

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		26-0104		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 12:59

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 SSM DEPAUL HEALTH CENTER 26-0104

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	2	3	4
1	HOSPITAL	0	299,697	41,137	7,896,564
2	SUBPROVIDER	0	-68,585	-59	29,349
100	TOTAL	0	231,112	41,078	7,925,913

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: 26-0104
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	346	126,290					16,399
2 HMO						28,567	11,657
2 01 HMO - (IRF PPS SUBPROVIDER)						13,762	
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	346	126,290				28,567	16,399
6 INTENSIVE CARE UNIT	44	16,060				6,599	1,533
11 NURSERY							241
12 TOTAL	390	142,350				35,166	18,173
13 RPCH VISITS							
14 SUBPROVIDER	32	11,680				5,306	1,888
14 01 SUBPROVIDER 2 REHAB							
17 OTHER LONG TERM CARE	54	19,710					
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	476						
26 OBSERVATION BED DAYS							216
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							49

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED BEDS 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION ADMITTED 6.01	----- NOT ADMITTED BEDS 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			85,250				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			85,250				
6 INTENSIVE CARE UNIT			13,893				
11 NURSERY			3,576				
12 TOTAL			102,719			8.51	
13 RPCH VISITS							
14 SUBPROVIDER			8,999				
14 01 SUBPROVIDER 2 REHAB							
17 OTHER LONG TERM CARE			19,388				
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL						8.51	
26 OBSERVATION BED DAYS			3,692				
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			796				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			1,154				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					7,450	2,841	22,586
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	8.51	1,900.19			7,450	2,841	22,586
13 RPCH VISITS							
14 SUBPROVIDER		51.19			549	225	1,088
14 01 SUBPROVIDER 2 REHAB							
17 OTHER LONG TERM CARE		60.69					14
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	8.51	2,012.07					
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: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	105,189,848	1,971,324	107,161,172	4,202,801.00	25.50	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	375,398		375,398	3,522.44	106.57	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,752,462		2,752,462	20,540.57	134.00	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	395,001		395,001	18,189.04	21.72	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	5,138,915	223,304	5,362,219	263,910.00	20.32	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,394,907		2,394,907	56,925.00	42.07	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	812,191		812,191	8,457.11	96.04	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	9,786,197		9,786,197	184,281.00	53.10	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	38,641,115		38,641,115			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,715,335		1,715,335			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	109,259		109,259			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	959,152		959,152			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	167,738		167,738			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	283,604		283,604	12,622.00	22.47	
22 ADMINISTRATIVE & GENERAL	18,530,374	-894,194	17,636,180	639,717.00	27.57	
22.01 A & G UNDER CONTRACT	1,044,654		1,044,654	6,104.00	171.14	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,653,254		1,653,254	68,803.00	24.03	
25 LAUNDRY & LINEN SERVICE	144,553		144,553	12,025.00	12.02	
26 HOUSEKEEPING	2,192,642		2,192,642	177,293.00	12.37	
26.01 HOUSEKEEPING UNDER CONTRACT	232,996		232,996	10,360.00	22.49	
27 DIETARY	2,718,849		2,718,849	191,681.00	14.18	
27.01 DIETARY UNDER CONTRACT	296,154		296,154	11,201.00	26.44	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,242,332		3,242,332	161,360.00	20.09	
31 CENTRAL SERVICE AND SUPPLY	492,725		492,725	32,419.00	15.20	
32 PHARMACY	2,826,869	-2,073,754	753,115	21,006.00	35.85	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,295,681		1,295,681	74,230.00	17.45	
34 SOCIAL SERVICE	347,690		347,690	14,633.00	23.76	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	103,616,189	1,971,324	105,587,513	4,191,736.39	25.19	
2 EXCLUDED AREA SALARIES	5,138,915	223,304	5,362,219	263,910.00	20.32	
3 SUBTOTAL SALARIES	98,477,274	1,748,020	100,225,294	3,927,826.39	25.52	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,993,295		12,993,295	249,663.11	52.04	
5 SUBTOTAL WAGE-RELATED COSTS	38,750,374		38,750,374		38.66	
6 TOTAL	150,220,943	1,748,020	151,968,963	4,177,489.50	36.38	
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	35,302,377	-2,967,948	32,334,429	1,433,454.00	22.56	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	62,004,723
17.01	GROSS MEDICAID REVENUES	130,040,749
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	192,045,472
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)	.267719
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	130,040,749

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	34,814,379
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	34,814,379

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0104

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

PREPARED 5/26/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,955,270	2,955,270		2,955,270
3.01	0301 NEW CAP BLDG & FIXT PARKING GARAGE		358,576	358,576		358,576
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		5,809,628	5,809,628	1,261,520	7,071,148
5	0500 EMPLOYEE BENEFITS	283,604	27,897,936	28,181,540		28,181,540
6	0600 ADMIN STRATIVE & GENERAL	18,530,374	65,707,839	84,238,213	-1,264,652	82,973,561
8	0800 OPERATION OF PLANT	1,653,254	9,430,275	11,083,529		11,083,529
9	0900 LAUNDRY & LINEN SERVICE	144,553	984,414	1,128,967		1,128,967
10	1000 HOUSEKEEPING	2,192,642	1,461,287	3,653,929		3,653,929
11	1100 DIETARY	2,718,849	3,190,181	5,909,030		5,909,030
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	3,242,332	355,112	3,597,444		3,597,444
15	1500 CENTRAL SERVICES & SUPPLY	492,725	443,437	936,162		936,162
16	1600 PHARMACY	2,826,869	10,663,210	13,490,079	-11,998,304	1,491,775
17	1700 MEDICAL RECORDS & LIBRARY	1,295,681	783,291	2,078,972		2,078,972
18	1800 SOCIAL SERVICE	347,690	2,870	350,560		350,560
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	395,001	111,152	506,153		506,153
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	27,425,518	5,260,792	32,686,310	138,759	32,825,069
26	2600 INTENSIVE CARE UNIT	7,231,110	2,825,553	10,056,663	-1,066,882	8,989,781
31	3100 SUBPROVIDER	4,412,503	424,886	4,837,389	-1,829,807	3,007,582
31.01	3101 SUBPROVIDER 2 REHAB					
33	3300 NURSERY	1,089,775	64,203	1,153,978	-43,995	1,109,983
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,432,108	27,127,861	32,559,969	-23,646,045	8,913,924
38	3800 RECOVERY ROOM	2,046,208	295,450	2,341,658	-112,960	2,228,698
39	3900 DELIVERY ROOM & LABOR ROOM				1,368,857	1,368,857
40	4000 ANESTHESIOLOGY	64,934	1,053,426	1,118,360	32,424	1,150,784
41	4100 RADIOLOGY-DIAGNOSTIC	5,411,041	7,777,738	13,188,779	-2,338,444	10,850,335
42	4200 RADIOLOGY-THERAPEUTIC	541,383	423,509	964,892		964,892
43	4300 RADIOISOTOPE	349,584	601,937	951,521		951,521
44	4400 LABORATORY	1,738,691	3,568,693	5,307,384		5,307,384
44.01	4401 PATHOLOGY	109,099	727,370	836,469	-7,570	828,899
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	521,901	1,503,603	2,025,504		2,025,504
49	4900 RESPIRATORY THERAPY	2,171,908	703,779	2,875,687	-263,684	2,612,003
50	5000 PHYSICAL THERAPY		1,146,012	1,146,012	-11,963	1,134,049
51	5100 OCCUPATIONAL THERAPY		266,153	266,153	-11,391	254,762
52	5200 SPEECH PATHOLOGY		177,328	177,328		177,328
53	5300 ELECTROCARDIOLOGY	2,002,589	4,302,297	6,304,886	-2,907,124	3,397,762
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	5401 ELECTROSHOCK THERAPY	123,277	12,984	136,261		136,261
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				13,701,793	13,701,793
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				18,787,075	18,787,075
56	5600 DRUGS CHARGED TO PATIENTS				11,998,304	11,998,304
57	5700 RENAL DIALYSIS	10,577	1,044,343	1,054,920		1,054,920
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	274,366	77,742	352,108		352,108
60.01	6001 CARDIO PULMONARY REHAB	409,293	12,837	422,130		422,130
60.02	6002 OP PSYCH SERVICES	582,303	375,365	957,668	141,978	1,099,646
60.03	6003 SENIOR CLINIC	130,581	50,559	181,140		181,140
60.04	6004 OP CHEMICAL DEPENDENCY CLINIC	189,860	3,061	192,921		192,921
60.05	6005 SLEEP LAB		832,642	832,642		832,642
60.06	6006 BIARIATRIC CLINIC	1,982,882	321,612	2,304,494		2,304,494
61	6100 EMERGENCY	6,088,371	2,060,917	8,149,288	-666,369	7,482,919
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,261,520	1,261,520	-1,261,520	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	104,463,436	194,458,650	298,922,086	-0-	298,922,086
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,031	28,923	56,954		56,954
96.01	9601 MEALS ON WHEELS & OP MEALS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 ALL SAINTS					
98.02	9802 FOUNDATION					
98.03	9803 HELATHSTYLES INSTITUTE	168,716	8,537	177,253		177,253
100	7950 SSM REHAB INSTITUTE					
100.01	7951 SSM PT					
100.02	7952 SSM OT					
100.03	7953 SSM ST					
100.04	7954 NETWORK					
100.05	7955 RETAIL PHARMACY		7,326	7,326		7,326
100.06	7956 WELLNESS CENTER	138,634	67,355	205,989		205,989
100.07	7957 EMS SERVICES					
100.08	7958 ELIZABETH HOUSE					
100.09	7959 HMR WEIGHT LOSS	180,011	312,215	492,226		492,226
100.10	7960 PHYSICIAN OP CATH LAB	211,020	312,711	523,731		523,731
101	TOTAL	105,189,848	195,195,717	300,385,565	-0-	300,385,565

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0104
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	331,786	3,287,056
3.01	0301 NEW CAP BLDG & FIXT PARKING GARAGE		358,576
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,518,963	9,590,111
5	0500 EMPLOYEE BENEFITS	-5,260,937	22,920,603
6	0600 ADMINISTRATIVE & GENERAL	-26,510,526	56,463,035
8	0800 OPERATION OF PLANT	-986,607	10,096,922
9	0900 LAUNDRY & LINEN SERVICE	1,001	1,129,968
10	1000 HOUSEKEEPING		3,653,929
11	1100 DIETARY	-1,526,857	4,382,173
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	50	3,597,494
15	1500 CENTRAL SERVICES & SUPPLY		936,162
16	1600 PHARMACY	-826	1,490,949
17	1700 MEDICAL RECORDS & LIBRARY	-17,290	2,061,682
18	1800 SOCIAL SERVICE		350,560
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		506,153
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-3,047,187	29,777,882
26	2600 INTENSIVE CARE UNIT	-965,157	8,024,624
31	3100 SUBPROVIDER	-41,302	2,966,280
31.01	3101 SUBPROVIDER 2 REHAB		
33	3300 NURSERY	-22,640	1,087,343
36	3600 OTHER LONG TERM CARE	3,102,927	3,102,927
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	250	8,914,174
38	3800 RECOVERY ROOM	-25,886	2,202,812
39	3900 DELIVERY ROOM & LABOR ROOM		1,368,857
40	4000 ANESTHESIOLOGY	-584,494	566,290
41	4100 RADIOLOGY-DIAGNOSTIC	-32,458	10,817,877
42	4200 RADIOLOGY-THERAPEUTIC		964,892
43	4300 RADIOISOTOPE	-311	951,210
44	4400 LABORATORY	-153,989	5,153,395
44.01	4401 PATHOLOGY	-1,700	827,199
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	-500	2,025,004
49	4900 RESPIRATORY THERAPY	-307,273	2,304,730
50	5000 PHYSICAL THERAPY		1,134,049
51	5100 OCCUPATIONAL THERAPY		254,762
52	5200 SPEECH PATHOLOGY	-36,950	140,378
53	5300 ELECTROCARDIOLOGY	-807,635	2,590,127
54	5400 ELECTROENCEPHALOGRAPHY		
54.01	5401 ELECTROSHOCK THERAPY		136,261
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-119,788	13,582,005
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		18,787,075
56	5600 DRUGS CHARGED TO PATIENTS		11,998,304
57	5700 RENAL DIALYSIS	-6,523	1,048,397
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-41,541	310,567
60.01	6001 CARDIO PULMONARY REHAB		422,130
60.02	6002 OP PSYCH SERVICES		1,099,646
60.03	6003 SENIOR CLINIC		181,140
60.04	6004 OP CHEMICAL DEPENDENCY CLINIC		192,921
60.05	6005 SLEEP LAB		832,642
60.06	6006 BIARIATRIC CLINIC	-1,348,447	956,047
61	6100 EMERGENCY	-938,192	6,544,727
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-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	9500 SUBTOTALS	-36,830,039	262,092,047
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		56,954
96.01	9601 MEALS ON WHEELS & OP MEALS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 ALL SAINTS		
98.02	9802 FOUNDATION		
98.03	9803 HELATHSTYLES INSTITUTE		177,253
100	7950 SSM REHAB INSTITUTE		
100.01	7951 SSM PT		
100.02	7952 SSM OT		
100.03	7953 SSM ST		
100.04	7954 NETWORK		
100.05	7955 RETAIL PHARMACY		7,326
100.06	7956 WELLNESS CENTER		205,989
100.07	7957 EMS SERVICES		
100.08	7958 ELIZABETH HOUSE		
100.09	7959 HMR WEIGHT LOSS		492,226
100.10	7960 PHYSICIAN OP CATH LAB		523,731
101	TOTAL	-36,830,039	263,555,526

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP BLDG & FIXT PARKING GARAGE	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	PATHOLOGY	4401	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	ELECTROSHOCK THERAPY	5401	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	
60.01	CARDIO PULMONARY REHAB	6001	CLINIC
60.02	OP PSYCH SERVICES	6002	CLINIC
60.03	SENIOR CLINIC	6003	CLINIC
60.04	OP CHEMICAL DEPENDENCY CLINIC	6004	CLINIC
60.05	SLEEP LAB	6005	CLINIC
60.06	BIARIATRIC CLINIC	6006	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
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	MEALS ON WHEELS & OP MEALS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	ALL SAINTS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
98.03	HELATHSTYLES INSTITUTE	9803	PHYSICIANS' PRIVATE OFFICES
100	SSM REHAB INSTITUTE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SSM PT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	SSM OT	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SSM ST	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	NETWORK	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	RETAIL PHARMACY	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	WELLNESS CENTER	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	EMS SERVICES	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	ELIZABETH HOUSE	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	HMR WEIGHT LOSS	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	PHYSICIAN OP CATH LAB	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
260104

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUG RECLASS	A	DRUGS CHARGED TO PATIENTS	56	2,073,754	9,924,550
2 AUTOPSIES	B	ADMINISTRATIVE & GENERAL	6	570	7,000
3 L&D	C	DELIVERY ROOM & LABOR ROOM	39	1,057,434	311,423
4 ANESTHESIA	D	ANESTHESIOLOGY	40	424,200	
5 BHM NETWORK RECLASS	E	ADULTS & PEDIATRICS	25	520,198	219,446
6		SUBPROVIDER	31	274,712	115,888
7	OP	PSYCH SERVICES	60.02	99,854	42,124
8 CENTRAL SUPPLY	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,701,793
9		IMPL. DEV. CHARGED TO PATIENT	55.30		18,787,075
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 BHN RECLASS	G	ADULTS & PEDIATRICS	25	2,022,732	179,986
22 ANNA HOUSE RECLASS	H	OTHER LONG TERM CARE	36	1,971,324	
23 INTEREST EXPENSE	I	NEW CAP REL COSTS-MVBLE EQUIP	4		1,261,520
36 TOTAL RECLASSIFICATIONS				8,444,778	44,550,805

