

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).

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0179	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 16:06

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. LUKE'S HOSPITAL 26-0179

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-150,037	72,493	2,355,337
5	HOSPITAL-BASED SNF	0	7,790	0	0
7	HOSPITAL-BASED HHA	0	-1	1	0
100	TOTAL	0	-142,248	72,494	2,355,337

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 WAGE INDEX INFORMATION

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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	145,464,384	522,531	145,986,915	5,223,151.00	27.95	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	84,140		84,140	1,338.00	62.88	
4 PHYSICIAN - PART A	2,224,707		2,224,707	17,166.00	129.60	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,068,525		1,068,525	10,048.00	106.34	
5 PHYSICIAN - PART B	13,104,514		13,104,514	133,605.00	98.08	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	1,873,211		1,873,211	83,123.00	22.54	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,687,323	4,000	1,691,323	85,419.00	19.80	
8.01 EXCLUDED AREA SALARIES	8,698,859	410,070	9,108,929	407,401.00	22.36	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,660,964		1,660,964	25,929.00	64.06	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	485,384		485,384	3,573.00	135.85	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	186,204		186,204	2,758.00	67.51	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	28,586,948		28,586,948			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,651,690		2,651,690			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	20,380		20,380			CMS 339
18 PHYSICIAN PART A	326,848		326,848			CMS 339
18.01 PART A TEACHING PHYSICIANS	170,456		170,456			CMS 339
19 PHYSICIAN PART B	1,569,366		1,569,366			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	453,717		453,717			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	984,945		984,945	38,485.00	25.59	
22 ADMINISTRATIVE & GENERAL	17,180,491	-335,305	16,845,186	518,826.00	32.47	
22.01 A & G UNDER CONTRACT	3,584,589		3,584,589	74,656.00	48.01	
23 MAINTENANCE & REPAIRS	2,405,806		2,405,806	100,135.00	24.03	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	84,645		84,645	7,405.00	11.43	
26 HOUSEKEEPING	2,603,185	156,222	2,759,407	219,194.00	12.59	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,775,201	-116,672	2,658,529	191,643.00	13.87	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	406,074		406,074	30,587.00	13.28	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,935,980		1,935,980	62,692.00	30.88	
31 CENTRAL SERVICE AND SUPPLY	1,136,173		1,136,173	70,829.00	16.04	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,796,361	4,000	1,800,361	93,282.00	19.30	
34 SOCIAL SERVICE	745,565		745,565	28,452.00	26.20	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	132,918,583	522,531	133,441,114	5,069,693.00	26.32	
2 EXCLUDED AREA SALARIES	10,386,182	414,070	10,800,252	492,820.00	21.92	
3 SUBTOTAL SALARIES	122,532,401	108,461	122,640,862	4,576,873.00	26.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,332,552		2,332,552	32,260.00	72.30	
5 SUBTOTAL WAGE-RELATED COSTS	28,913,796		28,913,796		23.58	
6 TOTAL	153,778,749	108,461	153,887,210	4,609,133.00	33.39	
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	35,639,015	-291,755	35,347,260	1,436,186.00	24.61	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 26-0179
HHA NO: 26-7561
COUNTY: ST LOUIS

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	851	0	111
2 UNDUPLICATED CENSUS COUNT		587.00	15.00	379.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	962
2 UNDUPLICATED CENSUS COUNT	981.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.99		.99
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.02		1.02
5 OTHER ADMINISTRATIVE PERSONEL	5.37		5.37
6 DIRECTING NURSING SERVICE	8.69		8.69
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.57	.19	3.76
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.73	.02	.75
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.08		.08
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.07		.07
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.46		.46
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		41180	

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	3,186	175	139	120
22 SKILLED NURSING VISIT CHARGES	559,125	30,625	24,325	21,000
23 PHYSICAL THERAPY VISITS	3,188	1	95	85
24 PHYSICAL THERAPY VISIT CHARGES	557,900	175	16,625	14,875
25 OCCUPATIONAL THERAPY VISITS	911	0	11	42
26 OCCUPATIONAL THERAPY VISIT CHARGES	158,144	0	1,940	7,263
27 SPEECH PATHOLOGY VISITS	81	0	4	0
28 SPEECH PATHOLOGY VISIT CHARGES	14,117	0	700	0
29 MEDICAL SOCIAL SERVICE VISITS	75	0	2	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	13,125	0	350	350
31 HOME HEALTH AIDE VISITS	319	3	0	20
32 HOME HEALTH AIDE VISIT CHARGES	23,925	225	0	1,500
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,760	179	251	269
34 OTHER CHARGES	30,565	2,944	412	821
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,356,901	33,969	44,352	45,809
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	553	0	95	17
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	30,565	2,944	412	821

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 26-0179
HHA NO: 26-7561
COUNTY: ST LOUIS

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,620
22 SKILLED NURSING VISIT CHARGES	0	0	635,075
23 PHYSICAL THERAPY VISITS	0	0	3,369
24 PHYSICAL THERAPY VISIT CHARGES	0	0	589,575
25 OCCUPATIONAL THERAPY VISITS	0	0	964
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	167,347
27 SPEECH PATHOLOGY VISITS	0	0	85
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	14,817
29 MEDICAL SOCIAL SERVICE VISITS	0	0	79
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	13,825
31 HOME HEALTH AIDE VISITS	0	0	342
32 HOME HEALTH AIDE VISIT CHARGES	0	0	25,650
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	8,459
34 OTHER CHARGES	0	0	34,742
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,481,031
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	665
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	34,742

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	
SATELLITE NO:	TO 6/30/2010	WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		3				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	260					
6 NUMBER OF STATIONS	8					
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)	3.73					
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		14,371				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		14,100				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0179
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		71				
2	RUB		596				
3	RUA						
3.01	RUX		209				
3.02	RUL		942				
4	RVC		252				
5	RVB		1,378				
6	RVA		5				
6.01	RVX		395				
6.02	RVL		1,409				
7	RHC		1,192				
8	RHB		136				
9	RHA		9				
9.01	RHX						
9.02	RHL		1				
10	RMC		132				
11	RMB		222				
12	RMA		3				
12.01	RMX		1,416				
12.02	RML		1,705				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		141				
16	SE2		70				
17	SE1						
18	SSC		62				
19	SSB		37				
20	SSA		17				
21	CC2		70				
22	CC1						
23	CB2						
24	CB1		10				
25	CA2						
26	CA1		10				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		10,490				

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0179
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9006
 Wage Index Factor (after 10/01): 0.9110
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/1/2009	11/23/2010
	TO 6/30/2010	WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	4.06	5
45 .18 LB2					
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD1					
45 .23 CD1					
46 TOTAL					

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

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9006
 Wage Index Factor (after 10/01) : 0.9110
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/1/2009	11/23/2010
	TO 6/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	4,441,574
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	193,047
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,634,621
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)	.292026
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)	

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		PREPARED 11/23/2010
PROVIDER NO:	PERIOD:	WORKSHEET S-10
26-0179	FROM 7/ 1/2009	
	TO 6/30/2010	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	15,990,823
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,669,736
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	10,407,215
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,039,177
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,669,736

