266	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		40,402,337	
	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		40,402,337	
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		40,402,337	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		40,402,337	
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)		40,402,337	
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		40,402,337	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		40,402,337	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		27,200,206	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		13,202,131	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2010	6/15/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		3,045,055	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		3,045,055	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		3,045,055	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		4,638,260	
11	ANCILLARY SERVICE CHARGES		2,332,473	
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		6,970,733	
	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)		6,970,733	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		3,925,678	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,045,055	
	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		3,045,055	
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		3,045,055	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,045,055	
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)		3,045,055	
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		3,045,055	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,045,055	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		3,988,704	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		-943,649	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2010	6/15/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-S091		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		141.30
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	6.00
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	6.00	147.30
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		156.16
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		147.30
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		102.79
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		40.16
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		142.95
3.10	SEE INSTRUCTIONS		134.84
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		37.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		39.72
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		38.18
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	38.59
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		38.59
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		93,658.13
3.18	SEE INSTRUCTIONS		3,614,267
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		95.74
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		95.85
3.21	SEE INSTRUCTIONS	RES INIT YEARS	96.18
3.22	SEE INSTRUCTIONS		96.18
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		93,658.13
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		9,008,039
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,622,306

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		34,488
5	TOTAL INPATIENT DAYS		138,794
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.248483
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,136,428 21,411	3,157,839
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		12,025
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		138,794
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		939,061
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	6,410	6,410

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5,901,148
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	63,447,143
13	ORGAN ACQUISITION COSTS	98,095
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	125,510
16	TOTAL PART A REASONABLE COST	63,419,728

PART B REASONABLE COST

17	REASONABLE COST	24,618,886
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	24,618,886
20	TOTAL REASONABLE COST	88,038,614
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.720363
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.279637

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	4,103,310
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,955,873
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,147,437

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	1.00	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	8.86	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	.92	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	93,658.13	
9 MULTIPLY LINE 7 TIMES LINE 8	86,165	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	248483	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	21,411	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	6,410	

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP		

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	1.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	7.33	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	1.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.002094	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000560	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	42,376,506	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	16,989,744	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	33,245	

ASSETS		GENERAL FUND	SPECIFIC FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-8,174,601			
2	TEMPORARY INVESTMENTS	40,132,593			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	68,227,171			
5	OTHER RECEIVABLES	1,627,575			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	7,393,771			
8	PREPAID EXPENSES	2,349,660			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	111,556,169			
FIXED ASSETS					
12	LAND	11,419,205			
12.01	LAND IMPROVEMENTS	7,971,495			
13	LESS ACCUMULATED DEPRECIATION	-6,990,401			
14	BUILDINGS	357,311,757			
14.01	LESS ACCUMULATED DEPRECIATION	-199,570,261			
15	LEASEHOLD IMPROVEMENTS	889,695			
15.01	LESS ACCUMULATED DEPRECIATION	-662,137			
16	FIXED EQUIPMENT	51,699,689			
16.01	LESS ACCUMULATED DEPRECIATION	-44,671,791			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	169,369,805			
18.01	LESS ACCUMULATED DEPRECIATION	-132,033,539			
19	MINOR EQUIPMENT DEPRECIABLE	1,901,863			
19.01	LESS ACCUMULATED DEPRECIATION	-154,710			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	216,480,670			
OTHER ASSETS					
22	INVESTMENTS	59,751,092	10,336,569	12,240,216	355,177
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,325,650			
26	TOTAL OTHER ASSETS	61,076,742	10,336,569	12,240,216	355,177
27	TOTAL ASSETS	389,113,581	10,336,569	12,240,216	355,177

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	23,689,837			
29 SALARIES, WAGES & FEES PAYABLE	22,089,605			
30 PAYROLL TAXES PAYABLE	1,384,835			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,833,786			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-497,854			
36 TOTAL CURRENT LIABILITIES	50,500,209			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	65,438,525			
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	21,641,766			
42 TOTAL LONG-TERM LIABILITIES	87,080,291			
43 TOTAL LIABILITIES	137,580,500			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	251,533,081			
45 SPECIFIC PURPOSE FUND		10,336,569		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			12,240,216	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				355,177
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	251,533,081	10,336,569	12,240,216	355,177
52 TOTAL LIABILITIES AND FUND BALANCES	389,113,581	10,336,569	12,240,216	355,177

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		502,527,718		7,442,295
2	NET INCOME (LOSS)		51,606,939		
3	TOTAL		554,134,657		7,442,295
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	GAIN ON INVESTMENTS	1,593			
7	TRANSFERS FROM OTHER FUND	126,235		3,470,937	
8					
9	TOTAL ADDITIONS		127,828		3,470,937
10	SUBTOTAL		554,262,485		10,913,232
11	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13	CORPORATE OFFICE	10,140,806			
14	TRANSFERS TO OTHER RELATE	292,588,598			
15	TRANSFER TO OTHER FUNDS			84,285	
16	LOSS ON INVESTMENTS			492,378	
17					
18	TOTAL DEDUCTIONS		302,729,404		576,663
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		251,533,081		10,336,569