(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:
260104

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

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 DRUG RECLASS	A	PHARMACY	16	2,073,754	9,924,550	
2 AUTOPSIES	B	PATHOLOGY	44.01	570	7,000	
3 L&D	C	ADULTS & PEDIATRICS	25	1,057,434	311,423	
4 ANESTHESIA	D	OPERATING ROOM	37	424,200		
5 BHM NETWORK RECLASS	E	ADMINISTRATIVE & GENERAL	6	894,764	377,458	
6						
7						
8 CENTRAL SUPPLY	F	ADULTS & PEDIATRICS	25		1,434,746	
9		INTENSIVE CARE UNIT	26		1,066,882	
10		SUBPROVIDER	31		17,689	
11		NURSERY	33		43,995	
12		OPERATING ROOM	37		23,221,845	
13		RECOVERY ROOM	38		112,960	
14		ANESTHESIOLOGY	40		391,776	
15		RADIOLOGY-DIAGNOSTIC	41		2,338,444	
16		RESPIRATORY THERAPY	49		263,684	
17		PHYSICAL THERAPY	50		11,963	
18		OCCUPATIONAL THERAPY	51		11,391	
19		ELECTROCARDIOLOGY	53		2,907,124	
20		EMERGENCY	61		666,369	
21 BHN RECLASS	G	SUBPROVIDER	31	2,022,732	179,986	
22 ANNA HOUSE RECLASS	H	OTHER LONG TERM CARE	36		1,971,324	
23 INTEREST EXPENSE	I	INTEREST EXPENSE	88		1,261,520	
36 TOTAL RECLASSIFICATIONS				6,473,454	46,522,129	11

(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:
260104

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

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

RECLASS CODE: A
EXPLANATION : DRUG RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	11,998,304
TOTAL RECLASSIFICATIONS FOR CODE A			11,998,304

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	11,998,304	
			11,998,304

RECLASS CODE: B
EXPLANATION : AUTOPSIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	7,570
TOTAL RECLASSIFICATIONS FOR CODE B			7,570

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PATHOLOGY	44.01	7,570	
			7,570

RECLASS CODE: C
EXPLANATION : L&D

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	1,368,857
TOTAL RECLASSIFICATIONS FOR CODE C			1,368,857

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,368,857	
			1,368,857

RECLASS CODE: D
EXPLANATION : ANESTHESIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	424,200
TOTAL RECLASSIFICATIONS FOR CODE D			424,200

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	424,200	
			424,200

RECLASS CODE: E
EXPLANATION : BHM NETWORK RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	739,644
2.00	SUBPROVIDER	31	390,600
3.00	OP PSYCH SERVICES	60.02	141,978
TOTAL RECLASSIFICATIONS FOR CODE E			1,272,222

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,272,222	
			0
			0
			1,272,222

RECLASS CODE: F
EXPLANATION : CENTRAL SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,701,793
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	18,787,075
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			32,488,868

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,434,746	
INTENSIVE CARE UNIT	26	1,066,882	
SUBPROVIDER	31	17,689	
NURSERY	33	43,995	
OPERATING ROOM	37	23,221,845	
RECOVERY ROOM	38	112,960	
ANESTHESIOLOGY	40	391,776	
RADIOLOGY-DIAGNOSTIC	41	2,338,444	
RESPIRATORY THERAPY	49	263,684	
PHYSICAL THERAPY	50	11,963	
OCCUPATIONAL THERAPY	51	11,391	
ELECTROCARDIOLOGY	53	2,907,124	
EMERGENCY	61	666,369	
			32,488,868

RECLASS CODE: G
EXPLANATION : BHN RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	2,202,718
TOTAL RECLASSIFICATIONS FOR CODE G			2,202,718

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	2,202,718	
			2,202,718

RECLASS CODE: H
EXPLANATION : ANNA HOUSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER LONG TERM CARE	36	1,971,324
TOTAL RECLASSIFICATIONS FOR CODE H			1,971,324

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER LONG TERM CARE	36	1,971,324	
			1,971,324

RECLASSIFICATIONS

PROVIDER NO:
260104

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

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

RECLASS CODE: I
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	1,261,520	4	INTEREST EXPENSE	1,261,520
TOTAL RECLASSIFICATIONS FOR CODE I		1,261,520	88		1,261,520

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	9,615,392					9,615,392	
2 LAND IMPROVEMENTS	3,533,940	110,375		110,375		3,644,315	
3 BUILDINGS & FIXTURE	56,731,629	2,538,855		2,538,855	109,295	59,161,189	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	1,474,301	136,013		136,013		1,610,314	
6 MOVABLE EQUIPMENT	59,556,206	3,886,402		3,886,402	437,552	63,005,056	
7 SUBTOTAL	130,911,468	6,671,645		6,671,645	546,847	137,036,266	
8 RECONCILING ITEMS							
9 TOTAL	130,911,468	6,671,645		6,671,645	546,847	137,036,266	

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			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	A	-19,215	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-6,102	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,703,264			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-10,231,186			
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 BAD DEBTS	A	-15,809,062	ADMINISTRATIVE & GENERAL	6	
38 NURSE PRACTITIONERS	A	-156,904	ADULTS & PEDIATRICS	25	
39 NURSE PRACTITIONERS	A	-40,116	CLINIC	60	
40 A&G	A	-546,397	ADMINISTRATIVE & GENERAL	6	
41 FRA EXPENSE	A	-1,777,990	ADMINISTRATIVE & GENERAL	6	
42 LOBBING EXPENSE	A	-22,553	ADMINISTRATIVE & GENERAL	6	
43 ANNA HOUSE	A	3,102,927	OTHER LONG TERM CARE	36	
43.01 ANNA HOUSE	A	36,976	NEW CAP REL COSTS-BLDG &	3	9
43.02 ANNA HOUSE	A	83,932	NEW CAP REL COSTS-MVBLE E	4	9
43.03 ANNA HOUSE	A	125,975	OPERATION OF PLANT	8	
44 ADVERTISING	A	-4,633	ADMINISTRATIVE & GENERAL	6	
44.01 ADVERTISING	A	-300	DIETARY	11	
44.02 ADVERTISING	A	-354	ADULTS & PEDIATRICS	25	
44.03 ADVERTISING	A	-1,860	BIARIATRIC CLINIC	60.06	
45 GIFTS AND CONTRIBUTIONS	A	-142,815	ADMINISTRATIVE & GENERAL	6	
45.01 GIFTS AND CONTRIBUTIONS	A	-50	OPERATION OF PLANT	8	
45.02 GIFTS AND CONTRIBUTIONS	A	-15	MEDICAL RECORDS & LIBRARY	17	
45.03 GIFTS AND CONTRIBUTIONS	A	-5,790	ADULTS & PEDIATRICS	25	
45.04 GIFTS AND CONTRIBUTIONS	A	-849	INTENSIVE CARE UNIT	26	
45.05 GIFTS AND CONTRIBUTIONS	A	-110	SUBPROVIDER	31	
45.06 GIFTS AND CONTRIBUTIONS	A	-256	NURSERY	33	
45.07 GIFTS AND CONTRIBUTIONS	A	-39	ADULTS & PEDIATRICS	25	
45.08 GIFTS AND CONTRIBUTIONS	A	-2,496	RADIOLOGY-DIAGNOSTIC	41	
45.09 GIFTS AND CONTRIBUTIONS	A	-311	RADIOISOTOPE	43	
45.10 GIFTS AND CONTRIBUTIONS	A	-214	LABORATORY	44	
45.11 GIFTS AND CONTRIBUTIONS	A	-200	WHOLE BLOOD & PACKED RED	46	
45.12 GIFTS AND CONTRIBUTIONS	A	-287	ELECTROCARDIOLOGY	53	
45.13 GIFTS AND CONTRIBUTIONS	A	-50	CLINIC	60	
45.14 GIFTS AND CONTRIBUTIONS	A	-740	BIARIATRIC CLINIC	60.06	
45.15 GIFTS AND CONTRIBUTIONS	A	-2,281	EMERGENCY	61	
46 MIS REVENUE	B	-280	EMPLOYEE BENEFITS	5	
46.01 MIS REVENUE	B	-1,384,771	ADMINISTRATIVE & GENERAL	6	
46.02 MIS REVENUE	B	-130,251	OPERATION OF PLANT	8	
46.03 MIS REVENUE	B	1,001	LAUNDRY & LINEN SERVICE	9	
46.04 MIS REVENUE	B	-1,526,557	DIETARY	11	
46.05 MIS REVENUE	B	50	NURSING ADMINISTRATION	14	
46.06 MIS REVENUE	B	-826	PHARMACY	16	
46.07 MIS REVENUE	B	-17,231	MEDICAL RECORDS & LIBRARY	17	
46.08 MIS REVENUE	B	-23,349	ADULTS & PEDIATRICS	25	
46.09 MIS REVENUE	B	10,692	INTENSIVE CARE UNIT	26	
46.10 MIS REVENUE	B	-38,393	SUBPROVIDER	31	
46.11 MIS REVENUE	B	-22,384	NURSERY	33	
46.12 MIS REVENUE	B	250	OPERATING ROOM	37	
46.13 MIS REVENUE	B	-29,962	RADIOLOGY-DIAGNOSTIC	41	
46.14 MIS REVENUE	B	-108	LABORATORY	44	
46.15 MIS REVENUE	B	-1,500	PATHOLOGY	44.01	
46.16 MIS REVENUE	B	-300	WHOLE BLOOD & PACKED RED	46	
46.17 MIS REVENUE	B	-182,000	RESPIRATORY THERAPY	49	
46.18 MIS REVENUE	B	-36,950	SPEECH PATHOLOGY	52	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-0104

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

PREPARED 5/26/2011
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	5
46.19 MISC REVENUE	B	-425	ELECTROCARDIOLOGY	53	
46.20 MISC REVENUE	B	-3,627	BIARIATRIC CLINIC	60.06	
46.21 MISC REVENUE	B	-176,828	EMERGENCY	61	
47 PY AUDIT ADJ DEP CARRYFORWARD	A	-2,758	NEW CAP REL COSTS-BLDG &	3	9
47.01 PY AUDIT ADJ DEP CARRYFORWARD	A	-78,257	NEW CAP REL COSTS-MVBLE E	4	9
48 ENTERTAINMENT	A	-6,803	ADMINISTRATIVE & GENERAL	6	
49 NONALLOWABLE VENDORS	A	-45,178	ADMINISTRATIVE & GENERAL	6	
49.01 NONALLOWABLE VENDORS	A	-6,665	ADULTS & PEDIATRICS	25	
50 TOTAL (SUM OF LINES 1 THRU 49)		-36,830,039			

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

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	12,219,925	17,478,485	-5,258,560	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	297,568		297,568	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE	2,513,288		2,513,288	9
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	10,104,056	14,584,139	-4,480,083	
4.01	8	OPERATION OF PLANT	HOME OFFICE CES		976,179	-976,179	
4.02	55	MEDICAL SUPPLIES CHARGED	HOME OFFICE		119,788	-119,788	
4.03	88	INTEREST EXPENSE	HOME OFFICE INTEREST	1,261,520	1,261,520		
4.04	6	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	231,323	231,323		
4.05	5	EMPLOYEE BENEFITS	OTHER INTERCOMPANY	83,290	83,290		
4.06	6	ADMINISTRATIVE & GENERAL	A&G	2,584,889	2,584,889		
4.07	37	OPERATING ROOM	OR	320,244	320,244		
4.08	6	ADMINISTRATIVE & GENERAL	NETWORK-CORP	19,747,855	21,955,287	-2,207,432	
5		TOTALS		49,363,958	59,595,144	-10,231,186	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	0.00	HOME OFFICE
2	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	0.00	ST LOUIS NETWORK
3	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	0.00	SSM HOSPITALS
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.
RELIGIOUS ORGANIZATION

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	EMPLOYEE BENEFITS	14,450		14,450	177,200	145	12,353	618
2 6	A&G	270,611	15,450	255,161	177,200	2,430	207,017	10,351
3 17	MEDICAL RECORDS	300		300	177,200	3	256	13
4 25	ADULTS AND PEDI	3,059,335	2,758,232	301,103	138,700	3,078	205,249	10,262
5 26	ICU	975,000	975,000		165,600			
6 31	PSYCH	43,995	2,799	41,196	154,100	622	46,082	2,304
7 37	OR	11,900		11,900	208,000	119	11,900	595
8 38	RECOVERY ROOM	108,097		108,097	177,200	965	82,211	4,111
9 40	ANESTHESIA	584,494	584,494		200,300			
10 44	LAB	171,007	153,667	17,340	215,700	173	17,940	897
11 44 1	PATHOLOGY	2,300	200	2,100	215,700	33	3,422	171
12 49	RT	125,273	125,273		177,200			
13 53	EKG	1,229,338	806,923	422,415	225,300	3,907	423,196	21,160
14 57	RENAL	11,209	5,268	5,941	177,200	55	4,686	234
15 60	CLINIC	1,375	1,375		177,200			
16 60 2	OP PSYCH SVC	17,250		17,250	154,100	263	19,485	974
17 60 6	BARIATRIC CLINIC	1,358,151	1,339,211	18,940	177,200	187	15,931	797
18 61	ER	759,083	759,083		177,200			
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	8,743,168	7,526,975	1,216,193		11,980	1,049,728	52,487

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-0104

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

PREPARED 5/26/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 5	EMPLOYEE BENEFITS					12,353	2,097	2,097
2 6	A&G					207,017	48,144	63,594
3 17	MEDICAL RECORDS					256	44	44
4 25	ADULTS AND PEDS					205,249	95,854	2,854,086
5 26	ICU							975,000
6 31	PSYCH					46,082		2,799
7 37	OR					11,900		
8 38	RECOVERY ROOM					82,211	25,886	25,886
9 40	ANESTHESIA							584,494
10 44	LAB					17,940		153,667
11 44 1	PATHOLOGY					3,422		200
12 49	RT							125,273
13 53	EKG					423,196		806,923
14 57	RENAL					4,686	1,255	6,523
15 60	CLINIC							1,375
16 60 2	OP PSYCH SVC					19,485		
17 60 6	BARIATRIC CLINIC					15,931	3,009	1,342,220
18 61	ER							759,083
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,049,728	176,289	7,703,264