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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				8,942,926	8,942,926
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		29,442,592	29,442,592	-13,584,106	15,858,486
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP SURREY		533,398	533,398	76,974	610,372
5 0500	EMPLOYEE BENEFITS	984,945	32,449,638	33,434,583	2,024,127	35,458,710
6.01 0610	NONPATIENT TELEPHONES	349,480	25,296	374,776	519,750	894,526
6.02 0660	OTHER ADMINISTRATIVE AND GENERAL					
6.03 0611	NONPATIENT TELEPHONES SURREY				15,208	15,208
6.04 0640	ADMINISTRATION	698,999	4,308	703,307		703,307
6.05 0661	ADMINISTRATIVE AND GENERAL SURREY	454,611	183,062	637,673	-25,404	612,269
6.06 0662	OTHER ADMINISTRATIVE AND GENERAL	15,677,401	9,454,531	25,131,932	51,653	25,183,585
7 0700	MAINTENANCE & REPAIRS	1,649,534	8,408,951	10,058,485	79,074	10,137,559
7.01 0701	PURCHASING	565,908	151,165	717,073	-4,038	713,035
7.02 0702	MAINTENANCE & REPAIRS SURREY	190,364	302,946	493,310	-7,234	486,076
9 0900	LAUNDRY & LINEN SERVICE	63,526	-67,366	-3,840	1,328,331	1,324,491
9.01 0901	LAUNDRY & LINEN SERVICE SURREY	21,119	177,419	198,538		198,538
10 1000	HOUSEKEEPING	2,411,769	582,529	2,994,298	189,874	3,184,172
10.01 1001	HOUSEKEEPING SURREY	191,416	63,299	254,715	-4,022	250,693
11 1100	DIETARY	2,162,479	489,387	2,651,866	1,232,375	3,884,241
11.01 1101	DIETARY SURREY	612,722	438,024	1,050,746		1,050,746
12 1200	CAFETERIA	406,074	1,251,913	1,657,987	-1,198,412	459,575
12.01 1201	CAFETERIA SURREY					
14 1400	NURSING ADMINISTRATION	1,540,142	88,081	1,628,223	-2,217	1,626,006
14.01 1401	NURSING ADMINISTRATION SURREY	395,838	2,563	398,401		398,401
15 1500	CENTRAL SERVICES & SUPPLY	1,136,173	3,310,565	4,446,738	-2,720,934	1,725,804
17 1700	MEDICAL RECORDS & LIBRARY	1,750,288	1,084,287	2,834,575	-11,951	2,822,624
17.01 1701	MEDICAL RECORDS & LIBRARY SURREY	46,073	547	46,620		46,620
18 1800	SOCIAL SERVICE	663,910	71,327	735,237		735,237
18.01 1801	SOCIAL SERVICE SURREY	81,655	180	81,835		81,835
20 2000	NONPHYSICIAN ANESTHETISTS				84,140	84,140
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	1,873,211		1,873,211		1,873,211
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,263,320	406,069	1,669,389	-38,867	1,630,522
24 2400	PARAMEDICAL PRGM					
24.01 2401	CLINICAL PASTORAL EDUCATION				161,900	161,900
24.02 2402	PHARMACY EDUCATION				191,085	191,085
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	30,436,120	3,950,649	34,386,769	-4,189,524	30,197,245
26 2600	INTENSIVE CARE UNIT	4,276,984	331,066	4,608,050	-172,517	4,435,533
27 2700	CORONARY CARE UNIT	3,425,743	252,237	3,677,980	-81,063	3,596,917
31 3100	SUBPROVIDER					
33 3300	NURSERY	1,632,676	114,120	1,746,796	2,434,130	4,180,926
34 3400	SKILLED NURSING FACILITY	1,687,323	152,389	1,839,712	-36,768	1,802,944
36 3600	OTHER LONG TERM CARE	2,091,256	132,654	2,223,910	-33,028	2,190,882
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	12,563,701	24,419,063	36,982,764	-11,048,861	25,933,903
37.01 3701	VASCULAR ACCESS CENTER	561,331	1,360,870	1,922,201	-631,154	1,291,047
37.02 3702	PAIN MANAGEMENT - BRAIN & SPINE CENT	222,345	139,076	361,421	-19,138	342,283
37.03 3703	PAIN MANAGEMENT CENTER					
37.04 3704	WOMEN'S DIAGNOSTICS/GI SERVICES	1,443,187	1,595,393	3,038,580	-822,101	2,216,479
38 3800	RECOVERY ROOM	1,090,447	114,058	1,204,505	-88,603	1,115,902
39 3900	DELIVERY ROOM & LABOR ROOM		25,034	25,034	1,009,687	1,034,721
40 4000	ANESTHESIOLOGY	294,260	1,460,861	1,755,121	-1,002,285	752,836
41 4100	RADIOLOGY-DIAGNOSTIC	6,074,858	4,123,534	10,198,392	-2,028,054	8,170,338
41.01 4101	MRI	284,514	192,918	477,432	-7,526	469,906
41.02 4102	CT SCAN	566,427	1,020,314	1,586,741	-655,981	930,760
41.03 4103	TDOC RADIOLOGY	644,272	451,566	1,095,838	44,088	1,139,926
41.04 4104	CDI RADIOLOGY	1,402,682	9,816,361	11,219,043	-773,082	10,445,961
44 4400	LABORATORY	4,176,399	6,842,761	11,019,160	31,895	11,051,055
48 4800	INTRAVENOUS THERAPY	690,539	260,092	950,631	-122,698	827,933
48.01 4801	BRAIN & SPINE INFUSION CENTER	244,560	8,158	252,718	-243	252,475
49 4900	RESPIRATORY THERAPY	1,905,665	173,030	2,078,695	-64,096	2,014,599
49.02 4902	RESPIRATORY THERAPY SURREY		13,849	13,849	-145	13,704
50 5000	PHYSICAL THERAPY	2,322,111	455,483	2,777,594	-65,025	2,712,569
50.01 5001	PT/OT/SPEECH THERAPY SURREY	941,098	8,587	949,685	-24	949,661
50.02 5002	THERAPY SERVICES BRAIN & SPINE CENTE	54,227	1,040,255	1,094,482	-4,503	1,089,979
51 5100	OCCUPATIONAL THERAPY	375,646	5,467	381,113	-23	381,090
52 5200	SPEECH PATHOLOGY	179,813	8,503	188,316		188,316
53 5300	ELECTROCARDIOLOGY	1,207,950	330,505	1,538,455	36,005	1,574,460
53.01 5301	CARDIAC CATH LAB	1,024,984	5,353,693	6,378,677	-5,007,921	1,370,756
53.02 5302	TDOC ELECTROCARDIOLOGY	467,562	118,609	586,171	34,379	620,550
54 5400	ELECTROENCEPHALOGRAPHY	157,948	69,299	227,247	-4,232	223,015
54.01 5401	SLEEP MEDICINE	2,320,733	704,399	3,025,132	16,972	3,042,104
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				11,750,745	11,750,745
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				11,029,084	11,029,084
56 5600	DRUGS CHARGED TO PATIENTS	2,801,066	11,813,232	14,614,298	-234,034	14,380,264
57 5700	RENAL DIALYSIS	321,797	64,098	385,895	12,073	397,968
59 3950	NUTRITION/DIABETES EDUCATION	122,164	3,441	125,605	116,672	242,277
59.97 3997	CARDIAC REHABILITATION	1,558,638	118,412	1,677,050	-173,680	1,503,370
59.98 3998	HYPERBARIC OXYGEN THERAPY	249,101	127,369	376,470	-4,472	371,998
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC		1,478	1,478		1,478
61 6100	EMERGENCY	7,481,691	703,315	8,185,006	-185,153	7,999,853
61.01 6101	URGENT CARE CENTERS	6,295,226	1,794,227	8,089,453	431,993	8,521,446
61.02 6102	ADULT DOWN SYNDROME CENTER	68,780	26,081	94,861		94,861
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71 7100	HOME HEALTH AGENCY	1,428,208	820,605	2,248,813	-397,616	1,851,197

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	140,284,989	169,371,822	309,656,811	-3,605,595	306,051,216
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,495	132,308	209,803	-114,211	95,592
98	9800 PHYSICIANS' PRIVATE OFFICES	2,056,430	2,304,984	4,361,414	3,598,216	7,959,630
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 DEVELOPMENT	238,449	224,112	462,561		462,561
100.02	7952 COMMUNITY OUTREACH	365,015	163,710	528,725	33,634	562,359
100.03	7953 FOUNTAIN CAFE	26,285	68,909	95,194	-57,454	37,740
100.04	7954 SLEEP RESEARCH	488,770	-488,049	721	-2,940	-2,219
100.05	7955 MEALS ON WHEELS					
100.06	7956 GUEST MEALS					
100.07	7957 PHYSICIAN REFERRAL	273,146	16,869	290,015		290,015
100.09	7959 UNUSED SPACE					
100.10	7960 TV STORAGE (MAINTENANCE)					
100.11	7961 MARKETING	532,071	1,131,875	1,663,946		1,663,946
100.12	7962 CHILDBIRTH INSTRUCTION	46,234	33,340	79,574		79,574
100.13	7963 VOLUNTEERS	185,623	32,141	217,764	-3,698	214,066
100.14	7964 RETAIL PHARMACY	591,791	3,196,188	3,787,979	27,348	3,815,327
100.15	7965 REHAB HOSPITAL COVERAGE	267,189	133,379	400,568	186	400,754
100.16	7966 EXECUTIVE HEALTH PROGRAM		-5,758	-5,758		-5,758
100.17	7967 VALET SERVICES	30,897	42	30,939	124,514	155,453
101	TOTAL	145,464,384	176,315,872	321,780,256	-0-	321,780,256

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-400,743	8,542,183
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-3,230,198	12,628,288
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP SURREY	-22,855	587,517
5	0500 EMPLOYEE BENEFITS	-44,378	35,414,332
6.01	0610 NONPATIENT TELEPHONES	-216,235	678,291
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL		
6.03	0611 NONPATIENT TELEPHONES SURREY		15,208
6.04	0640 ADMIN TTING	-115	703,192
6.05	0661 ADMINISTRATIVE AND GENERAL SURREY	-32,730	579,539
6.06	0662 OTHER ADMINISTRATIVE AND GENERAL	6,266,548	31,450,133
7	0700 MAINTENANCE & REPAIRS	-2,973	10,134,586
7.01	0701 PURCHASING		713,035
7.02	0702 MAINTENANCE & REPAIRS SURREY	-1,374	484,702
9	0900 LAUNDRY & LINEN SERVICE		1,324,491
9.01	0901 LAUNDRY & LINEN SERVICE SURREY		198,538
10	1000 HOUSEKEEPING	-1,976	3,182,196
10.01	1001 HOUSEKEEPING SURREY		250,693
11	1100 DIETARY	-1,779,375	2,104,866
11.01	1101 DIETARY SURREY	-14,114	1,036,632
12	1200 CAFETERIA	-770	458,805
12.01	1201 CAFETERIA SURREY		
14	1400 NURSING ADMINISTRATION	-5,599	1,620,407
14.01	1401 NURSING ADMINISTRATION SURREY		398,401
15	1500 CENTRAL SERVICES & SUPPLY	-15	1,725,789
17	1700 MEDICAL RECORDS & LIBRARY	-918	2,821,706
17.01	1701 MEDICAL RECORDS & LIBRARY SURREY		46,620
18	1800 SOCIAL SERVICE		735,237
18.01	1801 SOCIAL SERVICE SURREY		81,835
20	2000 NONPHYSICIAN ANESTHETISTS	-84,140	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,873,211
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-622,591	1,007,931
24	2400 PARAMED ED PRGM		
24.01	2401 CLINICAL PASTORAL EDUCATION		161,900
24.02	2402 PHARMACY EDUCATION		191,085
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-5,641,508	24,555,737
26	2600 INTENSIVE CARE UNIT	-1,366,113	3,069,420
27	2700 CORONARY CARE UNIT	-888,976	2,707,941
31	3100 SUBPROVIDER		
33	3300 NURSERY	-50,000	4,130,926
34	3400 SKILLED NURSING FACILITY	-880	1,802,064
36	3600 OTHER LONG TERM CARE	-130	2,190,752
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-650,238	25,283,665
37.01	3701 VASCULAR ACCESS CENTER	-222,782	1,068,265
37.02	3702 PAIN MANAGEMENT - BRAIN & SPINE CENT	-67,685	274,598
37.03	3703 PAIN MANAGEMENT CENTER		
37.04	3704 WOMEN'S DIAGNOSTICS/GI SERVICES	-311,246	1,905,233
38	3800 RECOVERY ROOM		1,115,902
39	3900 DELIVERY ROOM & LABOR ROOM		1,034,721
40	4000 ANESTHESIOLOGY	-394,450	358,386
41	4100 RADIOLOGY-DIAGNOSTIC	-289,180	7,881,158
41.01	4101 MRI	-10	469,896
41.02	4102 CT SCAN		930,760
41.03	4103 TDOC RADIOLOGY	-6,720	1,133,206
41.04	4104 CDI RADIOLOGY	-2,480,834	7,965,127
44	4400 LABORATORY	-183,569	10,867,486
48	4800 INTRAVENOUS THERAPY	-60	827,873
48.01	4801 BRAIN & SPINE INFUSION CENTER	-206,244	46,231
49	4900 RESPIRATORY THERAPY	-67	2,014,532
49.02	4902 RESPIRATORY THERAPY SURREY		13,704
50	5000 PHYSICAL THERAPY	-93,640	2,618,929
50.01	5001 PT/OT/SPEECH THERAPY SURREY		949,661
50.02	5002 THERAPY SERVICES BRAIN & SPINE CENTE	-80,851	1,009,128
51	5100 OCCUPATIONAL THERAPY		381,090
52	5200 SPEECH PATHOLOGY	-200	188,116
53	5300 ELECTROCARDIOLOGY	-45	1,574,415
53.01	5301 CARDIAC CATH LAB	-8	1,370,748
53.02	5302 TDOC ELECTROCARDIOLOGY		620,550
54	5400 ELECTROENCEPHALOGRAPHY	-45,687	177,328
54.01	5401 SLEEP MEDICINE	-1,131,642	1,910,462
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,750,745
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		11,029,084
56	5600 DRUGS CHARGED TO PATIENTS	-24,997	14,355,267
57	5700 RENAL DIALYSIS		397,968
59	3950 NUTRITION/DIABETES EDUCATION	-2,066	240,211
59.97	3997 CARDIAC REHABILITATION	-100,138	1,403,232
59.98	3998 HYPERBARIC OXYGEN THERAPY		371,998
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		1,478
61	6100 EMERGENCY	-4,618,077	3,381,776
61.01	6101 URGENT CARE CENTERS	-3,173,410	5,348,036
61.02	6102 ADULT DOWN SYNDROME CENTER	-3,746	91,115
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-15,238	1,835,959