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		11,115,611		260,195
2	NET INCOME (LOSS)				
3	TOTAL		11,115,611		260,195
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	GAIN ON INVESTMENTS	580,076		3,072	
7	TRANSFERS FROM OTHER FUND	545,332		91,910	
8					
9	TOTAL ADDITIONS		1,125,408		94,982
10	SUBTOTAL		12,241,019		355,177
11	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13	CORPORATE OFFICE				
14	TRANSFERS TO OTHER RELATE				
15	TRANSFER TO OTHER FUNDS				
16	LOSS ON INVESTMENTS	803			
17					
18	TOTAL DEDUCTIONS		803		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		12,240,216		355,177

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	177,846,907		177,846,907
2 00 SUBPROVIDER	16,936,392		16,936,392
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	194,783,299		194,783,299
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,295,078		12,295,078
10 01 PEDIATRIC INTENSIVE CARE UNIT	17,867,873		17,867,873
11 00 CORONARY CARE UNIT	12,499,765		12,499,765
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	93,270,748		93,270,748
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	135,933,464		135,933,464
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	330,716,763		330,716,763
17 00 ANCILLARY SERVICES	495,160,555		495,160,555
18 00 OUTPATIENT SERVICES		569,664,151	569,664,151
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00 NON-REIMB/PRO FEES	4,195,195	17,646,175	21,841,370
25 00 TOTAL PATIENT REVENUES	830,072,513	587,310,326	1417,382,839

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		526,824,529	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		526,824,529	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1417,382,839
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	889,762,095
3	NET PATIENT REVENUES	527,620,744
4	LESS: TOTAL OPERATING EXPENSES	526,824,529
5	NET INCOME FROM SERVICE TO PATIENTS	796,215
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	9,703,911
7	INCOME FROM INVESTMENTS	4,717,487
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	26,180
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	106,567
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3,430,614
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	8,977,969
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	13,790
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	3,652,508
24	SALE OF SERVICES	20,181,698
25	TOTAL OTHER INCOME	50,810,724
26	TOTAL	51,606,939
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	51,606,939

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 SATELLITE NO: PREPARED 6/15/2011
 WORKSHEET 1-1

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	244,393	HOURS OF SERVICE	6,489.00	3.12
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	9,686	HOURS OF SERVICE	796.00	.38
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	101,942	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	430	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	356,451			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	9,262	PERCENTAGE OF TIME		
14 SUPPLIES	28,924	REQUIREMENTS		
15 DRUGS	896	REQUIREMENTS		
16 OTHER	926,582	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	1,322,115			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	19,247	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	31,782	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	49,358	SALARY		
23 ADMINISTRATIVE AND GENERAL	464,147	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	69,334	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	358	REQUIREMENTS		
27 PHARMACY	-83,470	REQUIREMENTS		
28 OTHER ALLOCATED COST	80,104	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	1,952,975			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	1,952,975			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/15/2011
 WORKSHEET 1-2

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	88,581	41,044	244,393	9,686	49,358
2	HEMODIALYSIS	22,544	10,437	62,143	2,458	12,552
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	66,037	30,607	182,250	7,228	36,806
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	88,581	41,044	244,393	9,686	49,358
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-82,574	29,282		379,770	1,573,205
2	HEMODIALYSIS	-21,001	7,447		96,580	400,085
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	-61,573	21,835		283,190	1,173,120
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	84,326				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	-82,574	29,282		379,770	1,573,205
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,952,975
2	HEMODIALYSIS	496,665
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS	1,456,310
14	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	1,952,975
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	1,952,975

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS
 PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/15/2011
 SATELLITE NO: WORKSHEET 1-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	88,581	41,044	244,393	9,686	49,358
2	HEMODIALYSIS	566	25.43	1,650.00	202.00	62,152
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 3328	1,658	74.57	4,839.00	594.00	182,241
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	2,224	100.00	6,489.00	796.00	244,393
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	39.829586	410.440000	37.662660	12.168342	.201962

COMPOSITE PAYMENT SERVICES		6 DRUGS (REQUI ST.)	7 MEDICAL SUPPLIES (REQUI ST.)	8 ROUTINE ANCILLARY SERVICES (CHARGES)	9 SUBTOTAL (SUM OF COLS. 1-8)	10 OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-82,574	29,282		379,770	1,573,205
2	HEMODIALYSIS	3,175	752			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS 3328	9,309	2,205			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	12,484	2,957			379,770
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-6.614386	9.902604			4.142520

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 6/15/2011

SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	1,135	496,665	437.59	860	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
	PATIENT WEEKS			PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	1,135	496,665		860	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	376,327	221.74	6.01	190,696	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	376,327			190,696	

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2010	6/15/2011
SATELLITE NO:	TO 12/31/2010	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	376,327
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	190,696
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	38,141
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	38,141
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	152,557
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/15/2011
26-0091	FROM 1/1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
26-0091		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,449,891
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	149,006
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	346.81
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	144.92
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	12.52
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	431,926
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6.92
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	48.45
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	55.37
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	11.87
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	409,502
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,440,325
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)	