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011
 I 26-0104 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP BLDG & FIXT PARKING GARAGE	7	SPACE	UTILIZED	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	25	PRODUCTIVE	HOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	26	PATIENT	REVENUE	ENTERED
18	SOCIAL SERVICE	24	PATIENT	DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP BLDG & FIXT PARKI 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL 6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & NEW CAP BLDG & FIXT PARKI	3,287,056	3,287,056	358,576				
004 NEW CAP REL COSTS-MVBLE E	9,590,111			9,590,111			
005 EMPLOYEE BENEFITS	22,920,603	29,322	344,233		23,294,158		
006 ADMINISTRATIVE & GENERAL	56,463,035	472,734		1,074,577	3,916,187	61,926,533	61,926,533
008 OPERATION OF PLANT	10,096,922	284,030		180,900	367,100	10,928,952	3,356,620
009 LAUNDRY & LINEN SERVICE	1,129,968	9,376			32,098	1,171,442	359,786
010 HOUSEKEEPING	3,653,929	7,716		17,957	486,870	4,166,472	1,279,653
011 DIETARY	4,382,173	82,388		87,820	603,712	5,156,093	1,583,596
012 CAFETERIA							
014 NURSING ADMINISTRATION	3,597,494	1,484		8,001	719,950	4,326,929	1,328,934
015 CENTRAL SERVICES & SUPPLY	936,162	97,017		9,949	109,408	1,152,536	353,980
016 PHARMACY	1,490,949	11,838		236	627,698	2,130,721	654,410
017 MEDICAL RECORDS & LIBRARY	2,061,682	24,055		2,024	287,702	2,375,463	729,578
018 SOCIAL SERVICE	350,560	5,412			77,204	433,176	133,042
022 I&R SERVICES-SALARY & FRI	506,153				87,709	593,862	182,393
023 I&R SERVICES-OTHER PRGM C							
025 ADULTS & PEDIATRICS	29,777,882	861,789		2,428,551	6,419,645	39,487,867	12,127,967
026 INTENSIVE CARE UNIT	8,024,624	103,687		352,021	1,605,646	10,085,978	3,097,717
031 SUBPROVIDER	2,966,280	103,304		17,064	591,641	3,678,289	1,129,717
031 01 SUBPROVIDER 2 REHAB							
033 NURSERY	1,087,343	9,470		23,785	241,981	1,362,579	418,490
036 OTHER LONG TERM CARE	3,102,927	163,138				3,266,065	1,003,110
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,914,174	219,419		1,420,254	1,111,991	11,665,838	3,582,940
038 RECOVERY ROOM	2,202,812			8,658	454,354	2,665,824	818,757
039 DELIVERY ROOM & LABOR ROO	1,368,857	81,851		342,863	234,800	2,028,371	622,976
040 ANESTHESIOLOGY	566,290	3,418		273,329	108,611	951,648	292,281
041 RADIOLOGY-DIAGNOSTIC	10,817,877	108,742		1,596,340	1,201,505	13,724,464	4,215,208
042 RADIOLOGY-THERAPEUTIC	964,892	69,558			120,212	1,154,662	354,632
043 RADIOISOTOPE	951,210	6,765		131,535	77,624	1,167,134	358,463
044 LABORATORY	5,153,395	75,253		6,933	386,071	5,621,652	1,726,584
044 01 PATHOLOGY	827,199	15,784		10,022	23,972	876,977	269,347
046 WHOLE BLOOD & PACKED RED	2,025,004	3,608		11,776	115,887	2,156,275	662,259
049 RESPIRATORY THERAPY	2,304,730	20,902		235,859	482,266	3,043,757	934,832
050 PHYSICAL THERAPY	1,134,049	22,544		579		1,157,172	355,403
051 OCCUPATIONAL THERAPY	254,762	17,899				272,661	83,743
052 SPEECH PATHOLOGY	140,378	293		9,152		149,823	46,015
053 ELECTROCARDIOLOGY	2,590,127	35,004		904,976	444,669	3,974,776	1,220,777
054 ELECTROENCEPHALOGRAPHY							
054 01 ELECTROSHOCK THERAPY	136,261	2,706		3,503	27,373	169,843	52,164
055 MEDICAL SUPPLIES CHARGED	13,582,005					13,582,005	4,171,455
055 30 IMPL. DEV. CHARGED TO PAT	18,787,075					18,787,075	5,770,093
056 DRUGS CHARGED TO PATIENTS	11,998,304					11,998,304	3,685,051
057 RENAL DIALYSIS	1,048,397	6,683		27,914	2,349	1,085,343	333,342
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	310,567	1,926		3,571	60,922	376,986	115,784
060 01 CARDIO PULMONARY REHAB	422,130	18,607		2,052	90,882	533,671	163,907
060 02 OP PSYCH SERVICES	1,099,646	15,784			151,471	1,266,901	389,105
060 03 SENIOR CLINIC	181,140			946	28,995	211,081	64,830
060 04 OP CHEMICAL DEPENDENCY CL	192,921				42,158	235,079	72,200
060 05 SLEEP LAB	832,642	9,921		4,574		847,137	260,182
060 06 BARIATRIC CLINIC	956,047			3,559	440,293	1,399,899	429,952
061 EMERGENCY	6,544,727	123,525	14,343	362,648	1,351,905	8,397,148	2,579,024
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	262,092,047	3,126,952	358,576	9,563,928	23,132,861	261,744,463	61,370,299
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	56,954	7,085			6,224	70,263	21,580
096 01 MEALS ON WHEELS & OP MEAL							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 ALL SAINTS							
098 02 FOUNDATION							
098 03 HELATHSTYLES INSTITUTE	177,253			12,788	37,463	227,504	69,874
100 SSM REHAB INSTITUTE							
100 01 SSM PT							
100 02 SSM OT							
100 03 SSM ST							
100 04 NETWORK							
100 05 RETAIL PHARMACY	7,326					7,326	2,250
100 06 WELLNESS CENTER	205,989	28,993		10,442	30,783	276,207	84,832
100 07 EMS SERVICES							
100 08 ELIZABETH HOUSE		118,136				118,136	36,283
100 09 HMR WEIGHT LOSS	492,226				39,971	532,197	163,454
100 10 PHYSICIAN OP CATH LAB	523,731	5,890		2,953	46,856	579,430	177,961
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	263,555,526	3,287,056	358,576	9,590,111	23,294,158	263,555,526	61,926,533

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT PARKI							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	14,285,572						
009 LAUNDRY & LINEN SERVICE	53,554	1,584,782					
010 HOUSEKEEPING	44,074		5,490,199				
011 DIETARY	470,599		205,881				
012 CAFETERIA				7,416,169			
014 NURSING ADMINISTRATION	8,475		3,708		4,226,411		
015 CENTRAL SERVICES & SUPPLY	554,163		242,452		4,226,411	5,908,325	
016 PHARMACY	67,619		29,584				2,349,456
017 MEDICAL RECORDS & LIBRARY	137,401		60,114				9,124
018 SOCIAL SERVICE	30,911		13,524				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 ADULTS & PEDIATRICS	4,922,553	781,712	2,153,663	2,277,041	1,401,803	3,104,005	54,910
026 INTENSIVE CARE UNIT	592,261	156,722	259,120	406,866	360,339	845,028	12,969
031 SUBPROVIDER	590,072	22,302	258,162	505,851	251,143	228,260	3,411
031 01 SUBPROVIDER 2 REHAB							
033 NURSERY	54,095	15,167	23,667		48,999	120,036	
036 OTHER LONG TERM CARE	931,848						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,253,326	104,789	548,343		256,179	340,063	48,167
038 RECOVERY ROOM		18,842			96,288	214,054	3,379
039 DELIVERY ROOM & LABOR ROO	467,534	23,751	302,600		64,065	110,680	
040 ANESTHESIOLOGY	19,526	3,800	8,543		8,065	14,439	136
041 RADIOLOGY-DIAGNOSTIC	621,138	36,788	261,735		309,407	143,842	4,030
042 RADIOLOGY-THERAPEUTIC	397,314	49,146	173,829		24,800	6,915	103
043 RADIOISOTOPE	38,639		16,905		16,087		670
044 LABORATORY	429,848		188,063		91,769	8	14,937
044 01 PATHOLOGY	90,158		39,445		10,148		1,061
046 WHOLE BLOOD & PACKED RED	20,608		9,016		29,062		1,923
049 RESPIRATORY THERAPY	119,395		52,237		110,093	200	
050 PHYSICAL THERAPY	128,771		46,658				52
051 OCCUPATIONAL THERAPY	102,239		44,731				30
052 SPEECH PATHOLOGY	1,674		733				2
053 ELECTROCARDIOLOGY	199,945	150,047	87,478		90,426	94,075	1,278
054 ELECTROENCEPHALOGRAPHY							
054 01 ELECTROSHOCK THERAPY	15,456		6,762		6,146	8,674	788
055 MEDICAL SUPPLIES CHARGED							912,567
055 30 IMPL. DEV. CHARGED TO PAT							1,251,263
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	38,176		16,702		179		5,421
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,999	3,333	4,812		14,872	8,560	708
060 01 CARDIO PULMONARY REHAB	106,283	1,208	26,372		17,493	30,759	157
060 02 OP PSYCH SERVICES	90,158	24,668	39,445		34,638	9,837	26
060 03 SENIOR CLINIC					6,108	15,581	1,335
060 04 OP CHEMICAL DEPENDENCY CL					10,157	6,691	11
060 05 SLEEP LAB	56,671		24,794				
060 06 BIARIATRIC CLINIC		9,167			41,278	23,264	168
061 EMERGENCY	705,577	183,340	308,697		329,000	550,041	11,026
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	13,371,060	1,584,782	5,457,775	7,416,169	4,179,918	5,875,012	2,339,652
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	40,468		17,705		3,824		1
096 01 MEALS ON WHEELS & OP MEAL							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 ALL SAINTS							
098 02 FOUNDATION							
098 03 HELATHSTYLES INSTITUTE					17,336		1
100 SSM REHAB INSTITUTE							
100 01 SSM PT							
100 02 SSM OT							
100 03 SSM ST							
100 04 NETWORK							
100 05 RETAIL PHARMACY							24
100 06 WELLNESS CENTER	165,607				3,264	665	5
100 07 EMS SERVICES							
100 08 ELIZABETH HOUSE	674,795						
100 09 HMR WEIGHT LOSS					10,132	8,515	
100 10 PHYSICIAN OP CATH LAB	33,642		14,719		11,937	24,133	9,773
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	14,285,572	1,584,782	5,490,199	7,416,169	4,226,411	5,908,325	2,349,456

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FIXT PARKI							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	3,002,707						
017 MEDICAL RECORDS & LIBRARY		3,406,990					
018 SOCIAL SERVICE			631,143				
022 I&R SERVICES-SALARY & FRI				804,852			
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	550	501,786	483,258	764,184		68,061,299	-764,184
026 INTENSIVE CARE UNIT	76	135,916	77,973			16,030,965	
031 SUBPROVIDER	2	41,648	50,059			6,758,916	
031 01 SUBPROVIDER 2 REHAB							
033 NURSERY	5	17,666	19,853			2,080,557	
036 OTHER LONG TERM CARE						5,201,023	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	700	350,220		24,590		18,175,155	-24,590
038 RECOVERY ROOM	66	53,650				3,870,860	
039 DELIVERY ROOM & LABOR ROO		28,032				3,648,009	
040 ANESTHESIOLOGY	8	62,716				1,361,162	
041 RADIOLOGY-DIAGNOSTIC	730	569,521				19,886,863	
042 RADIOLOGY-THERAPEUTIC		55,320				2,216,721	
043 RADIOISOTOPE		36,970				1,634,868	
044 LABORATORY		331,136				8,403,997	
044 01 PATHOLOGY		19,921				1,307,057	
046 WHOLE BLOOD & PACKED RED		40,139				2,919,282	
049 RESPIRATORY THERAPY	230	90,924				4,351,668	
050 PHYSICAL THERAPY		18,274				1,706,330	
051 OCCUPATIONAL THERAPY		4,893				508,297	
052 SPEECH PATHOLOGY		4,548				202,795	
053 ELECTROCARDIOLOGY	1,062	229,249				6,049,113	
054 ELECTROENCEPHALOGRAPHY							
054 01 ELECTROSHOCK THERAPY	2	2,813				262,648	
055 MEDICAL SUPPLIES CHARGED		74,084				18,740,111	
055 30 IMPL. DEV. CHARGED TO PAT		125,271				25,933,702	
056 DRUGS CHARGED TO PATIENTS	2,998,627	266,285				18,948,267	
057 RENAL DIALYSIS		14,908				1,494,071	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		11,405				547,459	
060 01 CARDIO PULMONARY REHAB		3,805				883,655	
060 02 OP PSYCH SERVICES		23,349				1,878,127	
060 03 SENIOR CLINIC	1	2,399				301,335	
060 04 OP CHEMICAL DEPENDENCY CL		4,861				328,999	
060 05 SLEEP LAB		21,031				1,209,815	
060 06 BIARIATRIC CLINIC		3,396				1,907,124	
061 EMERGENCY	61	260,853		16,078		13,340,845	-16,078
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,002,120	3,406,989	631,143	804,852		260,151,095	-804,852
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						153,841	
096 01 MEALS ON WHEELS & OP MEAL							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 ALL SAINTS							
098 02 FOUNDATION							
098 03 HELATHSTYLES INSTITUTE						314,715	
100 SSM REHAB INSTITUTE							
100 01 SSM PT							
100 02 SSM OT							
100 03 SSM ST							
100 04 NETWORK							
100 05 RETAIL PHARMACY						9,600	
100 06 WELLNESS CENTER						530,580	
100 07 EMS SERVICES							
100 08 ELIZABETH HOUSE						829,214	
100 09 HMR WEIGHT LOSS						714,299	
100 10 PHYSICIAN OP CATH LAB	587					852,182	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,002,707	3,406,990	631,143	804,852		263,555,526	-804,852

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
003 GENERAL SERVICE COST CNTR	
003 01 NEW CAP REL COSTS-BLDG & FIXT PARKI	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 ADMINISTRATIVE & GENERAL	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
025 INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	67,297,115
026 INTENSIVE CARE UNIT	16,030,965
031 SUBPROVIDER	6,758,916
031 01 SUBPROVIDER 2 REHAB	
033 NURSERY	2,080,557
036 OTHER LONG TERM CARE	5,201,023
037 ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	18,150,565
038 RECOVERY ROOM	3,870,860
039 DELIVERY ROOM & LABOR ROO	3,648,009
040 ANESTHESIOLOGY	1,361,162
041 RADIOLOGY-DIAGNOSTIC	19,886,863
042 RADIOLOGY-THERAPEUTIC	2,216,721
043 RADIOISOTOPE	1,634,868
044 LABORATORY	8,403,997
044 01 PATHOLOGY	1,307,057
046 WHOLE BLOOD & PACKED RED	2,919,282
049 RESPIRATORY THERAPY	4,351,668
050 PHYSICAL THERAPY	1,706,330
051 OCCUPATIONAL THERAPY	508,297
052 SPEECH PATHOLOGY	202,795
053 ELECTROCARDIOLOGY	6,049,113
054 ELECTROENCEPHALOGRAPHY	
054 01 ELECTROSHOCK THERAPY	262,648
055 MEDICAL SUPPLIES CHARGED	18,740,111
055 30 IMPL. DEV. CHARGED TO PAT	25,933,702
056 DRUGS CHARGED TO PATIENTS	18,948,267
057 RENAL DIALYSIS	1,494,071
058 ASC (NON-DISTINCT PART)	
060 OUTPAT SERVICE COST CNTRS	
060 CLINIC	547,459
060 01 CARDIO PULMONARY REHAB	883,655
060 02 OP PSYCH SERVICES	1,878,127
060 03 SENIOR CLINIC	301,335
060 04 OP CHEMICAL DEPENDENCY CL	328,999
060 05 SLEEP LAB	1,209,815
060 06 BIARIATRIC CLINIC	1,907,124
061 EMERGENCY	13,324,767
062 OBSERVATION BEDS (NON-DIS	
065 OTHER REIMBURS COST CNTRS	
065 AMBULANCE SERVICES	
071 HOME HEALTH AGENCY	
092 SPEC PURPOSE COST CENTERS	
092 AMBULATORY SURGICAL CENTE	
093 HOSPICE	
095 SUBTOTALS	259,346,243
096 NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	153,841
096 01 MEALS ON WHEELS & OP MEAL	
098 PHYSICIANS' PRIVATE OFFIC	
098 01 ALL SAINTS	
098 02 FOUNDATION	
098 03 HELATHSTYLES INSTITUTE	314,715
100 SSM REHAB INSTITUTE	
100 01 SSM PT	
100 02 SSM OT	
100 03 SSM ST	
100 04 NETWORK	
100 05 RETAIL PHARMACY	9,600
100 06 WELLNESS CENTER	530,580
100 07 EMS SERVICES	
100 08 ELIZABETH HOUSE	829,214
100 09 HMR WEIGHT LOSS	714,299
100 10 PHYSICIAN OP CATH LAB	852,182
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	262,750,674