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0179
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-22,244,988	283,806,228
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		95,592
98	9800 PHYSICIANS' PRIVATE OFFICES	-126,250	7,833,380
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 DEVELOPMENT		462,561
100.02	7952 COMMUNITY OUTREACH	127,391	689,750
100.03	7953 FOUNTAIN CAFE	-4,589	33,151
100.04	7954 SLEEP RESEARCH	587,521	585,302
100.05	7955 MEALS ON WHEELS		
100.06	7956 GUEST MEALS		
100.07	7957 PHYSICIAN REFERRAL	-6,656	283,359
100.09	7959 UNUSED SPACE		
100.10	7960 TV STORAGE (MAINTENANCE)		
100.11	7961 MARKETING	220	1,664,166
100.12	7962 CHILDBIRTH INSTRUCTION		79,574
100.13	7963 VOLUNTEERS		214,066
100.14	7964 RETAIL PHARMACY	-15,443	3,799,884
100.15	7965 REHAB HOSPITAL COVERAGE	20,300	421,054
100.16	7966 EXECUTIVE HEALTH PROGRAM	11,876	6,118
100.17	7967 VALET SERVICES		155,453
101	TOTAL	-21,650,618	300,129,638

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/1/2009	NOT A CMS WORKSHEET
	TO 6/30/2010	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP SURREY	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	OTHER ADMINSTRATIVE AND GENERAL	0660	OTHER ADMINSTRATIVE AND GENERAL
6.03	NONPATIENT TELEPHONES SURREY	0611	NONPATIENT TELEPHONES
6.04	ADMINSTRATIVE	0640	ADMINSTRATIVE
6.05	ADMINSTRATIVE AND GENERAL SURREY	0661	OTHER ADMINSTRATIVE AND GENERAL
6.06	OTHER ADMINSTRATIVE AND GENERAL	0662	OTHER ADMINSTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
7.01	PURCHASING	0701	MAINTENANCE & REPAIRS
7.02	MAINTENANCE & REPAIRS SURREY	0702	MAINTENANCE & REPAIRS
9	LAUNDRY & LINEN SERVICE	0900	
9.01	LAUNDRY & LINEN SERVICE SURREY	0901	LAUNDRY & LINEN SERVICE
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING SURREY	1001	HOUSEKEEPING
11	DIETARY	1100	
11.01	DIETARY SURREY	1101	DIETARY
12	CAFETERIA	1200	
12.01	CAFETERIA SURREY	1201	CAFETERIA
14	NURSING ADMINSTRATION	1400	
14.01	NURSING ADMINSTRATION SURREY	1401	NURSING ADMINSTRATION
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
17.01	MEDICAL RECORDS & LIBRARY SURREY	1701	MEDICAL RECORDS & LIBRARY
18	SOCIAL SERVICE	1800	
18.01	SOCIAL SERVICE SURREY	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	CLINICAL PASTORAL EDUCATION	2401	PARAMED ED PRGM
24.02	PHARMACY EDUCATION	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	VASCULAR ACCESS CENTER	3701	OPERATING ROOM
37.02	PAIN MANAGEMENT - BRAIN & SPINE CENT	3702	OPERATING ROOM
37.03	PAIN MANAGEMENT CENTER	3703	OPERATING ROOM
37.04	WOMEN'S DIAGNOSTICS/GI SERVICES	3704	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT SCAN	4102	RADIOLOGY-DIAGNOSTIC
41.03	TDOC RADIOLOGY	4103	RADIOLOGY-DIAGNOSTIC
41.04	CDI RADIOLOGY	4104	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
48.01	BRAIN & SPINE INFUSION CENTER	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.02	RESPIRATORY THERAPY SURREY	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
50.01	PT/OT/SPEECH THERAPY SURREY	5001	PHYSICAL THERAPY
50.02	THERAPY SERVICES BRAIN & SPINE CENTE	5002	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	5301	ELECTROCARDIOLOGY
53.02	TDOC ELECTROCARDIOLOGY	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP MEDICINE	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	
59	NUTRITION/DIABETES EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	URGENT CARE CENTERS	6101	EMERGENCY
61.02	ADULT DOWN SYNDROME CENTER	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0179
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 PREPARED 11/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY OUTREACH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FOUNTAIN CAFE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SLEEP RESEARCH	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MEALS ON WHEELS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	GUEST MEALS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PHYSICIAN REFERRAL	7957	OTHER NONREIMBURSABLE COST CENTERS
100.09	UNUSED SPACE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	TV STORAGE (MAINTENANCE)	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	MARKETING	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	CHILD BIRTH INSTRUCTION	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	VOLUNTEERS	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	RETAIL PHARMACY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	REHAB HOSPITAL COVERAGE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	EXECUTIVE HEALTH PROGRAM	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	VALET SERVICES	7967	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/23/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,128,163
2 NUTRITIONAL/DIABETIC EDUCATION	B	NUTRITION/DIABETES EDUCATION	59	116,672	
3 EMPLOYEE BENEFITS	C	EMPLOYEE BENEFITS	5		970,821
4 ELECTROCARDIOLOGY			53		1,545
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32 LAUNDRY/LINEN	D	LAUNDRY & LINEN SERVICE	9		1,328,331
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62 RENTAL/LEASES	E	NEW CAP REL COSTS-MVBLE EQUIP	4		1,526,116
63		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		52,537
64					
65					

RECLASSIFICATIONS

PROVIDER NO:
260179

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RENTAL/LEASES	E				
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25 INSURANCE & FEES	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		2,720,898
26 TELEPHONE EXPENSE	G	NONPATIENT TELEPHONES	6.01		521,400
27		NONPATIENT TELEPHONES SURREY	6.03		15,208
28 MOB DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		6,566,208
29		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		14,268
30		SLEEP MEDICINE	54.01		32,400
31		URGENT CARE CENTERS	61.01		454,936
32		LABORATORY	44		35,858
33		VASCULAR ACCESS CENTER	37.01		240,350
34		PHYSICIANS' PRIVATE OFFICES	98		2,672,133
35 INTEREST ON BONDS	I	NEW CAP REL COSTS-BLDG & FIXT	3		2,099,586
1 INTEREST ON BONDS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		24,500
2		PHYSICIANS' PRIVATE OFFICES	98		249,085
3 CRNA	J	NONPHYSICIAN ANESTHETISTS	20	84,140	
4 CLINICAL PASTORAL EDUCATION	K	CLINICAL PASTORAL EDUCATION	24.01	115,106	46,794
5 ALLOCATION OF SECURITY	L	PHYSICIANS' PRIVATE OFFICES	98	105,588	
6 ALLOCATION OF MAINTENANCE & HOUSEKEEP	M	MAINTENANCE & REPAIRS	7		99,657
7		HOUSEKEEPING	10	156,222	36,453
8 MOB PROPERTY TAX	N	PHYSICIANS' PRIVATE OFFICES	98		750,000
9 PROPERTY INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		277,132
10		NEW CAP REL COSTS-MVBLE EQUIP SURREY	4.01		10,169
11		PHYSICIANS' PRIVATE OFFICES	98		90,785
12 WORKMEN'S COMPENSATION EXPENSE	P	EMPLOYEE BENEFITS	5		1,056,834
13 CAFETERIA RECLASS	R	DIETARY	11		1,357,745
14					
15					
16 EPOETIN COST	S	RENAL DIALYSIS	57		14,371
17 LOAN FORGIVENESS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06	8,188	
18		MEDICAL RECORDS & LIBRARY	17	4,000	
19		ADULTS & PEDIATRICS	25	277,406	
20		INTENSIVE CARE UNIT	26	36,192	
21		CORONARY CARE UNIT	27	36,351	
22		NURSERY	33	2,000	
23		SKILLED NURSING FACILITY	34	4,000	
24		OTHER LONG TERM CARE	36	6,000	
25		OPERATING ROOM	37	7,490	
26		RECOVERY ROOM	38	1,500	
27		RADIOLOGY-DIAGNOSTIC	41	58,169	
28		CT SCAN	41.02	4,000	
29		LABORATORY	44	8,000	
30		RESPIRATORY THERAPY	49	10,000	
31		PHYSICAL THERAPY	50	14,000	
32		ELECTROCARDIOLOGY	53	4,000	
33		DRUGS CHARGED TO PATIENTS	56	13,235	
34		EMERGENCY	61	20,000	
35		URGENT CARE CENTERS	61.01	8,000	

RECLASSIFICATIONS

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CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
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RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15			2,128,163	
2 NUTRITIONAL/DIABETIC EDUCATION	B	DIETARY	11		116,672		
3 EMPLOYEE BENEFITS	C	NONPATIENT TELEPHONES	6.01			1,650	
4		OTHER ADMINISTRATIVE AND GENERAL	6.06			31,901	
5		MAINTENANCE & REPAIRS	7			273	
6		PURCHASING	7.01			4,000	
7		MAINTENANCE & REPAIRS SURREY	7.02			2,472	
8		DIETARY	11			6,925	
9		NURSING ADMINISTRATION	14			2,217	
10		CENTRAL SERVICES & SUPPLY	15			3,054	
11		MEDICAL RECORDS & LIBRARY	17			11,951	
12		ADULTS & PEDIATRICS	25			90,320	
13		INTENSIVE CARE UNIT	26			23,371	
14		CORONARY CARE UNIT	27			9,619	
15		NURSERY	33			5,665	
16		SKILLED NURSING FACILITY	34			10,569	
17		OTHER LONG TERM CARE	36			16,230	
18		OPERATING ROOM	37			17,421	
19		VASCULAR ACCESS CENTER	37.01			4,000	
20		ANESTHESIOLOGY	40			4,000	
21		RADIOLOGY-DIAGNOSTIC	41			11,498	
22		CDI RADIOLOGY	41.04			294,624	
23		LABORATORY	44			529	
24		INTRAVENOUS THERAPY	48			1,936	
25		RESPIRATORY THERAPY	49			530	
26		PHYSICAL THERAPY	50			21,151	
27		CARDIAC CATH LAB	53.01			4,000	
28		SLEEP MEDICINE	54.01			8,760	
29		CARDIAC REHABILITATION	59.97			8,254	
30		EMERGENCY	61			17,134	
31		URGENT CARE CENTERS	61.01			4,000	
32		HOME HEALTH AGENCY	71			345,390	
33		PHYSICIANS' PRIVATE OFFICES	98			1,982	
34		SLEEP RESEARCH	100.04			2,940	
35		VOLUNTEERS	100.13			4,000	
1 LAUNDRY/LINEN	D	EMPLOYEE BENEFITS	5			3,528	
2		OTHER ADMINISTRATIVE AND GENERAL	6.06			22	
3		HOUSEKEEPING	10			2,801	
4		HOUSEKEEPING SURREY	10.01			4,022	
5		DIETARY	11			1,603	
6		CENTRAL SERVICES & SUPPLY	15			76,617	
7		ADULTS & PEDIATRICS	25			599,141	
8		INTENSIVE CARE UNIT	26			39,908	
9		CORONARY CARE UNIT	27			43,834	
10		OPERATING ROOM	37			179,727	
11		VASCULAR ACCESS CENTER	37.01			16,693	
12		PAIN MANAGEMENT - BRAIN & SPINE CENT	37.02			2,020	
13		WOMEN'S DIAGNOSTICS/GI SERVICES	37.04			38,369	
14		RECOVERY ROOM	38			18,435	
15		RADIOLOGY-DIAGNOSTIC	41			64,435	
16		MRI	41.01			19,696	
17		TDOC RADIOLOGY	41.03			23,372	
18		LABORATORY	44			338	
19		INTRAVENOUS THERAPY	48			1,333	
20		PHYSICAL THERAPY	50			37,329	
21		THERAPY SERVICES BRAIN & SPINE CENTE	50.02			4,503	
22		ELECTROCARDIOLOGY	53			10,821	
23		CARDIAC CATH LAB	53.01			11,513	
24		TDOC ELECTROCARDIOLOGY	53.02			13,529	
25		ELECTROENCEPHALOGRAPHY	54			3,368	
26		RENAL DIALYSIS	57			2,298	
27		CARDIAC REHABILITATION	59.97			824	
28		HYPERBARIC OXYGEN THERAPY	59.98			4,472	
29		EMERGENCY	61			77,568	
30		URGENT CARE CENTERS	61.01			18,943	
31		PHYSICIANS' PRIVATE OFFICES	98			7,269	
32 RENTAL/LEASES	E	ADMINISTRATIVE AND GENERAL SURREY	6.05			27	10
33		OTHER ADMINISTRATIVE AND GENERAL	6.06			38,091	10
34		PURCHASING	7.01			38	
35		MAINTENANCE & REPAIRS SURREY	7.02			4,762	

RECLASSIFICATIONS

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260179

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FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
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CONTD

----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 RENTAL/LEASES	E	DIETARY	11		170	
2		CAFETERIA	12		8,408	
3		CENTRAL SERVICES & SUPPLY	15		513,100	
4		ADULTS & PEDIATRICS	25		11,139	
5		SKILLED NURSING FACILITY	34		26,199	
6		OTHER LONG TERM CARE	36		16,798	
7		OPERATING ROOM	37		40,170	
8		WOMEN'S DIAGNOSTICS/GI SERVICES	37.04		161,210	
9		RADIOLOGY-DIAGNOSTIC	41		2,281	
10		CT SCAN	41.02		663,500	
11		TDOC RADIOLOGY	41.03		956	
12		INTRAVENOUS THERAPY	48		342	
13		RESPIRATORY THERAPY	49		2,319	
14		PHYSICAL THERAPY	50		6,520	
15		PT/OT/SPEECH THERAPY SURREY	50.01		24	
16		ELECTROCARDIOLOGY	53		129	
17		CARDIAC CATH LAB	53.01		4,727	
18		TDOC ELECTROCARDIOLOGY	53.02		864	
19		SLEEP MEDICINE	54.01		6,668	
20		CARDIAC REHABILITATION	59.97		6,200	
21		EMERGENCY	61		50,364	
22		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		4,226	
23		PHYSICIANS' PRIVATE OFFICES	98		8,191	
24		RETAIL PHARMACY	100.14		1,230	
25 INSURANCE & FEES	F	NEW CAP REL COSTS-MVBLE EQUIP	4		2,720,898	12
26 TELEPHONE EXPENSE	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		521,400	
27		ADMINISTRATIVE AND GENERAL SURREY	6.05		15,208	
28 MOB DEPRECIATION	H	NEW CAP REL COSTS-MVBLE EQUIP	4		10,016,153	9
29						9
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32						
33						
34						
35 INTEREST ON BONDS	I	NEW CAP REL COSTS-MVBLE EQUIP	4		2,373,171	11
1 INTEREST ON BONDS	I					
2						
3 CRNA	J	ANESTHESIOLOGY	40	84,140		
4 CLINICAL PASTORAL EDUCATION	K	OTHER ADMINISTRATIVE AND GENERAL	6.06	115,106	46,794	
5 ALLOCATION OF SECURITY	L	OTHER ADMINISTRATIVE AND GENERAL	6.06	105,588		
6 ALLOCATION OF MAINTENANCE & HOUSEKEEP	M	PHYSICIANS' PRIVATE OFFICES	98	156,222	136,110	
7						
8 MOB PROPERTY TAX	N	OTHER ADMINISTRATIVE AND GENERAL	6.06		750,000	
9 PROPERTY INSURANCE	O	ADMINISTRATIVE AND GENERAL SURREY	6.05		10,169	12
10		OTHER ADMINISTRATIVE AND GENERAL	6.06		367,917	12
11						
12 WORKMEN'S COMPENSATION EXPENSE	P	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,056,834	
13 CAFETERIA RECLASS	R	CAFETERIA	12		1,190,004	
14		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		110,287	
15		FOUNTAIN CAFE	100.03		57,454	
16 EPOETIN COST	S	DRUGS CHARGED TO PATIENTS	56		14,371	
17 LOAN FORGIVENESS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06		8,188	
18		MEDICAL RECORDS & LIBRARY	17		4,000	
19		ADULTS & PEDIATRICS	25		277,406	
20		INTENSIVE CARE UNIT	26		36,192	
21		CORONARY CARE UNIT	27		36,351	
22		NURSERY	33		2,000	
23		SKILLED NURSING FACILITY	34		4,000	
24		OTHER LONG TERM CARE	36		6,000	
25		OPERATING ROOM	37		7,490	
26		RECOVERY ROOM	38		1,500	
27		RADIOLOGY-DIAGNOSTIC	41		58,169	
28		CT SCAN	41.02		4,000	
29		LABORATORY	44		8,000	
30		RESPIRATORY THERAPY	49		10,000	
31		PHYSICAL THERAPY	50		14,000	
32		ELECTROCARDIOLOGY	53		4,000	
33		DRUGS CHARGED TO PATIENTS	56		13,235	
34		EMERGENCY	61		20,000	
35		URGENT CARE CENTERS	61.01		8,000	