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP BLDG & FIXT PARKI 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE & GENERAL 6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT PARKI							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,889,269	29,322	344,233		4,262,824	4,262,824	
006 ADMINISTRATIVE & GENERAL		472,734		1,074,577	1,547,311	716,669	2,263,980
008 OPERATION OF PLANT	40,116	284,030		180,900	505,046	67,180	122,710
009 LAUNDRY & LINEN SERVICE		9,376			9,376	5,874	13,153
010 HOUSEKEEPING		7,716		17,957	25,673	89,098	46,781
011 DIETARY	5,448	82,388		87,820	175,656	110,480	57,893
012 CAFETERIA							
014 NURSING ADMINISTRATION		1,484		8,001	9,485	131,752	48,583
015 CENTRAL SERVICES & SUPPLY	424,329	97,017		9,949	531,295	20,022	12,941
016 PHARMACY	437,412	11,838		236	449,486	114,870	23,924
017 MEDICAL RECORDS & LIBRARY	5,208	24,055		2,024	31,287	52,650	26,672
018 SOCIAL SERVICE		5,412			5,412	14,128	4,864
022 I&R SERVICES-SALARY & FRI	18,422				18,422	16,051	6,668
023 I&R SERVICES-OTHER PRGM C							
025 ADULTS & PEDIATRICS	262,234	861,789		2,428,551	3,552,574	1,174,760	443,458
026 INTENSIVE CARE UNIT	89,494	103,687		352,021	545,202	293,836	113,245
031 SUBPROVIDER	22,396	103,304		17,064	142,764	108,271	41,300
031 01 SUBPROVIDER 2 REHAB							
033 NURSERY	615	9,470		23,785	33,870	44,283	15,299
036 OTHER LONG TERM CARE		163,138			163,138		36,671
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	438,419	219,419		1,420,254	2,078,092	203,496	130,984
038 RECOVERY ROOM	69,839			8,658	78,497	83,148	29,932
039 DELIVERY ROOM & LABOR ROO		81,851		342,863	424,714	42,969	22,775
040 ANESTHESIOLOGY	14,095	3,418		273,329	290,842	19,876	10,685
041 RADIOLOGY-DIAGNOSTIC	344,648	108,742		1,596,340	2,049,730	219,878	154,098
042 RADIOLOGY-THERAPEUTIC	21,582	69,558			91,140	21,999	12,965
043 RADIOISOTOPE		6,765		131,535	138,300	14,205	13,105
044 LABORATORY	150,369	75,253		6,933	232,555	70,652	63,120
044 01 PATHOLOGY		15,784		10,022	25,806	4,387	9,847
046 WHOLE BLOOD & PACKED RED	15,049	3,608		11,776	30,433	21,207	24,211
049 RESPIRATORY THERAPY	15,562	20,902		235,859	272,323	88,255	34,175
050 PHYSICAL THERAPY	2,371	22,544		579	25,494		12,993
051 OCCUPATIONAL THERAPY		17,899			17,899		3,061
052 SPEECH PATHOLOGY		293		9,152	9,445		1,682
053 ELECTROCARDIOLOGY	50,764	35,004		904,976	990,744	81,375	44,629
054 ELECTROENCEPHALOGRAPHY							
054 01 ELECTROSHOCK THERAPY	268	2,706		3,503	6,477	5,009	1,907
055 MEDICAL SUPPLIES CHARGED							152,499
055 30 IMPL. DEV. CHARGED TO PAT							210,941
056 DRUGS CHARGED TO PATIENTS							134,717
057 RENAL DIALYSIS		6,683		27,914	34,597	430	12,186
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	31,006	1,926		3,571	36,503	11,149	4,233
060 01 CARDIO PULMONARY REHAB		18,607		2,052	20,659	16,632	5,992
060 02 OP PSYCH SERVICES	588	15,784			16,372	27,719	14,225
060 03 SENIOR CLINIC	27,757			946	28,703	5,306	2,370
060 04 OP CHEMICAL DEPENDENCY CL	588				588	7,715	2,639
060 05 SLEEP LAB	81,697	9,921		4,574	96,192		9,512
060 06 BIARIATRIC CLINIC	161,880			3,559	165,439	80,574	15,718
061 EMERGENCY	10,555	123,525	14,343	362,648	511,071	247,401	94,283
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
092 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	6,631,980	3,126,952	358,576	9,563,928	19,681,436	4,233,306	2,243,646
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,085			7,085	1,139	789
096 01 MEALS ON WHEELS & OP MEAL							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 ALL SAINTS							
098 02 FOUNDATION							
098 03 HELATHSTYLES INSTITUTE				12,788	12,788	6,856	2,554
100 SSM REHAB INSTITUTE							
100 01 SSM PT							
100 02 SSM OT							
100 03 SSM ST							
100 04 NETWORK							
100 05 RETAIL PHARMACY	6,474				6,474		82
100 06 WELLNESS CENTER	1,185	28,993		10,442	40,620	5,633	3,101
100 07 EMS SERVICES							
100 08 ELIZABETH HOUSE		118,136			118,136		1,326
100 09 HMR WEIGHT LOSS	2,514				2,514	7,315	5,976
100 10 PHYSICIAN OP CATH LAB	126,668	5,890		2,953	135,511	8,575	6,506
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,768,821	3,287,056	358,576	9,590,111	20,004,564	4,262,824	2,263,980

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FIXT PARKI							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	694,936						
009 LAUNDRY & LINEN SERVICE	2,605	31,008					
010 HOUSEKEEPING	2,144		163,696				
011 DIETARY	22,893		6,139				
012 CAFETERIA				373,061			
014 NURSING ADMINISTRATION	412		111		212,604	212,604	
015 CENTRAL SERVICES & SUPPLY	26,958		7,229			12,087	202,430
016 PHARMACY	3,289		882			2,330	600,775
017 MEDICAL RECORDS & LIBRARY	6,684		1,792			5,596	2,333
018 SOCIAL SERVICE	1,504		403			5,253	
022 I&R SERVICES-SALARY & FRI						1,031	
023 I&R SERVICES-OTHER PRGM C						1,439	
025 ADULTS & PEDIATRICS	239,462	15,294	64,215	114,544	70,518	106,349	14,041
026 INTENSIVE CARE UNIT	28,811	3,067	7,726	20,467	18,126	28,952	3,316
031 SUBPROVIDER	28,705	436	7,697	25,446	12,633	7,821	872
031 01 SUBPROVIDER 2 REHAB							
033 NURSERY	2,631	297	706		2,465	4,113	
036 OTHER LONG TERM CARE	45,331						
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	60,969	2,050	16,349		12,887	11,651	12,317
038 RECOVERY ROOM		369			4,844	7,334	864
039 DELIVERY ROOM & LABOR ROO	22,744	465	9,022		3,223	3,792	
040 ANESTHESIOLOGY	950	74	255		406	495	35
041 RADIOLOGY-DIAGNOSTIC	30,216	720	7,804		15,564	4,928	1,030
042 RADIOLOGY-THERAPEUTIC	19,328	962	5,183		1,248	237	26
043 RADIOISOTOPE	1,880		504		809		171
044 LABORATORY	20,910		5,607		4,616		3,819
044 01 PATHOLOGY	4,386		1,176		510		271
046 WHOLE BLOOD & PACKED RED	1,002		269		1,462		492
049 RESPIRATORY THERAPY	5,808		1,557		5,538	7	
050 PHYSICAL THERAPY	6,264		1,391				13
051 OCCUPATIONAL THERAPY	4,974		1,334				8
052 SPEECH PATHOLOGY	81		22				
053 ELECTROCARDIOLOGY	9,727	2,936	2,608		4,549	3,223	327
054 ELECTROENCEPHALOGRAPHY							
054 01 ELECTROSHOCK THERAPY	752		202		309	297	201
055 MEDICAL SUPPLIES CHARGED							233,355
055 30 IMPL. DEV. CHARGED TO PAT							319,957
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,857		498		9		1,386
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	535	65	143		748	293	181
060 01 CARDIO PULMONARY REHAB	5,170	24	786		880	1,054	40
060 02 OP PSYCH SERVICES	4,386	483	1,176		1,742	337	7
060 03 SENIOR CLINIC					307	534	341
060 04 OP CHEMICAL DEPENDENCY CL					511	229	3
060 05 SLEEP LAB	2,757		739				
060 06 BIARIATRIC CLINIC		179			2,076	797	43
061 EMERGENCY	34,323	3,587	9,204		16,550	18,845	2,820
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	650,448	31,008	162,729	373,061	210,266	201,288	598,269
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,969		528		192		
096 01 MEALS ON WHEELS & OP MEAL							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 ALL SAINTS							
098 02 FOUNDATION							
098 03 HELATHSTYLES INSTITUTE					872		
100 SSM REHAB INSTITUTE							
100 01 SSM PT							
100 02 SSM OT							
100 03 SSM ST							
100 04 NETWORK							
100 05 RETAIL PHARMACY							6
100 06 WELLNESS CENTER	8,056				164	23	1
100 07 EMS SERVICES							
100 08 ELIZABETH HOUSE	32,826						
100 09 HMR WEIGHT LOSS					510	292	
100 10 PHYSICIAN OP CATH LAB	1,637		439		600	827	2,499
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	694,936	31,008	163,696	373,061	212,604	202,430	600,775

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & FIXT PARKI							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	600,380						
017 MEDICAL RECORDS & LIBRARY		124,338					
018 SOCIAL SERVICE			27,342				
022 I&R SERVICES-SALARY & FRI				42,580			
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	110	18,356	20,935			5,834,616	
026 INTENSIVE CARE UNIT	15	4,972	3,378			1,071,113	
031 SUBPROVIDER		1,524	2,169			379,638	
031 01 SUBPROVIDER 2 REHAB							
033 NURSERY	1	646	860			105,171	
036 OTHER LONG TERM CARE						245,140	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	140	12,812				2,541,747	
038 RECOVERY ROOM	13	1,963				206,964	
039 DELIVERY ROOM & LABOR ROO		1,025				530,729	
040 ANESTHESIOLOGY	2	2,294				325,914	
041 RADIOLOGY-DIAGNOSTIC	146	20,541				2,504,655	
042 RADIOLOGY-THERAPEUTIC		2,024				155,112	
043 RADIOISOTOPE		1,352				170,326	
044 LABORATORY		12,114				413,393	
044 01 PATHOLOGY		729				47,112	
046 WHOLE BLOOD & PACKED RED		1,468				80,544	
049 RESPIRATORY THERAPY	46	3,326				411,035	
050 PHYSICAL THERAPY		668				46,823	
051 OCCUPATIONAL THERAPY		179				27,455	
052 SPEECH PATHOLOGY		166				11,396	
053 ELECTROCARDIOLOGY	212	8,386				1,148,716	
054 ELECTROENCEPHALOGRAPHY							
054 01 ELECTROSHOCK THERAPY		103				15,257	
055 MEDICAL SUPPLIES CHARGED		2,710				388,564	
055 30 IMPL. DEV. CHARGED TO PAT		4,583				535,481	
056 DRUGS CHARGED TO PATIENTS	599,566	9,741				744,024	
057 RENAL DIALYSIS		545				51,508	
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC		417				54,267	
060 01 CARDIO PULMONARY REHAB		139				51,376	
060 02 OP PSYCH SERVICES		854				67,301	
060 03 SENIOR CLINIC		88				37,649	
060 04 OP CHEMICAL DEPENDENCY CL		178				11,863	
060 05 SLEEP LAB		769				109,969	
060 06 BIARIATRIC CLINIC		124				264,950	
061 EMERGENCY	12	9,542				947,638	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	600,263	124,338	27,342			19,537,446	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						11,702	
096 01 MEALS ON WHEELS & OP MEAL							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 ALL SAINTS							
098 02 FOUNDATION							
098 03 HELATHSTYLES INSTITUTE						23,070	
100 SSM REHAB INSTITUTE							
100 01 SSM PT							
100 02 SSM OT							
100 03 SSM ST							
100 04 NETWORK							
100 05 RETAIL PHARMACY						6,562	
100 06 WELLNESS CENTER						57,598	
100 07 EMS SERVICES							
100 08 ELIZABETH HOUSE						152,288	
100 09 HMR WEIGHT LOSS						16,607	
100 10 PHYSICIAN OP CATH LAB	117					156,711	
101 CROSS FOOT ADJUSTMENTS				42,580		42,580	
102 NEGATIVE COST CENTER							
103 TOTAL	600,380	124,338	27,342	42,580		20,004,564	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003 01	NEW CAP REL COSTS-BLDG & NEW CAP BLDG & FIXT PARKI	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	5,834,616
026	INTENSIVE CARE UNIT	1,071,113
031	SUBPROVIDER	379,638
031 01	SUBPROVIDER 2 REHAB	
033	NURSERY	105,171
036	OTHER LONG TERM CARE	245,140
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,541,747
038	RECOVERY ROOM	206,964
039	DELIVERY ROOM & LABOR ROO	530,729
040	ANESTHESIOLOGY	325,914
041	RADIOLOGY-DIAGNOSTIC	2,504,655
042	RADIOLOGY-THERAPEUTIC	155,112
043	RADIOISOTOPE	170,326
044	LABORATORY	413,393
044 01	PATHOLOGY	47,112
046	WHOLE BLOOD & PACKED RED	80,544
049	RESPIRATORY THERAPY	411,035
050	PHYSICAL THERAPY	46,823
051	OCCUPATIONAL THERAPY	27,455
052	SPEECH PATHOLOGY	11,396
053	ELECTROCARDIOLOGY	1,148,716
054	ELECTROENCEPHALOGRAPHY	
054 01	ELECTROSHOCK THERAPY	15,257
055	MEDICAL SUPPLIES CHARGED	388,564
055 30	IMPL. DEV. CHARGED TO PAT	535,481
056	DRUGS CHARGED TO PATIENTS	744,024
057	RENAL DIALYSIS	51,508
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	54,267
060 01	CARDIO PULMONARY REHAB	51,376
060 02	OP PSYCH SERVICES	67,301
060 03	SENIOR CLINIC	37,649
060 04	OP CHEMICAL DEPENDENCY CL	11,863
060 05	SLEEP LAB	109,969
060 06	BIARIATRIC CLINIC	264,950
061	EMERGENCY	947,638
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	19,537,446
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	11,702
096 01	MEALS ON WHEELS & OP MEAL	
098	PHYSICIANS' PRIVATE OFFIC	
098 01	ALL SAINTS	
098 02	FOUNDATION	
098 03	HELATHSTYLES INSTITUTE	23,070
100	SSM REHAB INSTITUTE	
100 01	SSM PT	
100 02	SSM OT	
100 03	SSM ST	
100 04	NETWORK	
100 05	RETAIL PHARMACY	6,562
100 06	WELLNESS CENTER	57,598
100 07	EMS SERVICES	
100 08	ELIZABETH HOUSE	152,288
100 09	HMR WEIGHT LOSS	16,607
100 10	PHYSICIAN OP CATH LAB	156,711
101	CROSS FOOT ADJUSTMENTS	42,580
102	NEGATIVE COST CENTER	
103	TOTAL	20,004,564