RECLASSIFICATIONS

PROVIDER NO:
260179

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 AUDIO/VISUAL	U	OTHER ADMINISTRATIVE AND GENERAL	6.06	47,647	6,866	
2						
3 PHARMACY EDUCATION	V	DRUGS CHARGED TO PATIENTS	56	191,085		
4 LDRP ROUTINE EXPENSE	W	ADULTS & PEDIATRICS	25	3,196,398	253,084	
5						
6 PHYSICIAN RECLASSIFICATION	X	OTHER ADMINISTRATIVE AND GENERAL	6.06	2,864	596	
7		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	86,422		
8		INTENSIVE CARE UNIT	26	96,865	9,763	
9		CORONARY CARE UNIT	27	23,840	3,159	
10		WOMEN'S DIAGNOSTICS/GI SERVICES	37.04	16,001	6,142	
11		CARDIAC CATH LAB	53.01	25,338	27,154	
12		EMERGENCY	61	34,286	5,801	
13		LABORATORY	44		3,002	
14 SUPERVISOR RECLASSIFICATION	Y	RADIOLOGY-DIAGNOSTIC	41	104,848		
15		ELECTROCARDIOLOGY	53	9,194		
16		DRUGS CHARGED TO PATIENTS	56	28,578		
17		CARDIAC REHABILITATION	59.97	158,402		
18						
19						
20 VALET RECLASSIFICATION	Z	OTHER ADMINISTRATIVE AND GENERAL	6.06	124,514		
21 PATIENT BILLING RECLASSIFICATION	AA	CDI RADIOLOGY	41.04		470,169	
22		HOME HEALTH AGENCY	71	52,226		
23 CLINICAL ENGINEERING RECLASSIFICATION	AB	MAINTENANCE & REPAIRS	7		20,310	
24						
25						
26						
27						
28 BILLABLE SUPPLIES & IMPLANTABLE DEVI	AC	ADULTS & PEDIATRICS	25		278,516	
29		INTENSIVE CARE UNIT	26		2,610	
30		CORONARY CARE UNIT	27		611	
31		OPERATING ROOM	37		10,811,543	
32		VASCULAR ACCESS CENTER	37.01		850,811	
33		PAIN MANAGEMENT - BRAIN & SPINE CENT	37.02		17,118	
34		WOMEN'S DIAGNOSTICS/GI SERVICES	37.04		600,379	
35		RECOVERY ROOM	38		70,168	
1 BILLABLE SUPPLIES & IMPLANTABLE DEVI	AC	ANESTHESIOLOGY	40		914,145	
2		RADIOLOGY-DIAGNOSTIC	41		1,844,992	
3		MRI	41.01		12,002	
4		TDOC RADIOLOGY	41.03		4,741	
5		CDI RADIOLOGY	41.04		8,289	
6		LABORATORY	44		94	
7		INTRAVENOUS THERAPY	48		119,087	
8		BRAIN & SPINE INFUSION CENTER	48.01		243	
9		RESPIRATORY THERAPY	49		61,247	
10		RESPIRATORY THERAPY SURREY	49.02		145	
11		PHYSICAL THERAPY	50		25	
12		OCCUPATIONAL THERAPY	51		23	
13		CARDIAC CATH LAB	53.01		5,054,013	
14		ELECTROENCEPHALOGRAPHY	54		864	
15		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		16,176	
36 TOTAL RECLASSIFICATIONS				4,776,236	47,390,702	

(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:
260179

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,128,163
TOTAL RECLASSIFICATIONS FOR CODE A			2,128,163

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	2,128,163	
			2,128,163

RECLASS CODE: B
EXPLANATION : NUTRITIONAL/DIABETIC EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NUTRITION/DIABETES EDUCATION	59	116,672
TOTAL RECLASSIFICATIONS FOR CODE B			116,672

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	116,672	
			116,672

RECLASS CODE: C
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	970,821
2.00	ELECTROCARDIOLOGY	53	1,545
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			972,366

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	1,650	
OTHER ADMINISTRATIVE AND GENER	6.06	31,901	
MAINTENANCE & REPAIRS	7	273	
PURCHASING	7.01	4,000	
MAINTENANCE & REPAIRS SURREY	7.02	2,472	
DIETARY	11	6,925	
NURSING ADMINISTRATION	14	2,217	
CENTRAL SERVICES & SUPPLY	15	3,054	
MEDICAL RECORDS & LIBRARY	17	11,951	
ADULTS & PEDIATRICS	25	90,320	
INTENSIVE CARE UNIT	26	23,371	
CORONARY CARE UNIT	27	9,619	
NURSERY	33	5,665	
SKILLED NURSING FACILITY	34	10,569	
OTHER LONG TERM CARE	36	16,230	
OPERATING ROOM	37	17,421	
VASCULAR ACCESS CENTER	37.01	4,000	
ANESTHESIOLOGY	40	4,000	
RADIOLOGY-DIAGNOSTIC	41	11,498	
CDI RADIOLOGY	41.04	294,624	
LABORATORY	44	529	
INTRAVENOUS THERAPY	48	1,936	
RESPIRATORY THERAPY	49	530	
PHYSICAL THERAPY	50	21,151	
CARDIAC CATH LAB	53.01	4,000	
SLEEP MEDICINE	54.01	8,760	
CARDIAC REHABILITATION	59.97	8,254	
EMERGENCY	61	17,134	
URGENT CARE CENTERS	61.01	4,000	
HOME HEALTH AGENCY	71	345,390	
PHYSICIANS' PRIVATE OFFICES	98	1,982	
SLEEP RESEARCH	100.04	2,940	
VOLUNTEERS	100.13	4,000	
			972,366

RECLASS CODE: D
EXPLANATION : LAUNDRY/LINEN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	1,328,331
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	3,528	
OTHER ADMINISTRATIVE AND GENER	6.06	22	
HOUSEKEEPING	10	2,801	
HOUSEKEEPING SURREY	10.01	4,022	
DIETARY	11	1,603	
CENTRAL SERVICES & SUPPLY	15	76,617	
ADULTS & PEDIATRICS	25	599,141	
INTENSIVE CARE UNIT	26	39,908	
CORONARY CARE UNIT	27	43,834	
OPERATING ROOM	37	179,727	
VASCULAR ACCESS CENTER	37.01	16,693	
PAIN MANAGEMENT - BRAIN & SPIN	37.02	2,020	
WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	38,369	
RECOVERY ROOM	38	18,435	
RADIOLOGY-DIAGNOSTIC	41	64,435	

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
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TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION: LAUNDRY/LINEN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
16.00			0	MRI	41.01	19,696	
17.00			0	TDOC RADIOLOGY	41.03	23,372	
18.00			0	LABORATORY	44	338	
19.00			0	INTRAVENOUS THERAPY	48	1,333	
20.00			0	PHYSICAL THERAPY	50	37,329	
21.00			0	THERAPY SERVICES BRAIN & SPINE	50.02	4,503	
22.00			0	ELECTROCARDIOLOGY	53	10,821	
23.00			0	CARDIAC CATH LAB	53.01	11,513	
24.00			0	TDOC ELECTROCARDIOLOGY	53.02	13,529	
25.00			0	ELECTROENCEPHALOGRAPHY	54	3,368	
26.00			0	RENAL DIALYSIS	57	2,298	
27.00			0	CARDIAC REHABILITATION	59.97	824	
28.00			0	HYPERBARIC OXYGEN THERAPY	59.98	4,472	
29.00			0	EMERGENCY	61	77,568	
30.00			0	URGENT CARE CENTERS	61.01	18,943	
31.00			0	PHYSICIANS' PRIVATE OFFICES	98	7,269	
TOTAL RECLASSIFICATIONS FOR CODE D			1,328,331				1,328,331

RECLASS CODE: E
EXPLANATION: RENTAL/LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,526,116	ADMINISTRATIVE AND GENERAL SUR	6.05	27	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	52,537	OTHER ADMINISTRATIVE AND GENER	6.06	38,091	
3.00			0	PURCHASING	7.01	38	
4.00			0	MAINTENANCE & REPAIRS SURREY	7.02	4,762	
5.00			0	DIETARY	11	170	
6.00			0	CAFETERIA	12	8,408	
7.00			0	CENTRAL SERVICES & SUPPLY	15	513,100	
8.00			0	ADULTS & PEDIATRICS	25	11,139	
9.00			0	SKILLED NURSING FACILITY	34	26,199	
10.00			0	OTHER LONG TERM CARE	36	16,798	
11.00			0	OPERATING ROOM	37	40,170	
12.00			0	WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	161,210	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	2,281	
14.00			0	CT SCAN	41.02	663,500	
15.00			0	TDOC RADIOLOGY	41.03	956	
16.00			0	INTRAVENOUS THERAPY	48	342	
17.00			0	RESPIRATORY THERAPY	49	2,319	
18.00			0	PHYSICAL THERAPY	50	6,520	
19.00			0	PT/OT/SPEECH THERAPY SURREY	50.01	24	
20.00			0	ELECTROCARDIOLOGY	53	129	
21.00			0	CARDIAC CATH LAB	53.01	4,727	
22.00			0	TDOC ELECTROCARDIOLOGY	53.02	864	
23.00			0	SLEEP MEDICINE	54.01	6,668	
24.00			0	CARDIAC REHABILITATION	59.97	6,200	
25.00			0	EMERGENCY	61	50,364	
26.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	4,226	
27.00			0	PHYSICIANS' PRIVATE OFFICES	98	8,191	
28.00			0	RETAIL PHARMACY	100.14	1,230	
TOTAL RECLASSIFICATIONS FOR CODE E			1,578,653				1,578,653

RECLASS CODE: F
EXPLANATION: INSURANCE & FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,720,898	NEW CAP REL COSTS-MVBLE EQUIP	4	2,720,898	
TOTAL RECLASSIFICATIONS FOR CODE F			2,720,898				2,720,898

RECLASS CODE: G
EXPLANATION: TELEPHONE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	521,400	OTHER ADMINISTRATIVE AND GENER	6.06	521,400	
2.00	NONPATIENT TELEPHONES SURREY	6.03	15,208	ADMINISTRATIVE AND GENERAL SUR	6.05	15,208	
TOTAL RECLASSIFICATIONS FOR CODE G			536,608				536,608

RECLASS CODE: H
EXPLANATION: MOB DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,566,208	NEW CAP REL COSTS-MVBLE EQUIP	4	10,016,153	

RECLASSIFICATIONS

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WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION: MOB DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	14,268			0	
3.00	SLEEP MEDICINE	54.01	32,400			0	
4.00	URGENT CARE CENTERS	61.01	454,936			0	
5.00	LABORATORY	44	35,858			0	
6.00	VASCULAR ACCESS CENTER	37.01	240,350			0	
7.00	PHYSICIANS' PRIVATE OFFICES	98	2,672,133			0	
TOTAL RECLASSIFICATIONS FOR CODE H			10,016,153			10,016,153	

RECLASS CODE: I
EXPLANATION: INTEREST ON BONDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,099,586	NEW CAP REL COSTS-MVBLE EQUIP	4	2,373,171	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	24,500			0	
3.00	PHYSICIANS' PRIVATE OFFICES	98	249,085			0	
TOTAL RECLASSIFICATIONS FOR CODE I			2,373,171			2,373,171	

RECLASS CODE: J
EXPLANATION: CRNA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	84,140	ANESTHESIOLOGY	40	84,140	
TOTAL RECLASSIFICATIONS FOR CODE J			84,140			84,140	

RECLASS CODE: K
EXPLANATION: CLINICAL PASTORAL EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINICAL PASTORAL EDUCATION	24.01	161,900	OTHER ADMINISTRATIVE AND GENER	6.06	161,900	
TOTAL RECLASSIFICATIONS FOR CODE K			161,900			161,900	

RECLASS CODE: L
EXPLANATION: ALLOCATION OF SECURITY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	105,588	OTHER ADMINISTRATIVE AND GENER	6.06	105,588	
TOTAL RECLASSIFICATIONS FOR CODE L			105,588			105,588	

RECLASS CODE: M
EXPLANATION: ALLOCATION OF MAINTENANCE & HOUSEKEEP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	99,657	PHYSICIANS' PRIVATE OFFICES	98	292,332	
2.00	HOUSEKEEPING	10	192,675			0	
TOTAL RECLASSIFICATIONS FOR CODE M			292,332			292,332	

RECLASS CODE: N
EXPLANATION: MOB PROPERTY TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	750,000	OTHER ADMINISTRATIVE AND GENER	6.06	750,000	
TOTAL RECLASSIFICATIONS FOR CODE N			750,000			750,000	

RECLASS CODE: O
EXPLANATION: PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	277,132	ADMINISTRATIVE AND GENERAL SUR	6.05	10,169	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	10,169	OTHER ADMINISTRATIVE AND GENER	6.06	367,917	
3.00	PHYSICIANS' PRIVATE OFFICES	98	90,785			0	
TOTAL RECLASSIFICATIONS FOR CODE O			378,086			378,086	

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION: WORKMEN'S COMPENSATION EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,056,834
TOTAL RECLASSIFICATIONS FOR CODE P			1,056,834

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,056,834	
			1,056,834

RECLASS CODE: R
EXPLANATION: CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DIETARY	11	1,357,745
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE R			1,357,745

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CAFETERIA	12	1,190,004	
GIFT, FLOWER, COFFEE SHOP & CA	96	110,287	
FOUNTAIN CAFE	100.03	57,454	
			1,357,745

RECLASS CODE: S
EXPLANATION: EPOETIN COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	57	14,371
TOTAL RECLASSIFICATIONS FOR CODE S			14,371

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	14,371	
			14,371

RECLASS CODE: T
EXPLANATION: LOAN FORGIVENESS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	8,188
2.00	MEDICAL RECORDS & LIBRARY	17	4,000
3.00	ADULTS & PEDIATRICS	25	277,406
4.00	INTENSIVE CARE UNIT	26	36,192
5.00	CORONARY CARE UNIT	27	36,351
6.00	NURSERY	33	2,000
7.00	SKILLED NURSING FACILITY	34	4,000
8.00	OTHER LONG TERM CARE	36	6,000
9.00	OPERATING ROOM	37	7,490
10.00	RECOVERY ROOM	38	1,500
11.00	RADIOLOGY-DIAGNOSTIC	41	58,169
12.00	CT SCAN	41.02	4,000
13.00	LABORATORY	44	8,000
14.00	RESPIRATORY THERAPY	49	10,000
15.00	PHYSICAL THERAPY	50	14,000
16.00	ELECTROCARDIOLOGY	53	4,000
17.00	DRUGS CHARGED TO PATIENTS	56	13,235
18.00	EMERGENCY	61	20,000
19.00	URGENT CARE CENTERS	61.01	8,000
TOTAL RECLASSIFICATIONS FOR CODE T			522,531

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	8,188	
MEDICAL RECORDS & LIBRARY	17	4,000	
ADULTS & PEDIATRICS	25	277,406	
INTENSIVE CARE UNIT	26	36,192	
CORONARY CARE UNIT	27	36,351	
NURSERY	33	2,000	
SKILLED NURSING FACILITY	34	4,000	
OTHER LONG TERM CARE	36	6,000	
OPERATING ROOM	37	7,490	
RECOVERY ROOM	38	1,500	
RADIOLOGY-DIAGNOSTIC	41	58,169	
CT SCAN	41.02	4,000	
LABORATORY	44	8,000	
RESPIRATORY THERAPY	49	10,000	
PHYSICAL THERAPY	50	14,000	
ELECTROCARDIOLOGY	53	4,000	
DRUGS CHARGED TO PATIENTS	56	13,235	
EMERGENCY	61	20,000	
URGENT CARE CENTERS	61.01	8,000	
			522,531

RECLASS CODE: U
EXPLANATION: AUDIO/VISUAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	21,531
2.00	COMMUNITY OUTREACH	100.02	32,982
TOTAL RECLASSIFICATIONS FOR CODE U			54,513

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	54,513	
			0
			54,513

RECLASS CODE: V
EXPLANATION: PHARMACY EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY EDUCATION	24.02	191,085
TOTAL RECLASSIFICATIONS FOR CODE V			191,085

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	191,085	
			191,085

RECLASS CODE: W
EXPLANATION: LDRP ROUTINE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	2,439,795

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	3,449,482	

RECLASSIFICATIONS

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260179

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TO 6/30/2010

PREPARED 11/23/2010
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NOT A CMS WORKSHEET

RECLASS CODE: W
EXPLANATION: LDRP ROUTINE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,009,687				0
TOTAL RECLASSIFICATIONS FOR CODE W			3,449,482				3,449,482

RECLASS CODE: X
EXPLANATION: PHYSICIAN RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	239,074	OTHER ADMINISTRATIVE AND GENER	6.06	3,460	
2.00	ELECTROCARDIOLOGY	53	54,604	I&R SERVICES-OTHER PRGM COSTS	23	86,422	
3.00	I&R SERVICES-OTHER PRGM COSTS	23	47,555	INTENSIVE CARE UNIT	26	106,628	
4.00			0	CORONARY CARE UNIT	27	26,999	
5.00			0	WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	22,143	
6.00			0	CARDIAC CATH LAB	53.01	52,492	
7.00			0	EMERGENCY	61	40,087	
8.00			0	LABORATORY	44	3,002	
TOTAL RECLASSIFICATIONS FOR CODE X			341,233				341,233

RECLASS CODE: Y
EXPLANATION: SUPERVISOR RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MRI	41.01	24,172	RADIOLOGY-DIAGNOSTIC	41	104,848	
2.00	CT SCAN	41.02	7,519	ELECTROCARDIOLOGY	53	9,194	
3.00	TDOC RADIOLOGY	41.03	73,157	DRUGS CHARGED TO PATIENTS	56	28,578	
4.00	CARDIAC CATH LAB	53.01	118,824	CARDIAC REHABILITATION	59.97	158,402	
5.00	TDOC ELECTROCARDIOLOGY	53.02	48,772			0	
6.00	RETAIL PHARMACY	100.14	28,578			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			301,022				301,022

RECLASS CODE: Z
EXPLANATION: VALET RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	VALET SERVICES	100.17	124,514	OTHER ADMINISTRATIVE AND GENER	6.06	124,514	
TOTAL RECLASSIFICATIONS FOR CODE Z			124,514				124,514

RECLASS CODE: AA
EXPLANATION: PATIENT BILLING RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	522,395	CDI RADIOLOGY	41.04	470,169	
2.00			0	HOME HEALTH AGENCY	71	52,226	
TOTAL RECLASSIFICATIONS FOR CODE AA			522,395				522,395

RECLASS CODE: AB
EXPLANATION: CLINICAL ENGINEERING RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	GIFT, FLOWER, COFFEE SHOP & CA	96	302	MAINTENANCE & REPAIRS	7	20,310	
2.00	PHYSICIANS' PRIVATE OFFICES	98	18,868			0	
3.00	COMMUNITY OUTREACH	100.02	652			0	
4.00	VOLUNTEERS	100.13	302			0	
5.00	REHAB HOSPITAL COVERAGE	100.15	186			0	
TOTAL RECLASSIFICATIONS FOR CODE AB			20,310				20,310

RECLASS CODE: AC
EXPLANATION: BILLABLE SUPPLIES & IMPLANTABLE DEVI

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	9,638,758	ADULTS & PEDIATRICS	25	278,516	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	11,029,084	INTENSIVE CARE UNIT	26	2,610	
3.00			0	CORONARY CARE UNIT	27	611	

RECLASSIFICATIONS

PROVIDER NO: 260179	PERIOD: FROM 7/1/2009 TO 6/30/2010	PREPARED 11/23/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: AC
EXPLANATION : BILLABLE SUPPLIES & IMPLANTABLE DEVI