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP BLDG & FIXT PARKI (SPACE UTILIZED)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION (S)	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3	3.01	4	5	6a.00	6
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	728,886					
004 NEW CAP BLDG & FIXT P		100				
004 01 NEW CAP REL COSTS-MVB			5,809,628			
005 EMPLOYEE BENEFITS	6,502	96		104,906,244		
006 ADMINISTRATIVE & GENE	104,826		650,972	17,636,749	-61,926,533	201,628,993
008 OPERATION OF PLANT	62,982		109,588	1,653,254		10,928,952
009 LAUNDRY & LINEN SERVI	2,079			144,553		1,171,442
010 HOUSEKEEPING	1,711		10,878	2,192,642		4,166,472
011 DIETARY	18,269		53,201	2,718,849		5,156,093
012 CAFETERIA						
014 NURSING ADMINISTRATIO	329		4,847	3,242,332		4,326,929
015 CENTRAL SERVICES & SU	21,513		6,027	492,725		1,152,536
016 PHARMACY	2,625		143	2,826,869		2,130,721
017 MEDICAL RECORDS & LIB	5,334		1,226	1,295,681		2,375,463
018 SOCIAL SERVICE	1,200			347,690		433,176
022 I&R SERVICES-SALARY &				395,001		593,862
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
025 01 ADULTS & PEDIATRICS	191,097		1,471,200	28,911,015		39,487,867
026 INTENSIVE CARE UNIT	22,992		213,252	7,231,110		10,085,978
031 SUBPROVIDER	22,907		10,337	2,664,484		3,678,289
031 01 SUBPROVIDER 2 REHAB						
033 NURSERY	2,100		14,409	1,089,775		1,362,579
036 OTHER LONG TERM CARE	36,175					3,266,065
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	48,655		860,381	5,007,908		11,665,838
038 RECOVERY ROOM			5,245	2,046,208		2,665,824
039 DELIVERY ROOM & LABOR	18,150		207,704	1,057,433		2,028,371
040 ANESTHESIOLOGY	758		165,581	489,134		951,648
041 RADIOLOGY-DIAGNOSTIC	24,113		967,053	5,411,041		13,724,464
042 RADIOLOGY-THERAPEUTIC	15,424			541,383		1,154,662
043 RADIOISOTOPE	1,500		79,683	349,584		1,167,134
044 LABORATORY	16,687		4,200	1,738,691		5,621,652
044 01 PATHOLOGY	3,500		6,071	107,959		876,977
046 WHOLE BLOOD & PACKED	800		7,134	521,901		2,156,275
049 RESPIRATORY THERAPY	4,635		142,882	2,171,908		3,043,757
050 PHYSICAL THERAPY	4,999		351			1,157,172
051 OCCUPATIONAL THERAPY	3,969					272,661
052 SPEECH PATHOLOGY	65		5,544			149,823
053 ELECTROCARDIOLOGY	7,762		548,229	2,002,589		3,974,776
054 ELECTROENCEPHALOGRAPH						
054 01 ELECTROSHOCK THERAPY	600		2,122	123,277		169,843
055 MEDICAL SUPPLIES CHAR						13,582,005
055 30 IMPL. DEV. CHARGED TO						18,787,075
056 DRUGS CHARGED TO PATI						11,998,304
057 RENAL DIALYSIS	1,482		16,910	10,577		1,085,343
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 01 CLINIC	427		2,163	274,366		376,986
060 02 CARDIO PULMONARY REHA	4,126		1,243	409,293		533,671
060 03 OP PSYCH SERVICES	3,500			682,157		1,266,901
060 04 SENIOR CLINIC			573	130,581		211,081
060 05 OP CHEMICAL DEPENDENC				189,860		235,079
060 06 SLEEP LAB	2,200		2,771			847,137
060 07 BARIATRIC CLINIC			2,156	1,982,882		1,399,899
061 EMERGENCY	27,391	4	219,690	6,088,371		8,397,148
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
071 AMBULANCE SERVICES						
092 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CEN						
095 AMBULATORY SURGICAL C						
095 01 HOSPICE	693,384	100	5,793,766	104,179,832	-61,926,533	199,817,930
096 SUBTOTALS						
096 01 NONREIMBURS COST CENT	1,571			28,031		70,263
096 02 GIFT, FLOWER, COFFEE						
098 01 MEALS ON WHEELS & OP						
098 02 PHYSICIANS' PRIVATE O						
098 03 ALL SAIN TS						
098 04 FOUNDATION						
098 05 HELATHSTYLES INSTITUT			7,747	168,716		227,504
100 01 SSM REHAB INSTITUTE						
100 02 SSM PT						
100 03 SSM OT						
100 04 SSM ST						
100 05 NETWORK						
100 06 RETAIL PHARMACY						7,326
100 07 WELLNESS CENTER	6,429		6,326	138,634		276,207
100 08 EMS SERVICES						
100 09 ELIZABETH HOUSE	26,196					118,136
100 10 HMR WEIGHT LOSS				180,011		532,197

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP BLDG & FIXT PARKI (SPACE UTILIZED	NEW CAP REL C OSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENE FITS (GROSS SALARIES	S RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
NONREIMBURS COST CENT	3	3.01	4	5	6a.00	6
100 10 PHYSICIAN OP CATH LAB	1,306		1,789	211,020		579,430
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,287,056	358,576	9,590,111	23,294,158		61,926,533
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.509698		1.650727			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		3,585.760000		.222047		.307131
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				4,262,824		2,263,980
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.040635		.011228

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PRODUCTIVE HOURS)	(DIRECT HRS)	(COSTED EQUIP.)
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
003	01 NEW CAP REL COSTS-BLD							
004	NEW CAP BLDG & FIXT P							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE							
009	OPERATION OF PLANT	554,576						
010	LAUNDRY & LINEN SERVI	2,079	1,901,671					
011	HOUSEKEEPING	1,711		487,151				
012	DIETARY	18,269		18,268	1,029,347			
014	CAFETERIA				586,616	2,642,661		
015	NURSING ADMINSTRATIO	329		329		150,240	1,448,142	
016	CENTRAL SERVICES & SU	21,513		21,513		28,966		35,275,919
017	PHARMACY	2,625		2,625		69,561		136,996
018	MEDICAL RECORDS & LIB	5,334		5,334		65,300		
022	SOCIAL SERVICE	1,200		1,200		12,812		
023	I&R SERVICES-SALARY &					17,881		
025	I&R SERVICES-OTHER PR							
026	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	191,097	938,020	191,097	316,048	876,508	760,798	824,443
031	INTENSIVE CARE UNIT	22,992	188,060	22,992	56,472	225,310	207,118	194,718
031	SUBPROVIDER	22,907	26,762	22,907	70,211	157,033	55,947	51,219
033	01 SUBPROVIDER 2 REHAB							
036	NURSERY	2,100	18,200	2,100		30,638	29,421	
037	OTHER LONG TERM CARE	36,175						
038	ANCILLARY SRVC COST C							
039	OPERATING ROOM	48,655	125,742	48,655		160,182	83,350	723,210
040	RECOVERY ROOM		22,610			60,206	52,465	50,732
041	DELIVERY ROOM & LABOR	18,150	28,500	26,850		40,058	27,128	
042	ANESTHESIOLOGY	758	4,560	758		5,043	3,539	2,043
043	RADIOLOGY-DIAGNOSTIC	24,113	44,144	23,224		193,464	35,256	60,504
044	RADIOLOGY-THERAPEUTIC	15,424	58,973	15,424		15,507	1,695	1,540
044	RADIOISOTOPE	1,500		1,500		10,059		10,055
044	LABORATORY	16,687		16,687		57,381	2	224,267
046	01 PATHOLOGY	3,500		3,500		6,345		15,926
049	WHOLE BLOOD & PACKED	800		800		18,172		28,877
050	RESPIRATORY THERAPY	4,635		4,635		68,838	49	
051	PHYSICAL THERAPY	4,999		4,140				783
052	OCCUPATIONAL THERAPY	3,969		3,969				444
053	SPEECH PATHOLOGY	65		65				29
054	ELECTROCARDIOLOGY	7,762	180,050	7,762		56,541	23,058	19,191
054	ELECTROENCEPHALOGRAPH							
055	01 ELECTROSHOCK THERAPY	600		600		3,843	2,126	11,824
056	MEDICAL SUPPLIES CHAR							13,701,794
057	30 IMPL. DEV. CHARGED TO							18,787,075
058	DRUGS CHARGED TO PATI							
060	RENAL DIALYSIS	1,482		1,482		112		81,388
060	ASC (NON-DISTINCT PAR							
060	OUTPAT SERVICE COST C							
060	CLINIC	427	4,000	427		9,299	2,098	10,623
060	01 CARDIO PULMONARY REHA	4,126	1,450	2,340		10,938	7,539	2,352
060	02 OP PSYCH SERVICES	3,500	29,600	3,500		21,658	2,411	387
060	03 SENIOR CLINIC					3,819	3,819	20,041
060	04 OP CHEMICAL DEPENDENC					6,351	1,640	167
060	05 SLEEP LAB	2,200		2,200				
060	06 BARIATRIC CLINIC		11,000			25,810	5,702	2,521
061	EMERGENCY	27,391	220,000	27,391		205,715	134,816	165,556
062	OBSERVATION BEDS (NON							
065	OTHER REIMBURS COST C							
071	AMBULANCE SERVICES							
092	HOME HEALTH AGENCY							
093	SPEC PURPOSE COST CEN							
095	AMBULATORY SURGICAL C							
096	HOSPICE							
098	SUBTOTALS	519,074	1,901,671	484,274	1,029,347	2,613,590	1,439,977	35,128,705
099	NONREIMBURS COST CENT							
100	01 GIFT, FLOWER, COFFEE	1,571		1,571		2,391		21
100	02 MEALS ON WHEELS & OP							
100	03 PHYSICIANS' PRIVATE O							
100	04 ALL SAINTS							
100	05 FOUNDATION							
100	06 HELATHSTYLES INSTITUT					10,840		12
100	07 SSM REHAB INSTITUTE							
100	08 SSM PT							
100	09 SSM OT							
100	01 SSM ST							
100	02 NETWORK							
100	03 RETAIL PHARMACY							365
100	04 WELLNESS CENTER	6,429				2,041	163	77
100	05 EMS SERVICES							
100	06 ELIZABETH HOUSE	26,196						
100	07 HMR WEIGHT LOSS					6,335	2,087	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(PRODUCTIVE)OURS	H(DIRECT)SING HRS	NR(COSTED)EQUI S.
	NONREIMBURS COST CENT	8	9	10	11	12	14	15
100	10 PHYSICIAN OP CATH LAB	1,306		1,306		7,464	5,915	146,739
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	14,285,572	1,584,782	5,490,199	7,416,169	4,226,411	5,908,325	2,349,456
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	25.759449	.833363	11.270015	7.204732	1.599301	4.079935	.066602
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	694,936	31,008	163,696	373,061	212,604	202,430	600,775
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.253094	.016306	.336027	.362425	.080451	.139786	.017031

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	SOCIAL SERVICE (PATIENT) DAYS	I&R SERVICES- SALARY & FRI (ASSIGNED) TIME	I&R SERVICES- OTHER PRGM C (ASSIGNED) TIME
GENERAL SERVICE COST	16	17	18	22	23
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP BLDG & FIXT P					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY	9,938,052				
017 MEDICAL RECORDS & LIB		973,682,792			
018 SOCIAL SERVICE			113,686		
022 I&R SERVICES-SALARY &				851	
023 I&R SERVICES-OTHER PR					851
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	1,821	143,408,338	87,048	808	808
026 INTENSIVE CARE UNIT	253	38,844,307	14,045		
031 SUBPROVIDER	7	11,902,843	9,017		
031 01 SUBPROVIDER 2 REHAB					
033 NURSERY	16	5,048,959	3,576		
036 OTHER LONG TERM CARE					
ANCILLARY SRVC COST C					
037 OPERATING ROOM	2,317	100,091,436		26	26
038 RECOVERY ROOM	217	15,333,087			
039 DELIVERY ROOM & LABOR		8,011,529			
040 ANESTHESIOLOGY	26	17,924,068			
041 RADIOLOGY-DIAGNOSTIC	2,417	162,745,674			
042 RADIOLOGY-THERAPEUTIC		15,810,195			
043 RADIOISOTOPE		10,565,988			
044 LABORATORY		94,637,214			
044 01 PATHOLOGY		5,693,320			
046 WHOLE BLOOD & PACKED		11,471,472			
049 RESPIRATORY THERAPY	761	25,985,731			
050 PHYSICAL THERAPY		5,222,502			
051 OCCUPATIONAL THERAPY		1,398,481			
052 SPEECH PATHOLOGY		1,299,845			
053 ELECTROCARDIOLOGY	3,516	65,518,490			
054 ELECTROENCEPHALOGRAPH					
054 01 ELECTROSHOCK THERAPY	5	803,932			
055 MEDICAL SUPPLIES CHAR		21,172,764			
055 30 IMPL. DEV. CHARGED TO		35,801,888			
056 DRUGS CHARGED TO PATI	9,924,550	76,103,067			
057 RENAL DIALYSIS		4,260,539			
058 ASC (NON-DISTINCT PAR					
OUTPAT SERVICE COST C					
060 CLINIC		3,259,621			
060 01 RADIO PULMONARY REHA		1,087,473			
060 02 OP PSYCH SERVICES		6,673,093			
060 03 SENIOR CLINIC	2	685,559			
060 04 OP CHEMICAL DEPENDENC		1,389,389			
060 05 SLEEP LAB		6,010,508			
060 06 BARIATRIC CLINIC		970,675			
061 EMERGENCY	201	74,550,589		17	17
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
065 AMBULANCE SERVICES					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CEN					
092 AMBULATORY SURGICAL C					
093 HOSPICE					
095 SUBTOTALS	9,936,109	973,682,576	113,686	851	851
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
096 01 MEALS ON WHEELS & OP					
098 PHYSICIANS' PRIVATE O					
098 01 ALL SAINTS					
098 02 FOUNDATION					
098 03 HELATHSTYLES INSTITUT					
100 SSM REHAB INSTITUTE					
100 01 SSM PT					
100 02 SSM OT					
100 03 SSM ST					
100 04 NETWORK					
100 05 RETAIL PHARMACY					
100 06 WELLNESS CENTER					
100 07 EMS SERVICES					
100 08 ELIZABETH HOUSE					
100 09 HMR WEIGHT LOSS					

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
26-0104

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

PREPARED 5/26/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	67,297,115		67,297,115	95,854	67,392,969
26	INTENSIVE CARE UNIT	16,030,965		16,030,965		16,030,965
31	SUBPROVIDER	6,758,916		6,758,916		6,758,916
31	01 SUBPROVIDER 2 REHAB					
33	NURSERY	2,080,557		2,080,557		2,080,557
36	OTHER LONG TERM CARE	5,201,023		5,201,023		5,201,023
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,150,565		18,150,565		18,150,565
38	RECOVERY ROOM	3,870,860		3,870,860	25,886	3,896,746
39	DELIVERY ROOM & LABOR ROO	3,648,009		3,648,009		3,648,009
40	ANESTHESIOLOGY	1,361,162		1,361,162		1,361,162
41	RADIOLOGY-DIAGNOSTIC	19,886,863		19,886,863		19,886,863
42	RADIOLOGY-THERAPEUTIC	2,216,721		2,216,721		2,216,721
43	RADIOISOTOPE	1,634,868		1,634,868		1,634,868
44	LABORATORY	8,403,997		8,403,997		8,403,997
44	01 PATHOLOGY	1,307,057		1,307,057		1,307,057
46	WHOLE BLOOD & PACKED RED	2,919,282		2,919,282		2,919,282
49	RESPIRATORY THERAPY	4,351,668		4,351,668		4,351,668
50	PHYSICAL THERAPY	1,706,330		1,706,330		1,706,330
51	OCCUPATIONAL THERAPY	508,297		508,297		508,297
52	SPEECH PATHOLOGY	202,795		202,795		202,795
53	ELECTROCARDIOLOGY	6,049,113		6,049,113		6,049,113
54	ELECTROENCEPHALOGRAPHY					
54	01 ELECTROSHOCK THERAPY	262,648		262,648		262,648
55	MEDICAL SUPPLIES CHARGED	18,740,111		18,740,111		18,740,111
55	30 IMPL. DEV. CHARGED TO PAT	25,933,702		25,933,702		25,933,702
56	DRUGS CHARGED TO PATIENTS	18,948,267		18,948,267		18,948,267
57	RENAL DIALYSIS	1,494,071		1,494,071	1,255	1,495,326
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	547,459		547,459		547,459
60	01 CARDIO PULMONARY REHAB	883,655		883,655		883,655
60	02 OP PSYCH SERVICES	1,878,127		1,878,127		1,878,127
60	03 SENIOR CLINIC	301,335		301,335		301,335
60	04 OP CHEMICAL DEPENDENCY CL	328,999		328,999		328,999
60	05 SLEEP LAB	1,209,815		1,209,815		1,209,815
60	06 BIARIATRIC CLINIC	1,907,124		1,907,124	3,009	1,910,133
61	EMERGENCY	13,324,767		13,324,767		13,324,767
62	OBSERVATION BEDS (NON-DIS	2,797,502		2,797,502		2,797,502
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	262,143,745		262,143,745	126,004	262,269,749
102	LESS OBSERVATION BEDS	2,797,502		2,797,502		2,797,502
103	TOTAL	259,346,243		259,346,243	126,004	259,472,247