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00			0	OPERATING ROOM	37	10,811,543	
5.00			0	VASCULAR ACCESS CENTER	37.01	850,811	
6.00			0	PAIN MANAGEMENT - BRAIN & SPIN	37.02	17,118	
7.00			0	WOMEN'S DIAGNOSTICS/GI SERVICE	37.04	600,379	
8.00			0	RECOVERY ROOM	38	70,168	
9.00			0	ANESTHESIOLOGY	40	914,145	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	1,844,992	
11.00			0	MRI	41.01	12,002	
12.00			0	TDOC RADIOLOGY	41.03	4,741	
13.00			0	CDI RADIOLOGY	41.04	8,289	
14.00			0	LABORATORY	44	94	
15.00			0	INTRAVENOUS THERAPY	48	119,087	
16.00			0	BRAIN & SPINE INFUSION CENTER	48.01	243	
17.00			0	RESPIRATORY THERAPY	49	61,247	
18.00			0	RESPIRATORY THERAPY SURREY	49.02	145	
19.00			0	PHYSICAL THERAPY	50	25	
20.00			0	OCCUPATIONAL THERAPY	51	23	
21.00			0	CARDIAC CATH LAB	53.01	5,054,013	
22.00			0	ELECTROENCEPHALOGRAPHY	54	864	
23.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	16,176	
TOTAL RECLASSIFICATIONS FOR CODE AC			20,667,842				20,667,842

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	15,179,237					103,702	15,075,535	
2 LAND IMPROVEMENTS	8,800,544	1,442,226			1,442,226		10,242,770	
3 BUILDINGS & FIXTURE	253,419,004	7,885,873			7,885,873		261,304,877	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	156,010,869	12,447,568			12,447,568	450,156	168,008,281	
7 SUBTOTAL	433,409,654	21,775,667			21,775,667	553,858	454,631,463	
8 RECONCILING ITEMS								
9 TOTAL	433,409,654	21,775,667			21,775,667	553,858	454,631,463	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	286,623,182		286,623,182	.630452				
4	NEW CAP REL COSTS-MV	168,008,281		168,008,281	.369548				
4 01	NEW CAP REL COSTS-MV								
5	TOTAL	454,631,463		454,631,463	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	6,505,509		1,759,542	277,132			8,542,183
4	NEW CAP REL COSTS-MV	11,102,172	1,526,116					12,628,288
4 01	NEW CAP REL COSTS-MV	417,370	52,537	107,441	10,169			587,517
5	TOTAL	18,025,051	1,578,653	1,866,983	287,301			21,757,988

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	21,132,232		5,589,462	2,720,898			29,442,592
4 01	NEW CAP REL COSTS-MV	403,102		130,296				533,398
5	TOTAL	21,535,334		5,719,758	2,720,898			29,975,990

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

PROVIDER NO:
26-0179

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-368,284	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-209,884	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-17,481,160			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,480,684			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,448,493	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-718	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-123,436	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INTEREST INCOME	B	-22,855	NEW CAP REL COSTS-MVBLE E	4.01	11
37.01 INTEREST INCOME	B	-43,691	PHYSICIANS' PRIVATE OFFIC	98	
38 NON-ALLOWABLE INTEREST	A	-3,216,291	NEW CAP REL COSTS-MVBLE E	4	11
39 TELEPHONE BENEFITS	A	-19,013	EMPLOYEE BENEFITS	5	
39.01 TELEPHONE DEPRECIATION	A	-2,418	NEW CAP REL COSTS-MVBLE E	4	9
40 SNF COMMISSIONS	B	-826	ADMINISTRATIVE AND GENERA	6.05	
40.01 CHAPLAIN INCOME	B	-14,204	OTHER ADMINISTRATIVE AND	6.06	
40.02 COMMISSIONS	B	-134	OTHER ADMINISTRATIVE AND	6.06	
40.04 MEALS ON WHEELS	B	-48,561	DIETARY	11	
40.05 PHYSICIAN MEALS	B	-7,072	DIETARY	11	
40.06 SNF CAFETERIA MEALS	B	-14,114	DIETARY SURREY	11.01	
40.07 CORNER GORMET INCOME	B	-24,762	DIETARY	11	
40.08 CORNER GORMET INCOME	B	-124,961	DIETARY	11	
40.09 MATERNITY SERVICES INCOME	B	-660	ADULTS & PEDIATRICS	25	
40.10 LACTATION INCOME	B	-56,939	ADULTS & PEDIATRICS	25	
40.11 PHYSICAL THERAPY INCOME	B	-16,200	PHYSICAL THERAPY	50	
40.12 SPORTS MEDICINE INCOME	B	-77,430	PHYSICAL THERAPY	50	
40.13 SPEECH THERAPY INCOME	B	-200	SPEECH PATHOLOGY	52	
40.14 SLEEP MEDICINE MISCELLANEOUS INCOME	B	-7,557	SLEEP MEDICINE	54.01	
40.15 CONSULTATION SERVICES	B	-1,532	NUTRITION/DIABETES EDUCAT	59	
40.16 NUTRITION REFERENCE BOOKS	B	-534	NUTRITION/DIABETES EDUCAT	59	
40.17 CORNER GORMET INCOME	B	-1,520	DIETARY	11	
41 PHYSICIAN EQUIPMENT RENTAL	B	-10,140	NEW CAP REL COSTS-MVBLE E	4	9
42 MISCELLANEOUS INCOME	B	-38,402	OTHER ADMINISTRATIVE AND	6.06	
43 CLASS ACTION SETTLEMENT	B	-1,319	NEW CAP REL COSTS-MVBLE E	4	9
44 MOONLIGHTERS SALARIES	A	-50,783	I&R SERVICES-OTHER PRGM C	23	
44.01 MOONLIGHTERS BENEFITS	A	-11,795	EMPLOYEE BENEFITS	5	
45 ADVERTISING	A	-4,743	EMPLOYEE BENEFITS	5	
45.01 ADVERTISING	A	-1,499	ADMINISTRATIVE AND GENERA	6.05	
45.02 ADVERTISING	A	-3,818	OTHER ADMINISTRATIVE AND	6.06	
45.03 ADVERTISING	A	-1,020	NURSING ADMINISTRATION	14	
45.04 ADVERTISING	A	-1,979	VASCULAR ACCESS CENTER	37.01	
45.05 ADVERTISING	A	-55	INTRAVENOUS THERAPY	48	
45.06 ADVERTISING	A	-280	SLEEP MEDICINE	54.01	
45.07 ADVERTISING	A	-501	URGENT CARE CENTERS	61.01	
45.08 ADVERTISING	A	-3,346	ADULT DOWN SYNDROME CENTE	61.02	
45.09 ADVERTISING	A	-100	HOME HEALTH AGENCY	71	
46 EDUCATION CENTER DEPRECIATION	A	-63,342	NEW CAP REL COSTS-BLDG &	3	9
47 ASSET LIVES	A	2,643	NEW CAP REL COSTS-BLDG &	3	9
47.01 ASSET LIVES	A	-30	NEW CAP REL COSTS-MVBLE E	4	9
47.02 ASSET LIVES	A	-42,286	PHYSICIANS' PRIVATE OFFIC	98	
48 LOSS ON REFINANCING	A	28,240	NEW CAP REL COSTS-BLDG &	3	11
48.01 LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFIC	98	
49 FRA TAX	A	7,096,430	OTHER ADMINISTRATIVE AND	6.06	
49.01 RENT EXPENSE PAID FOR MOB SPACE	A	-6,351	NONPATIENT TELEPHONES	6.01	
49.02 RENT EXPENSE PAID FOR MOB SPACE	A	-94,262	OTHER ADMINISTRATIVE AND	6.06	
49.03 RENT EXPENSE PAID FOR MOB SPACE	A	-75,000	I&R SERVICES-OTHER PRGM C	23	
49.04 RENT EXPENSE PAID FOR MOB SPACE	A	-28,557	ADULTS & PEDIATRICS	25	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-0179