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	141,161,077		141,161,077			
26	INTENSIVE CARE UNIT	38,420,402		38,420,402			
31	SUBPROVIDER	11,816,251		11,816,251			
31	01 SUBPROVIDER 2 REHAB						
33	NURSERY	4,907,143		4,907,143			
36	OTHER LONG TERM CARE	3,483,575		3,483,575			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	57,898,787	37,517,661	95,416,448	.190225	.190225	.190225
38	RECOVERY ROOM	7,592,049	7,076,493	14,668,542	.263889	.263889	.265653
39	DELIVERY ROOM & LABOR ROO	5,578,627	2,432,902	8,011,529	.455345	.455345	.455345
40	ANESTHESIOLOGY	12,370,307	4,893,361	17,263,668	.078845	.078845	.078845
41	RADIOLOGY-DIAGNOSTIC	65,889,112	91,882,052	157,771,164	.126049	.126049	.126049
42	RADIOLOGY-THERAPEUTIC	527,469	14,920,320	15,447,789	.143498	.143498	.143498
43	RADIOISOTOPE	5,453,807	4,797,474	10,251,281	.159479	.159479	.159479
44	LABORATORY	59,812,547	32,698,975	92,511,522	.090843	.090843	.090843
44	01 PATHOLOGY	2,090,870	3,374,987	5,465,857	.239131	.239131	.239131
46	WHOLE BLOOD & PACKED RED	9,257,063	2,032,980	11,290,043	.258571	.258571	.258571
49	RESPIRATORY THERAPY	22,553,261	3,009,429	25,562,690	.170235	.170235	.170235
50	PHYSICAL THERAPY	5,090,816	79,206	5,170,022	.330043	.330043	.330043
51	OCCUPATIONAL THERAPY	1,367,747	21,023	1,388,770	.366005	.366005	.366005
52	SPEECH PATHOLOGY	1,280,096	13,548	1,293,644	.156763	.156763	.156763
53	ELECTROCARDIOLOGY	48,241,917	16,106,740	64,348,657	.094005	.094005	.094005
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY	148,104	646,104	794,208	.330704	.330704	.330704
55	MEDICAL SUPPLIES CHARGED	18,732,249	2,440,515	21,172,764	.885105	.885105	.885105
55	30 IMPL. DEV. CHARGED TO PAT	29,396,424	6,405,464	35,801,888	.724367	.724367	.724367
56	DRUGS CHARGED TO PATIENTS	62,971,123	11,928,838	74,899,961	.252981	.252981	.252981
57	RENAL DIALYSIS	4,117,350	94,549	4,211,899	.354726	.354726	.355024
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		3,132,421	3,132,421	.174772	.174772	.174772
60	01 CARDIO PULMONARY REHAB	304,511	745,478	1,049,989	.841585	.841585	.841585
60	02 OP PSYCH SERVICES	14,566	6,658,527	6,673,093	.281448	.281448	.281448
60	03 SENIOR CLINIC		666,569	666,569	.452069	.452069	.452069
60	04 OP CHEMICAL DEPENDENCY CL		1,279,468	1,279,468	.257137	.257137	.257137
60	05 SLEEP LAB	5,621	5,520,630	5,526,251	.218921	.218921	.218921
60	06 BIARITRIC CLINIC	1,140	913,493	914,633	2.085125	2.085125	2.088415
61	EMERGENCY	28,869,313	44,492,672	73,361,985	.181630	.181630	.181630
62	OBSERVATION BEDS (NON-DIS		13,588,995	13,588,995	.205865	.205865	.205865
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	649,353,324	319,370,874	968,724,198			
102	LESS OBSERVATION BEDS						
103	TOTAL	649,353,324	319,370,874	968,724,198			

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	18,150,565	2,541,747	15,608,818			18,150,565
38	RECOVERY ROOM	3,870,860	206,964	3,663,896			3,870,860
39	DELIVERY ROOM & LABOR ROO	3,648,009	530,729	3,117,280			3,648,009
40	ANESTHESIOLOGY	1,361,162	325,914	1,035,248			1,361,162
41	RADIOLOGY-DIAGNOSTIC	19,886,863	2,504,655	17,382,208			19,886,863
42	RADIOLOGY-THERAPEUTIC	2,216,721	155,112	2,061,609			2,216,721
43	RADIOISOTOPE	1,634,868	170,326	1,464,542			1,634,868
44	LABORATORY	8,403,997	413,393	7,990,604			8,403,997
44	01 PATHOLOGY	1,307,057	47,112	1,259,945			1,307,057
46	WHOLE BLOOD & PACKED RED	2,919,282	80,544	2,838,738			2,919,282
49	RESPIRATORY THERAPY	4,351,668	411,035	3,940,633			4,351,668
50	PHYSICAL THERAPY	1,706,330	46,823	1,659,507			1,706,330
51	OCCUPATIONAL THERAPY	508,297	27,455	480,842			508,297
52	SPEECH PATHOLOGY	202,795	11,396	191,399			202,795
53	ELECTROCARDIOLOGY	6,049,113	1,148,716	4,900,397			6,049,113
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY	262,648	15,257	247,391			262,648
55	MEDICAL SUPPLIES CHARGED	18,740,111	388,564	18,351,547			18,740,111
55	30 IMPL. DEV. CHARGED TO PAT	25,933,702	535,481	25,398,221			25,933,702
56	DRUGS CHARGED TO PATIENTS	18,948,267	744,024	18,204,243			18,948,267
57	RENAL DIALYSIS	1,494,071	51,508	1,442,563			1,494,071
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	547,459	54,267	493,192			547,459
60	01 CARDIO PULMONARY REHAB	883,655	51,376	832,279			883,655
60	02 OP PSYCH SERVICES	1,878,127	67,301	1,810,826			1,878,127
60	03 SENIOR CLINIC	301,335	37,649	263,686			301,335
60	04 OP CHEMICAL DEPENDENCY CL	328,999	11,863	317,136			328,999
60	05 SLEEP LAB	1,209,815	109,969	1,099,846			1,209,815
60	06 BIARIATRIC CLINIC	1,907,124	264,950	1,642,174			1,907,124
61	EMERGENCY	13,324,767	947,638	12,377,129			13,324,767
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,797,502	242,197	2,555,305			2,797,502
65	AMBULANCE SERVICES						
101	SUBTOTAL	164,775,169	12,143,965	152,631,204			164,775,169
102	LESS OBSERVATION BEDS	2,797,502	242,197	2,555,305			2,797,502
103	TOTAL	161,977,667	11,901,768	150,075,899			161,977,667

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	95,416,448	.190225	.190225
38	RECOVERY ROOM	14,668,542	.263889	.263889
39	DELIVERY ROOM & LABOR ROO	8,011,529	.455345	.455345
40	ANESTHESIOLOGY	17,263,668	.078845	.078845
41	RADIOLOGY-DIAGNOSTIC	157,771,164	.126049	.126049
42	RADIOLOGY-THERAPEUTIC	15,447,789	.143498	.143498
43	RADIOISOTOPE	10,251,281	.159479	.159479
44	LABORATORY	92,511,522	.090843	.090843
44	01 PATHOLOGY	5,465,857	.239131	.239131
46	WHOLE BLOOD & PACKED RED	11,290,043	.258571	.258571
49	RESPIRATORY THERAPY	25,562,690	.170235	.170235
50	PHYSICAL THERAPY	5,170,022	.330043	.330043
51	OCCUPATIONAL THERAPY	1,388,770	.366005	.366005
52	SPEECH PATHOLOGY	1,293,644	.156763	.156763
53	ELECTROCARDIOLOGY	64,348,657	.094005	.094005
54	ELECTROENCEPHALOGRAPHY			
54	01 ELECTROSHOCK THERAPY	794,208	.330704	.330704
55	MEDICAL SUPPLIES CHARGED	21,172,764	.885105	.885105
55	30 IMPL. DEV. CHARGED TO PAT	35,801,888	.724367	.724367
56	DRUGS CHARGED TO PATIENTS	74,899,961	.252981	.252981
57	RENAL DIALYSIS	4,211,899	.354726	.354726
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,132,421	.174772	.174772
60	01 CARDIO PULMONARY REHAB	1,049,989	.841585	.841585
60	02 OP PSYCH SERVICES	6,673,093	.281448	.281448
60	03 SENIOR CLINIC	666,569	.452069	.452069
60	04 OP CHEMICAL DEPENDENCY CL	1,279,468	.257137	.257137
60	05 SLEEP LAB	5,526,251	.218921	.218921
60	06 BIARIATRIC CLINIC	914,633	2.085125	2.085125
61	EMERGENCY	73,361,985	.181630	.181630
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	13,588,995	.205865	.205865
65	AMBULANCE SERVICES			
101	SUBTOTAL	768,935,750		
102	LESS OBSERVATION BEDS	13,588,995		
103	TOTAL	755,346,755		

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	18,175,155	2,541,747	15,633,408	254,175	906,738	17,014,242
38	RECOVERY ROOM	3,870,860	206,964	3,663,896	20,696	212,506	3,637,658
39	DELIVERY ROOM & LABOR ROO	3,648,009	530,729	3,117,280	53,073	180,802	3,414,134
40	ANESTHESIOLOGY	1,361,162	325,914	1,035,248	32,591	60,044	1,268,527
41	RADIOLOGY-DIAGNOSTIC	19,886,863	2,504,655	17,382,208	250,466	1,008,168	18,628,229
42	RADIOLOGY-THERAPEUTIC	2,216,721	155,112	2,061,609	15,511	119,573	2,081,637
43	RADIOISOTOPE	1,634,868	170,326	1,464,542	17,033	84,943	1,532,892
44	LABORATORY	8,403,997	413,393	7,990,604	41,339	463,455	7,899,203
44	01 PATHOLOGY	1,307,057	47,112	1,259,945	4,711	73,077	1,229,269
46	WHOLE BLOOD & PACKED RED	2,919,282	80,544	2,838,738	8,054	164,647	2,746,581
49	RESPIRATORY THERAPY	4,351,668	411,035	3,940,633	41,104	228,557	4,082,007
50	PHYSICAL THERAPY	1,706,330	46,823	1,659,507	4,682	96,251	1,605,397
51	OCCUPATIONAL THERAPY	508,297	27,455	480,842	2,746	27,889	477,662
52	SPEECH PATHOLOGY	202,795	11,396	191,399	1,140	11,101	190,554
53	ELECTROCARDIOLOGY	6,049,113	1,148,716	4,900,397	114,872	284,223	5,650,018
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY	262,648	15,257	247,391	1,526	14,349	246,773
55	MEDICAL SUPPLIES CHARGED	18,740,111	388,564	18,351,547	38,856	1,064,390	17,636,865
55	30 IMPL. DEV. CHARGED TO PAT	25,933,702	535,481	25,398,221	53,548	1,473,097	24,407,057
56	DRUGS CHARGED TO PATIENTS	18,948,267	744,024	18,204,243	74,402	1,055,846	17,818,019
57	RENAL DIALYSIS	1,494,071	51,508	1,442,563	5,151	83,669	1,405,251
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	547,459	54,267	493,192	5,427	28,605	513,427
60	01 CARDIO PULMONARY REHAB	883,655	51,376	832,279	5,138	48,272	830,245
60	02 OP PSYCH SERVICES	1,878,127	67,301	1,810,826	6,730	105,028	1,766,369
60	03 SENIOR CLINIC	301,335	37,649	263,686	3,765	15,294	282,276
60	04 OP CHEMICAL DEPENDENCY CL	328,999	11,863	317,136	1,186	18,394	309,419
60	05 SLEEP LAB	1,209,815	109,969	1,099,846	10,997	63,791	1,135,027
60	06 BIARIATRIC CLINIC	1,907,124	264,950	1,642,174	26,495	95,246	1,785,383
61	EMERGENCY	13,340,845	947,638	12,393,207	94,764	718,806	12,527,275
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,797,502	242,197	2,555,305	24,220	148,208	2,625,074
65	AMBULANCE SERVICES						
101	SUBTOTAL	164,815,837	12,143,965	152,671,872	1,214,398	8,854,969	154,746,470
102	LESS OBSERVATION BEDS	2,797,502	242,197	2,555,305	24,220	148,208	2,625,074
103	TOTAL	162,018,335	11,901,768	150,116,567	1,190,178	8,706,761	152,121,396

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	95,416,448	.178316	.187819
38	RECOVERY ROOM	14,668,542	.247990	.262478
39	DELIVERY ROOM & LABOR ROO	8,011,529	.426153	.448720
40	ANESTHESIOLOGY	17,263,668	.073480	.076958
41	RADIOLOGY-DIAGNOSTIC	157,771,164	.118071	.124461
42	RADIOLOGY-THERAPEUTIC	15,447,789	.134753	.142494
43	RADIOISOTOPE	10,251,281	.149532	.157818
44	LABORATORY	92,511,522	.085386	.090396
44	01 PATHOLOGY	5,465,857	.224900	.238269
46	WHOLE BLOOD & PACKED RED	11,290,043	.243275	.257858
49	RESPIRATORY THERAPY	25,562,690	.159686	.168627
50	PHYSICAL THERAPY	5,170,022	.310520	.329137
51	OCCUPATIONAL THERAPY	1,388,770	.343946	.364028
52	SPEECH PATHOLOGY	1,293,644	.147300	.155881
53	ELECTROCARDIOLOGY	64,348,657	.087803	.092220
54	ELECTROENCEPHALOGRAPHY			
54	01 ELECTROSHOCK THERAPY	794,208	.310716	.328783
55	MEDICAL SUPPLIES CHARGED	21,172,764	.832998	.883269
55	30 IMPL. DEV. CHARGED TO PAT	35,801,888	.681725	.722871
56	DRUGS CHARGED TO PATIENTS	74,899,961	.237891	.251988
57	RENAL DIALYSIS	4,211,899	.333638	.353503
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,132,421	.163907	.173039
60	01 CARDIO PULMONARY REHAB	1,049,989	.790718	.836692
60	02 OP PSYCH SERVICES	6,673,093	.264700	.280439
60	03 SENIOR CLINIC	666,569	.423476	.446420
60	04 OP CHEMICAL DEPENDENCY CL	1,279,468	.241834	.256210
60	05 SLEEP LAB	5,526,251	.205388	.216932
60	06 BIARIATRIC CLINIC	914,633	1.952021	2.056157
61	EMERGENCY	73,361,985	.170760	.180558
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	13,588,995	.193176	.204083
65	AMBULANCE SERVICES			
101	SUBTOTAL	768,935,750		
102	LESS OBSERVATION BEDS	13,588,995		
103	TOTAL	755,346,755		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0104 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/26/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 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				5,834,616		5,834,616
26	INTENSIVE CARE UNIT				1,071,113		1,071,113
31	SUBPROVIDER				379,638		379,638
31 01	SUBPROVIDER 2 REHAB						
33	NURSERY				105,171		105,171
101	TOTAL				7,390,538		7,390,538

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	88,942	28,567			65.60	1,873,995
26	INTENSIVE CARE UNIT	13,893	6,599			77.10	508,783
31	SUBPROVIDER	8,999	5,306			42.19	223,860
31 01	SUBPROVIDER 2 REHAB						
33	NURSERY	3,576				29.41	
101	TOTAL	115,410	40,472				2,606,638

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,541,747	95,416,448	21,820,572		
38	RECOVERY ROOM		206,964	14,668,542	2,081,741		
39	DELIVERY ROOM & LABOR ROO		530,729	8,011,529	51,117		
40	ANESTHESIOLOGY		325,914	17,263,668	3,431,951		
41	RADIOLOGY-DIAGNOSTIC		2,504,655	157,771,164	26,935,316		
42	RADIOLOGY-THERAPEUTIC		155,112	15,447,789	302,329		
43	RADIOISOTOPE		170,326	10,251,281	2,106,691		
44	LABORATORY		413,393	92,511,522	24,608,087		
44	01 PATHOLOGY		47,112	5,465,857	628,565		
46	WHOLE BLOOD & PACKED RED		80,544	11,290,043	3,816,028		
49	RESPIRATORY THERAPY		411,035	25,562,690	11,281,420		
50	PHYSICAL THERAPY		46,823	5,170,022	2,346,538		
51	OCCUPATIONAL THERAPY		27,455	1,388,770	636,758		
52	SPEECH PATHOLOGY		11,396	1,293,644	682,910		
53	ELECTROCARDIOLOGY		1,148,716	64,348,657	17,300,901		
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY		15,257	794,208	2,971		
55	MEDICAL SUPPLIES CHARGED		388,564	21,172,764	9,147,602		
55	30 IMPL. DEV. CHARGED TO PAT		535,481	35,801,888	10,510,803		
56	DRUGS CHARGED TO PATIENTS		744,024	74,899,961	25,537,012		
57	RENAL DIALYSIS		51,508	4,211,899	2,713,687		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		54,267	3,132,421			
60	01 CARDIO PULMONARY REHAB		51,376	1,049,989	84,100		
60	02 OP PSYCH SERVICES		67,301	6,673,093			
60	03 SENIOR CLINIC		37,649	666,569			
60	04 OP CHEMICAL DEPENDENCY CL		11,863	1,279,468			
60	05 SLEEP LAB		109,969	5,526,251			
60	06 BIARIATRIC CLINIC		264,950	914,633			
61	EMERGENCY		947,638	73,361,985	10,987,585		
62	OBSERVATION BEDS (NON-DIS		242,197	13,588,995			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		12,143,965	768,935,750	177,014,684		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 26-0104
 PREPARED 5/26/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.026638	581,256
38	RECOVERY ROOM	.014109	29,371
39	DELIVERY ROOM & LABOR ROO	.066246	3,386
40	ANESTHESIOLOGY	.018879	64,792
41	RADIOLOGY-DIAGNOSTIC	.015875	427,598
42	RADIOLOGY-THERAPEUTIC	.010041	3,036
43	RADIOISOTOPE	.016615	35,003
44	LABORATORY	.004469	109,974
44	01 PATHOLOGY	.008619	5,418
46	WHOLE BLOOD & PACKED RED	.007134	27,224
49	RESPIRATORY THERAPY	.016079	181,394
50	PHYSICAL THERAPY	.009057	21,253
51	OCCUPATIONAL THERAPY	.019769	12,588
52	SPEECH PATHOLOGY	.008809	6,016
53	ELECTROCARDIOLOGY	.017851	308,838
54	ELECTROENCEPHALOGRAPHY		
54	01 ELECTROSHOCK THERAPY	.019210	57
55	MEDICAL SUPPLIES CHARGED	.018352	167,877
55	30 IMPL. DEV. CHARGED TO PAT	.014957	157,210
56	DRUGS CHARGED TO PATIENTS	.009934	253,685
57	RENAL DIALYSIS	.012229	33,186
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.017324	
60	01 CARDIO PULMONARY REHAB	.048930	4,115
60	02 OP PSYCH SERVICES	.010085	
60	03 SENIOR CLINIC	.056482	
60	04 OP CHEMICAL DEPENDENCY CL	.009272	
60	05 SLEEP LAB	.019899	
60	06 BIARIATRIC CLINIC	.289679	
61	EMERGENCY	.012917	141,927
62	OBSERVATION BEDS (NON-DIS	.017823	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		2,575,204

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					88,942	
26	INTENSIVE CARE UNIT					13,893	
31	SUBPROVIDER					8,999	
31 01	SUBPROVIDER 2 REHAB						
33	NURSERY					3,576	
101	TOTAL					115,410	

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

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	28,567	
26	INTENSIVE CARE UNIT	6,599	
31	SUBPROVIDER	5,306	
31 01	SUBPROVIDER 2 REHAB		
33	NURSERY		
101	TOTAL	40,472	

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			95,416,448			21,820,572	
38	RECOVERY ROOM			14,668,542			2,081,741	
39	DELIVERY ROOM & LABOR ROO			8,011,529			51,117	
40	ANESTHESIOLOGY			17,263,668			3,431,951	
41	RADIOLOGY-DIAGNOSTIC			157,771,164			26,935,316	
42	RADIOLOGY-THERAPEUTIC			15,447,789			302,329	
43	RADIOISOTOPE			10,251,281			2,106,691	
44	LABORATORY			92,511,522			24,608,087	
44	01 PATHOLOGY			5,465,857			628,565	
46	WHOLE BLOOD & PACKED RED			11,290,043			3,816,028	
49	RESPIRATORY THERAPY			25,562,690			11,281,420	
50	PHYSICAL THERAPY			5,170,022			2,346,538	
51	OCCUPATIONAL THERAPY			1,388,770			636,758	
52	SPEECH PATHOLOGY			1,293,644			682,910	
53	ELECTROCARDIOLOGY			64,348,657			17,300,901	
54	ELECTROENCEPHALOGRAPHY							
54	01 ELECTROSHOCK THERAPY			794,208			2,971	
55	MEDICAL SUPPLIES CHARGED			21,172,764			9,147,602	
55	30 IMPL. DEV. CHARGED TO PAT			35,801,888			10,510,803	
56	DRUGS CHARGED TO PATIENTS			74,899,961			25,537,012	
57	RENAL DIALYSIS			4,211,899			2,713,687	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,132,421				
60	01 CARDIO PULMONARY REHAB			1,049,989			84,100	
60	02 OP PSYCH SERVICES			6,673,093				
60	03 SENIOR CLINIC			666,569				
60	04 OP CHEMICAL DEPENDENCY CL			1,279,468				
60	05 SLEEP LAB			5,526,251				
60	06 BIARIATRIC CLINIC			914,633				
61	EMERGENCY			73,361,985			10,987,585	
62	OBSERVATION BEDS (NON-DIS			13,588,995				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			768,935,750			177,014,684	

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	10,818,730					
38	RECOVERY ROOM	1,580,067					
39	DELIVERY ROOM & LABOR ROO	4,424					
40	ANESTHESIOLOGY	1,232,197					
41	RADIOLOGY-DIAGNOSTIC	16,678,145					
42	RADIOLOGY-THERAPEUTIC	3,527,001					
43	RADIOISOTOPE	1,117,098					
44	LABORATORY	22,560					
44	01 PATHOLOGY	703,916					
46	WHOLE BLOOD & PACKED RED	304,244					
49	RESPIRATORY THERAPY	744,710					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,721,934					
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY	350,064					
55	MEDICAL SUPPLIES CHARGED	802,665					
55	30 IMPL. DEV. CHARGED TO PAT	1,548,188					
56	DRUGS CHARGED TO PATIENTS	722,782					
57	RENAL DIALYSIS	48,162					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	217,406					
60	01 CARDIO PULMONARY REHAB	256,295					
60	02 OP PSYCH SERVICES						
60	03 SENIOR CLINIC	89,551					
60	04 OP CHEMICAL DEPENDENCY CL						
60	05 SLEEP LAB	778,575					
60	06 BIARIATRIC CLINIC	165,368					
61	EMERGENCY	5,197,512					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,317,911					
65	AMBULANCE SERVICES						
101	TOTAL	52,949,505					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,057,993	
38 RECOVERY ROOM				416,962	
39 DELIVERY ROOM & LABOR ROOM				2,014	
40 ANESTHESIOLOGY				97,153	
41 RADIOLOGY-DIAGNOSTIC				2,102,263	
42 RADIOLOGY-THERAPEUTIC				506,118	
43 RADIOISOTOPE				178,154	
44 LABORATORY				2,049	
44 01 PATHOLOGY				168,328	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				78,669	
49 RESPIRATORY THERAPY				126,776	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				349,880	
54 ELECTROENCEPHALOGRAPHY					
54 01 ELECTROSHOCK THERAPY				115,768	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				710,443	
55 30 IMPL. DEV. CHARGED TO PATIENT				1,121,456	
56 DRUGS CHARGED TO PATIENTS				182,850	
57 RENAL DIALYSIS				17,084	
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				37,996	
60 01 CARDIO PULMONARY REHAB				215,694	
60 02 OP PSYCH SERVICES					
60 03 SENIOR CLINIC				40,483	
60 04 OP CHEMICAL DEPENDENCY CLINIC					
60 05 SLEEP LAB				170,446	
60 06 BIARIATRIC CLINIC				344,813	
61 EMERGENCY				944,024	
62 OBSERVATION BEDS (NON-DISTINCT PART)				477,177	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				10,464,593	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				10,464,593	

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,541,747	95,416,448	24,870		
38	RECOVERY ROOM		206,964	14,668,542	2,885		
39	DELIVERY ROOM & LABOR ROO		530,729	8,011,529			
40	ANESTHESIOLOGY		325,914	17,263,668			
41	RADIOLOGY-DIAGNOSTIC		2,504,655	157,771,164	203,690		
42	RADIOLOGY-THERAPEUTIC		155,112	15,447,789			
43	RADIOISOTOPE		170,326	10,251,281	24,222		
44	LABORATORY		413,393	92,511,522	721,262		
44	01 PATHOLOGY		47,112	5,465,857	1,995		
46	WHOLE BLOOD & PACKED RED		80,544	11,290,043	566		
49	RESPIRATORY THERAPY		411,035	25,562,690	107,779		
50	PHYSICAL THERAPY		46,823	5,170,022	27,485		
51	OCCUPATIONAL THERAPY		27,455	1,388,770	2,083		
52	SPEECH PATHOLOGY		11,396	1,293,644	11,823		
53	ELECTROCARDIOLOGY		1,148,716	64,348,657	72,090		
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY		15,257	794,208	65,776		
55	MEDICAL SUPPLIES CHARGED		388,564	21,172,764	9,114		
55	30 IMPL. DEV. CHARGED TO PAT		535,481	35,801,888	1,688		
56	DRUGS CHARGED TO PATIENTS		744,024	74,899,961	1,226,700		
57	RENAL DIALYSIS		51,508	4,211,899	23,040		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		54,267	3,132,421			
60	01 CARDIO PULMONARY REHAB		51,376	1,049,989			
60	02 OP PSYCH SERVICES		67,301	6,673,093	9,986		
60	03 SENIOR CLINIC		37,649	666,569			
60	04 OP CHEMICAL DEPENDENCY CL		11,863	1,279,468			
60	05 SLEEP LAB		109,969	5,526,251			
60	06 BIARIATRIC CLINIC		264,950	914,633			
61	EMERGENCY		947,638	73,361,985	426,652		
62	OBSERVATION BEDS (NON-DIS		242,197	13,588,995			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		12,143,965	768,935,750	2,963,706		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 26-S104
 PREPARED 5/26/2011
 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	.026638	662
38	RECOVERY ROOM	.014109	41
39	DELIVERY ROOM & LABOR ROO	.066246	
40	ANESTHESIOLOGY	.018879	
41	RADIOLOGY-DIAGNOSTIC	.015875	3,234
42	RADIOLOGY-THERAPEUTIC	.010041	
43	RADIOISOTOPE	.016615	402
44	LABORATORY	.004469	3,223
44	01 PATHOLOGY	.008619	17
46	WHOLE BLOOD & PACKED RED	.007134	4
49	RESPIRATORY THERAPY	.016079	1,733
50	PHYSICAL THERAPY	.009057	249
51	OCCUPATIONAL THERAPY	.019769	41
52	SPEECH PATHOLOGY	.008809	104
53	ELECTROCARDIOLOGY	.017851	1,287
54	ELECTROENCEPHALOGRAPHY		
54	01 ELECTROSHOCK THERAPY	.019210	1,264
55	MEDICAL SUPPLIES CHARGED	.018352	167
55	30 IMPL. DEV. CHARGED TO PAT	.014957	25
56	DRUGS CHARGED TO PATIENTS	.009934	12,186
57	RENAL DIALYSIS	.012229	282
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.017324	
60	01 CARDIO PULMONARY REHAB	.048930	
60	02 OP PSYCH SERVICES	.010085	101
60	03 SENIOR CLINIC	.056482	
60	04 OP CHEMICAL DEPENDENCY CL	.009272	
60	05 SLEEP LAB	.019899	
60	06 BIARIATRIC CLINIC	.289679	
61	EMERGENCY	.012917	5,511
62	OBSERVATION BEDS (NON-DIS	.017823	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		30,533

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			95,416,448			24,870	
38	RECOVERY ROOM			14,668,542			2,885	
39	DELIVERY ROOM & LABOR ROO			8,011,529				
40	ANESTHESIOLOGY			17,263,668				
41	RADIOLOGY-DIAGNOSTIC			157,771,164			203,690	
42	RADIOLOGY-THERAPEUTIC			15,447,789				
43	RADIOISOTOPE			10,251,281			24,222	
44	LABORATORY			92,511,522			721,262	
44	01 PATHOLOGY			5,465,857			1,995	
46	WHOLE BLOOD & PACKED RED			11,290,043			566	
49	RESPIRATORY THERAPY			25,562,690			107,779	
50	PHYSICAL THERAPY			5,170,022			27,485	
51	OCCUPATIONAL THERAPY			1,388,770			2,083	
52	SPEECH PATHOLOGY			1,293,644			11,823	
53	ELECTROCARDIOLOGY			64,348,657			72,090	
54	ELECTROENCEPHALOGRAPHY							
54	01 ELECTROSHOCK THERAPY			794,208			65,776	
55	MEDICAL SUPPLIES CHARGED			21,172,764			9,114	
55	30 IMPL. DEV. CHARGED TO PAT			35,801,888			1,688	
56	DRUGS CHARGED TO PATIENTS			74,899,961			1,226,700	
57	RENAL DIALYSIS			4,211,899			23,040	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,132,421				
60	01 CARDIO PULMONARY REHAB			1,049,989				
60	02 OP PSYCH SERVICES			6,673,093			9,986	
60	03 SENIOR CLINIC			666,569				
60	04 OP CHEMICAL DEPENDENCY CL			1,279,468				
60	05 SLEEP LAB			5,526,251				
60	06 BIARIATRIC CLINIC			914,633				
61	EMERGENCY			73,361,985			426,652	
62	OBSERVATION BEDS (NON-DIS			13,588,995				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			768,935,750			2,963,706	

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		297				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		4,520				
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 PATHOLOGY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		1,705				
54	ELECTROENCEPHALOGRAPHY						
54	01 ELECTROSHOCK THERAPY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		3,125				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CARDIO PULMONARY REHAB						
60	02 OP PSYCH SERVICES		6,187,755				
60	03 SENIOR CLINIC						
60	04 OP CHEMICAL DEPENDENCY CL						
60	05 SLEEP LAB						
60	06 BIARIATRIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		6,197,402				

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,692
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	757.72
85	OBSERVATION BED COST	2,797,502

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	67,392,969		2,797,502	
87	NEW CAPITAL-RELATED COST	5,834,616	.086576	2,797,502	242,197
88	NON PHYSICIAN ANESTHETIST	67,392,969		2,797,502	
89	MEDICAL EDUCATION	67,392,969		2,797,502	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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	751.07
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	6,758,916			
87	NEW CAPITAL-RELATED COST	379,638	.056168		
88	NON PHYSICIAN ANESTHETIST	6,758,916			
89	MEDICAL EDUCATION	6,758,916			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
26-S104		PART III

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	751.07
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		49,345,754	
26	INTENSIVE CARE UNIT		17,787,075	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.190225	21,820,572	4,150,818
38	RECOVERY ROOM	.265653	2,081,741	553,021
39	DELIVERY ROOM & LABOR ROOM	.455345	51,117	23,276
40	ANESTHESIOLOGY	.078845	3,431,951	270,592
41	RADIOLOGY-DIAGNOSTIC	.126049	26,935,316	3,395,170
42	RADIOLOGY-THERAPEUTIC	.143498	302,329	43,384
43	RADIOISOTOPE	.159479	2,106,691	335,973
44	LABORATORY	.090843	24,608,087	2,235,472
44	01 PATHOLOGY	.239131	628,565	150,309
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.258571	3,816,028	986,714
49	RESPIRATORY THERAPY	.170235	11,281,420	1,920,493
50	PHYSICAL THERAPY	.330043	2,346,538	774,458
51	OCCUPATIONAL THERAPY	.366005	636,758	233,057
52	SPEECH PATHOLOGY	.156763	682,910	107,055
53	ELECTROCARDIOLOGY	.094005	17,300,901	1,626,371
54	ELECTROENCEPHALOGRAPHY			
54	01 ELECTROSHOCK THERAPY	.330704	2,971	983
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.885105	9,147,602	8,096,588
55	30 IMPL. DEV. CHARGED TO PATIENT	.724367	10,510,803	7,613,679
56	DRUGS CHARGED TO PATIENTS	.252981	25,537,012	6,460,379
57	RENAL DIALYSIS	.355024	2,713,687	963,424
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS CLINIC	.174772		
60	01 CARDIO PULMONARY REHAB	.841585	84,100	70,777
60	02 OP PSYCH SERVICES	.281448		
60	03 SENIOR CLINIC	.452069		
60	04 OP CHEMICAL DEPENDENCY CLINIC	.257137		
60	05 SLEEP LAB	.218921		
60	06 BIARIATRIC CLINIC	2.088415		
61	EMERGENCY	.181630	10,987,585	1,995,675
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.205865		
65	AMBULANCE SERVICES			
101	TOTAL		177,014,684	42,007,668
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		177,014,684	

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			
31	SUBPROVIDER		6,997,209	
31 01	SUBPROVIDER 2 REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.190225	24,870	4,731
38	RECOVERY ROOM	.265653	2,885	766
39	DELIVERY ROOM & LABOR ROOM	.455345		
40	ANESTHESIOLOGY	.078845		
41	RADIOLOGY-DIAGNOSTIC	.126049	203,690	25,675
42	RADIOLOGY-THERAPEUTIC	.143498		
43	RADIOISOTOPE	.159479	24,222	3,863
44	LABORATORY	.090843	721,262	65,522
44 01	PATHOLOGY	.239131	1,995	477
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.258571	566	146
49	RESPIRATORY THERAPY	.170235	107,779	18,348
50	PHYSICAL THERAPY	.330043	27,485	9,071
51	OCCUPATIONAL THERAPY	.366005	2,083	762
52	SPEECH PATHOLOGY	.156763	11,823	1,853
53	ELECTROCARDIOLOGY	.094005	72,090	6,777
54	ELECTROENCEPHALOGRAPHY			
54 01	ELECTROSHOCK THERAPY	.330704	65,776	21,752
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.885105	9,114	8,067
55 30	IMPL. DEV. CHARGED TO PATIENT	.724367	1,688	1,223
56	DRUGS CHARGED TO PATIENTS	.252981	1,226,700	310,332
57	RENAL DIALYSIS	.355024	23,040	8,180
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.174772		
60 01	CARDIO PULMONARY REHAB	.841585		
60 02	OP PSYCH SERVICES	.281448	9,986	2,811
60 03	SENIOR CLINIC	.452069		
60 04	OP CHEMICAL DEPENDENCY CLINIC	.257137		
60 05	SLEEP LAB	.218921		
60 06	BIOPSY CLINIC	2.088415		
61	EMERGENCY	.181630	426,652	77,493
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.205865		
65	AMBULANCE SERVICES			
101	TOTAL		2,963,706	567,849
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,963,706	

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		23,935,724	
26	INTENSIVE CARE UNIT		4,268,842	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.190482	3,348,266	637,784
38	RECOVERY ROOM	.263889	329,669	86,996
39	DELIVERY ROOM & LABOR ROOM	.455345	300,563	136,860
40	ANESTHESIOLOGY	.078845	597,845	47,137
41	RADIOLOGY-DIAGNOSTIC	.126049	7,521,030	948,018
42	RADIOLOGY-THERAPEUTIC	.143498	53,623	7,695
43	RADIOISOTOPE	.159479	556,660	88,776
44	LABORATORY	.090843	7,518,100	682,967
44	01 PATHOLOGY	.239131	161,313	38,575
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.258571	1,156,975	299,160
49	RESPIRATORY THERAPY	.170235	2,730,556	464,836
50	PHYSICAL THERAPY	.330043	236,282	77,983
51	OCCUPATIONAL THERAPY	.366005	133,997	49,044
52	SPEECH PATHOLOGY	.156763	105,148	16,483
53	ELECTROCARDIOLOGY	.094005	3,834,256	360,439
54	ELECTROENCEPHALOGRAPHY			
54	01 ELECTROSHOCK THERAPY	.330704	8,976	2,968
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.885105	1,717,440	1,520,115
55	30 IMPL. DEV. CHARGED TO PATIENT	.724367	935,928	677,955
56	DRUGS CHARGED TO PATIENTS	.252981	7,377,226	1,866,298
57	RENAL DIALYSIS	.354726	334,425	118,629
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS CLINIC	.174772		
60	01 CARDIO PULMONARY REHAB	.841585	15,660	13,179
60	02 OP PSYCH SERVICES	.281448		
60	03 SENIOR CLINIC	.452069		
60	04 OP CHEMICAL DEPENDENCY CLINIC	.257137		
60	05 SLEEP LAB	.218921		
60	06 BIARIATRIC CLINIC	2.085125		
61	EMERGENCY	.181850	3,847,495	699,667
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.205865		
65	AMBULANCE SERVICES			
101	TOTAL		42,821,433	8,841,564
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		42,821,433	

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			
31	SUBPROVIDER		2,480,436	
31	01 SUBPROVIDER 2 REHAB			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.190482	3,839	731
38	RECOVERY ROOM	.263889	543	143
39	DELIVERY ROOM & LABOR ROOM	.455345		
40	ANESTHESIOLOGY	.078845	146	12
41	RADIOLOGY-DIAGNOSTIC	.126049	63,683	8,027
42	RADIOLOGY-THERAPEUTIC	.143498		
43	RADIOISOTOPE	.159479	2,953	471
44	LABORATORY	.090843	293,091	26,625
44	01 PATHOLOGY	.239131		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.258571	85	22
49	RESPIRATORY THERAPY	.170235	24,667	4,199
50	PHYSICAL THERAPY	.330043	1,984	655
51	OCCUPATIONAL THERAPY	.366005		
52	SPEECH PATHOLOGY	.156763	838	131
53	ELECTROCARDIOLOGY	.094005	32,888	3,092
54	ELECTROENCEPHALOGRAPHY			
54	01 ELECTROSHOCK THERAPY	.330704		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.885105	1,666	1,475
55	30 IMPL. DEV. CHARGED TO PATIENT	.724367		
56	DRUGS CHARGED TO PATIENTS	.252981	356,285	90,133
57	RENAL DIALYSIS	.354726		
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.174772		
60	01 CARDIO PULMONARY REHAB	.841585		
60	02 OP PSYCH SERVICES	.281448		
60	03 SENIOR CLINIC	.452069		
60	04 OP CHEMICAL DEPENDENCY CLINIC	.257137		
60	05 SLEEP LAB	.218921	3,213	703
60	06 BIARIATRIC CLINIC	2.085125		
61	EMERGENCY	.181850	182,846	33,251
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.205865		
65	AMBULANCE SERVICES			
101	TOTAL		968,727	169,670
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		968,727	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	59,522,959	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	59,462	
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	22,906,228	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,283,195	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	379.88	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	8.51	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	8.51	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	7.50	
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	4.01	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	6.67	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.017558	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.012856	
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)	.012856	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	577,169	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	416	
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).	577,585	577,585
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.90	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	28.55	
4.02 SUM OF LINES 4 AND 4.01	32.45	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	15.98	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	9,521,271	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
26-0104		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	70,964,472	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	70,964,472	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,280,581	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	255,668	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	76,500,721	
17 PRIMARY PAYER PAYMENTS	86,539	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	76,414,182	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,473,599	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	422,945	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,723,103	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,206,172	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	71,723,810	
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	71,723,810	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	71,424,113	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	299,697	
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

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
26-0104		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	44,976
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,464,593
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,586,020
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	44,976
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	177,784
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	177,784
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)	177,784
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	132,808
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	44,976
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,586,020
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,296,694
19	SUBTOTAL (SEE INSTRUCTIONS)	7,334,302
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	41,326
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,375,628
24	PRIMARY PAYER PAYMENTS	12,513
25	SUBTOTAL	7,363,115
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	89,769
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	62,838
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	7,425,953
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	7,425,953
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,384,816
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	41,137
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 HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		71,424,113		7,384,816
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		71,424,113		7,384,816
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)		299,697		41,137
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		71,723,810		7,425,953

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.

TITLE XVII I 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		3,534,630		1,082,672
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	7/15/2010	10,700		
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		10,700		NONE
4 TOTAL INTERIM PAYMENTS		3,545,330		1,082,672
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		68,585		59
7 TOTAL MEDICARE PROGRAM LIABILITY		3,476,745		1,082,613

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.

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)		3,781,717
1.09	NET IPF PPS OUTLIER PAYMENTS		37,611
1.10	NET IPF PPS ECT PAYMENTS		23,140
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		24.654795
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		3,842,468
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)		3,842,468
	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)		3,842,468
5	PRIMARY PAYER PAYMENTS		2,998
6	SUBTOTAL		3,839,470
7	DEDUCTIBLES		310,040
8	SUBTOTAL		3,529,430
9	COINSURANCE		114,400
10	SUBTOTAL		3,415,030
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		88,164
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		61,715
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		3,476,745
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)	3,476,745
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,545,330
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-68,585
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		23,299,700	
2	MEDICAL AND OTHER SERVICES		3,251,076	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		26,550,776	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		26,550,776	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		28,543,712	
11	ANCILLARY SERVICE CHARGES		62,057,892	
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		90,601,604	
	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)		90,601,604	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		64,050,828	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		26,550,776	
	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		26,550,776	
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		26,550,776	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		26,550,776	
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)		26,550,776	
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		26,550,776	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		26,550,776	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		18,654,212	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		7,896,564	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 26-S104
 PREPARED 5/26/2011
 WORKSHEET E-3
 PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,587,690			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,587,690			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	3,449,163			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
32	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
33	COST OF COVERED SERVICES			
34	1,587,690			
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43	1,587,690			
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	1,587,690			
49	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
50	EXCESS OF REASONABLE COST			
51	SUBTOTAL			
52	1,587,690			
53	COINSURANCE			
54	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
55	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
56	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
57	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
58	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
59	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
60	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
61	UTILIZATION REVIEW			
62	SUBTOTAL (SEE INSTRUCTIONS)			
63	1,587,690			
64	INPATIENT ROUTINE SERVICE COST			
65	MEDICARE INPATIENT ROUTINE CHARGES			
66	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
67	PAYMENT FOR SERVICES ON A CHARGE BASIS			
68	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
69	FOR PAYMENT OF PART A SERVICES			
70	RATIO OF LINE 43 TO 44			
71	TOTAL CUSTOMARY CHARGES			
72	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
73	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
74	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
75	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
76	OTHER ADJUSTMENTS (SPECIFY)			
77	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
78	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
79	SUBTOTAL			
80	1,587,690			
81	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
82	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
83	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
84	1,587,690			
85	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
86	INTERIM PAYMENTS			
87	1,558,341			
88	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
89	BALANCE DUE PROVIDER/PROGRAM			
90	29,349			
91	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-S104		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		
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
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
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.		
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.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		
3.10	SEE INSTRUCTIONS		
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.		8.02
3.12	SEE INSTRUCTIONS		8.02
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		6.01
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		3.76
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	5.93
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)		5.93
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		103,579.08
3.18	SEE INSTRUCTIONS		614,224
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		614,224

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		40,472
5	TOTAL INPATIENT DAYS		108,142
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.374249
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	229,873	229,873
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		13,762
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		108,142
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.		67,121
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		

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		4,211,899
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)	75,821,001
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	89,537
16	TOTAL PART A REASONABLE COST	75,731,464

PART B REASONABLE COST

17	REASONABLE COST	12,253,598
18	PRIMARY PAYER PAYMENTS	12,513
19	TOTAL PART B REASONABLE COST	12,241,085
20	TOTAL REASONABLE COST	87,972,549
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.860853
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.139147

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)	296,994
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	255,668
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	41,326

TITLE XIX

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
- 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
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 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.
- 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.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 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
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 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)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 19,820
- 5 TOTAL INPATIENT DAYS 108,142
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .183278
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 11,657
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 108,142
- 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.
- 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) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3, 6 LN 12

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
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

Health Financial Systems MCRIF32 FOR SSM DEPAUL HEALTH CENTER
DIRECT GRADUATE MEDICAL EDUCATION (GME) |
& ESRD OUTPATIENT DIRECT MEDICAL |
EDUCATION COSTS |

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
PROVIDER NO: | PERIOD: | PREPARED 5/26/2011
26-0104 | FROM 1/ 1/2010 | WORKSHEET E-3
| TO 12/31/2010 | PART IV

TITLE XIX

- 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)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,532,079			
2	TEMPORARY INVESTMENTS	1,958,874			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	82,912,569			
5	OTHER RECEIVABLES	244,756			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-46,179,238			
7	INVENTORY	4,469,576			
8	PREPAID EXPENSES	1,225,164			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	46,163,780			
FIXED ASSETS					
12	LAND	9,615,392			
12.01	LAND IMPROVEMENTS	3,644,315			
13.01	LESS ACCUMULATED DEPRECIATION	-1,730,228			
14	BUILDINGS	57,708,406			
14.01	LESS ACCUMULATED DEPRECIATION	-23,128,133			
15	LEASEHOLD IMPROVEMENTS	321,818			
15.01	LESS ACCUMULATED DEPRECIATION	-126,002			
16	FIXED EQUIPMENT	2,741,279			
16.01	LESS ACCUMULATED DEPRECIATION	-1,852,875			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	63,005,056			
18.01	LESS ACCUMULATED DEPRECIATION	-45,355,084			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	64,843,944			
OTHER ASSETS					
22	INVESTMENTS	2,804,995			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,272,833			
26	TOTAL OTHER ASSETS	6,077,828			
27	TOTAL ASSETS	117,085,552			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11,514,662			
29 SALARIES, WAGES & FEES PAYABLE	8,073,357			
30 PAYROLL TAXES PAYABLE	230,136			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,401,020			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	9,381,744			
36 TOTAL CURRENT LIABILITIES	31,600,919			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	29,970,740			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	13,937,538			
42 TOTAL LONG-TERM LIABILITIES	43,908,278			
43 TOTAL LIABILITIES	75,509,197			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	41,576,355			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	41,576,355			
52 TOTAL LIABILITIES AND FUND BALANCES	117,085,552			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-11,392,374		
2 NET INCOME (LOSS)		7,876,687		
3 TOTAL		-3,515,687		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 TRANSFERS FROM OTHER FUND	20,195			
6				
7				
8				
9				
10 TOTAL ADDITIONS		20,195		
11 SUBTOTAL		-3,495,492		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 CORPORATE OFFICE	6,620,175			
14 TRANSFER TO OTHER RELATED	-51,692,020			
15				
16				
17				
18 TOTAL DEDUCTIONS		-45,071,845		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		41,576,353		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	149,916,197		149,916,197
2 00 SUBPROVIDER	12,093,057		12,093,057
2 01 SUBPROVIDER 2 REHAB			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	162,009,254		162,009,254
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	38,808,210		38,808,210
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	38,808,210		38,808,210
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	200,817,464		200,817,464
17 00 ANCILLARY SERVICES	454,159,048		454,159,048
18 00 OUTPATIENT SERVICES		332,414,531	332,414,531
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 NON REIMB	10,272,281	4,586,135	14,858,416
25 00 TOTAL PATIENT REVENUES	665,248,793	337,000,666	1002,249,459

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		300,385,565	
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		300,385,565	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0104
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1002,249,459
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	696,984,654
3	NET PATIENT REVENUES	305,264,805
4	LESS: TOTAL OPERATING EXPENSES	300,385,565
5	NET INCOME FROM SERVICE TO PATIENTS	4,879,240
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	470,133
7	INCOME FROM INVESTMENTS	-1,999,515
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	12,863
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,526,557
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	826
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	17,231
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	150,870
23	GOVERNMENTAL APPROPRIATIONS	14,486
24	OTHER (SPECIFY)	2,803,996
25	TOTAL OTHER INCOME	2,997,447
26	TOTAL	7,876,687
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,876,687

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
26-0104		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,851,324
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	66,378
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	273.81
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	6.67
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.69
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	33,474
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.90
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	28.55
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	32.45
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.79
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	329,405
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,280,581
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0104	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
26-S104		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A SUBPROVIDER 1

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	273.81
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	28.55
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	28.55
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.95
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	