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.05 RENT EXPENSE PAID FOR MOB SPACE	A	-21,647	OPERATING ROOM	37	
49.06 RENT EXPENSE PAID FOR MOB SPACE	A	-24,206	PAIN MANAGEMENT - BRAIN &	37.02	
49.07 RENT EXPENSE PAID FOR MOB SPACE	A	-266,071	WOMEN'S DIAGNOSTICS/GI SE	37.04	
49.08 RENT EXPENSE PAID FOR MOB SPACE	A	-2,153	ANESTHESIOLOGY	40	
49.09 RENT EXPENSE PAID FOR MOB SPACE	A	-285,288	RADIOLOGY-DIAGNOSTIC	41	
49.10 RENT EXPENSE PAID FOR MOB SPACE	A	-99,994	LABORATORY	44	
49.11 RENT EXPENSE PAID FOR MOB SPACE	A	-6,378	BRAIN & SPINE INFUSION CE	48.01	
49.12 RENT EXPENSE PAID FOR MOB SPACE	A	-79,496	THERAPY SERVICES BRAIN &	50.02	
49.13 RENT EXPENSE PAID FOR MOB SPACE	A	-45,687	ELECTROENCEPHALOGRAPHY	54	
49.14 RENT EXPENSE PAID FOR MOB SPACE	A	-240,000	SLEEP MEDICINE	54.01	
49.15 RENT EXPENSE PAID FOR MOB SPACE	A	-24,969	DRUGS CHARGED TO PATIENTS	56	
49.16 RENT EXPENSE PAID FOR MOB SPACE	A	-20,597	CARDIAC REHABILITATION	59.97	
49.17 RENT EXPENSE PAID FOR MOB SPACE	A	-24,585	HOME HEALTH AGENCY	71	
49.18 RENT EXPENSE PAID FOR MOB SPACE	A	-48,039	PHYSICIANS' PRIVATE OFFIC	98	
49.19 RENT EXPENSE PAID FOR MOB SPACE	A	-4,589	FOUNTAIN CAFE	100.03	
49.20 RENT EXPENSE PAID FOR MOB SPACE	A	-22,135	SLEEP RESEARCH	100.04	
49.21 RENT EXPENSE PAID FOR MOB SPACE	A	-6,656	PHYSICIAN REFERRAL	100.07	
49.22 RENT EXPENSE PAID FOR MOB SPACE	A	-15,443	RETAIL PHARMACY	100.14	
49.23 NON-ALLOWABLE	A	-726,452	OTHER ADMINISTRATIVE AND	6.06	
49.24 NON-ALLOWABLE	A	-4,168	EMPLOYEE BENEFITS	5	
49.25 NON-ALLOWABLE	A	-115	ADMINITTING	6.04	
49.26 NON-ALLOWABLE	A	-11,674	ADMINISTRATIVE AND GENERA	6.05	
49.27 NON-ALLOWABLE	A	-8,165	OTHER ADMINISTRATIVE AND	6.06	
49.28 NON-ALLOWABLE	A	-2,973	MAINTENANCE & REPAIRS	7	
49.29 NON-ALLOWABLE	A	-1,374	MAINTENANCE & REPAIRS SUR	7.02	
49.30 NON-ALLOWABLE	A	-1,976	HOUSEKEEPING	10	
49.31 NON-ALLOWABLE	A	-570	DIETARY	11	
49.32 NON-ALLOWABLE	A	-770	CAFETERIA	12	
49.33 NON-ALLOWABLE	A	-4,579	NURSING ADMINISTRATION	14	
49.34 NON-ALLOWABLE	A	-15	CENTRAL SERVICES & SUPPLY	15	
49.35 NON-ALLOWABLE	A	-200	MEDICAL RECORDS & LIBRARY	17	
49.36 NON-ALLOWABLE	A	-5,213	I&R SERVICES-OTHER PRGM C	23	
49.37 NON-ALLOWABLE	A	-26,480	ADULTS & PEDIATRICS	25	
49.38 NON-ALLOWABLE	A	-170	INTENSIVE CARE UNIT	26	
49.39 NON-ALLOWABLE	A	-50	CORONARY CARE UNIT	27	
49.40 NON-ALLOWABLE	A	-880	SKILLED NURSING FACILITY	34	
49.41 NON-ALLOWABLE	A	-130	OTHER LONG TERM CARE	36	
49.42 NON-ALLOWABLE	A	-4,097	OPERATING ROOM	37	
49.43 NON-ALLOWABLE	A	-1,387	VASCULAR ACCESS CENTER	37.01	
49.44 NON-ALLOWABLE	A	-182	WOMEN'S DIAGNOSTICS/GI SE	37.04	
49.45 NON-ALLOWABLE	A	-767	RADIOLOGY-DIAGNOSTIC	41	
49.46 NON-ALLOWABLE	A	-10	MRI	41.01	
49.47 NON-ALLOWABLE	A	-50	TDOD RADIOLOGY	41.03	
49.48 NON-ALLOWABLE	A	-150	CDI RADIOLOGY	41.04	
49.49 NON-ALLOWABLE	A	-186	LABORATORY	44	
49.50 NON-ALLOWABLE	A	-5	INTRAVENOUS THERAPY	48	
49.51 NON-ALLOWABLE	A	-67	RESPIRATORY THERAPY	49	
49.52 NON-ALLOWABLE	A	-10	PHYSICAL THERAPY	50	
49.53 NON-ALLOWABLE	A	-1,355	THERAPY SERVICES BRAIN &	50.02	
49.54 NON-ALLOWABLE	A	-25	ELECTROCARDIOLOGY	53	
49.55 NON-ALLOWABLE	A	-8	CARDIAC CATH LAB	53.01	
49.56 NON-ALLOWABLE	A	-1,799	SLEEP MEDICINE	54.01	
49.57 NON-ALLOWABLE	A	-28	DRUGS CHARGED TO PATIENTS	56	
49.58 NON-ALLOWABLE	A	-172	CARDIAC REHABILITATION	59.97	
49.59 NON-ALLOWABLE	A	-81	EMERGENCY	61	
49.60 NON-ALLOWABLE	A	-3,770	URGENT CARE CENTERS	61.01	
49.61 NON-ALLOWABLE	A	-400	ADULT DOWN SYNDROME CENTE	61.02	
49.62 NON-ALLOWABLE	A	-2,473	HOME HEALTH AGENCY	71	
49.63 LOBBYING	A	-36,492	OTHER ADMINISTRATIVE AND	6.06	
49.64 PHYSICIAN BILLING	A	-265,131	ADULTS & PEDIATRICS	25	
49.65 PHYSICIAN BILLING	A	-6,423	CORONARY CARE UNIT	27	
49.66 PHYSICIAN BILLING	A	-66,886	SLEEP MEDICINE	54.01	
49.67 PHYSICIAN BILLING	A	-193,199	EMERGENCY	61	
49.68 PHYSICIAN BILLING	A	-187,201	URGENT CARE CENTERS	61.01	
49.69 CRNA SALARY	A	-84,140	NONPHYSICIAN ANESTHETISTS	20	
49.70 CRNA BENEFITS	A	-19,543	EMPLOYEE BENEFITS	5	
49.71 MEDICAL GROUP ADMINISTRATIVE SALARY	A	-105,000	OTHER ADMINISTRATIVE AND	6.06	
49.72 MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-24,388	EMPLOYEE BENEFITS	5	
49.73 REVENUE ADD BACK	A	39,272	EMPLOYEE BENEFITS	5	
49.74 REVENUE ADD BACK	A	706	PHYSICIANS' PRIVATE OFFIC	98	
49.75 REVENUE ADD BACK	A	127,391	COMMUNITY OUTREACH	100.02	
49.76 REVENUE ADD BACK	A	609,656	SLEEP RESEARCH	100.04	
49.77 MARYVILLE CENTRE LOSS ON LEASE	A	197,047	OTHER ADMINISTRATIVE AND	6.06	
49.78 HOME HEALTH AMORTIZATION	A	11,920	HOME HEALTH AGENCY	71	
49.79 RCE	A	-18,731	ADMINISTRATIVE AND GENERA	6.05	
49.80 RCE	A	-491,595	I&R SERVICES-OTHER PRGM C	23	
49.81 REVENUE ADD BACK	A	220	MARKETING	100.11	
49.82 REVENUE ADD BACK	A	20,300	REHAB HOSPITAL COVERAGE	100.15	
49.83 REVENUE ADD BACK	A	11,876	EXECUTIVE HEALTH PROGRAM	100.16	
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,650,618			

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-21,650,618				

(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	41 4	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BI	4,508,842	6,801,155	-2,292,313	
2	41 4	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BI	1,254,922	1,443,293	-188,371	
3							
4							
5		TOTALS		5,763,764	8,244,448	-2,480,684	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	ST LUKE'S CENTER FOR DIAG	31.00	RADIOLOGY MANAGEMENT SERV
2	C	0.00	ST LUKE'S CDI WHC, LLC	43.30	RADIOLOGY MANAGEMENT SERV
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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 25	ADULTS & PEDIATRICS	6,141,562	4,909,631	1,231,931	177,200	9,685	825,088	41,254
2 26	INTENSIVE CARE UNIT	1,400,172	1,256,164	144,008	177,200	358	30,499	1,525
3 27	CORONARY CARE UNIT	889,560	864,017	25,543	177,200	71	6,049	302
4 33	NURSERY	50,000	50,000		177,200			
5 37	OPERATING ROOM	856,316	402,233	454,083	208,000	2,079	207,900	10,395
6 37	1 VASCULAR ACCESS CENTER	219,416	219,416		208,000			
7 37	2 PAIN MANAGEMENT - BRAIN &	53,924		53,924	208,000	98	9,800	490
8 37	4 WOMEN'S DIAGNOSTICS/GI SE	81,649		81,649	208,000	297	29,700	1,485
9 40	ANESTHESIOLOGY	428,802	360,000	68,802	200,300	376	36,208	1,810
10 41	3 TDOC RADIOLOGY	6,670	6,670		225,300			
11 44	LABORATORY	189,315	1,901	187,414	215,700	1,021	105,880	5,294
12 48	1 BRAIN & SPINE INFUSION CE	209,237	184,602	24,635	177,200	110	9,371	469
13 53	ELECTROCARDIOLOGY	54,624	20	54,604	177,200	646	55,034	2,752
14 53	1 CARDIAC CATH LAB	74,733		74,733	177,200	875	74,543	3,727
15 54	1 SLEEP MEDICINE	818,578	804,633	13,945	177,200	38	3,237	162
16 59	97 CARDIAC REHABILITATION	79,369	79,369		177,200			
17 41	RADIOLOGY	3,125	3,125		225,300			
18 61	EMERGENCY	4,570,741	4,321,643	249,098	177,200	1,603	136,563	6,828
19 61	1 URGENT CARE CENTERS	3,085,579	2,865,559	220,020	177,200	1,153	98,227	4,911
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	19,213,372	16,328,983	2,884,389		18,410	1,628,099	81,404

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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 25	ADULTS & PEDIATRICS			262,891	52,733	877,821	354,110	5,263,741
2 26	INTENSIVE CARE UNIT			36,266	3,730	34,229	109,779	1,365,943
3 27	CORONARY CARE UNIT			35,106	1,008	7,057	18,486	882,503
4 33	NURSERY							50,000
5 37	OPERATING ROOM			45,112	23,922	231,822	222,261	624,494
6 37	1 VASCULAR ACCESS CENTER							219,416
7 37	2 PAIN MANAGEMENT - BRAIN &			645	645	10,445	43,479	43,479
8 37	4 WOMEN'S DIAGNOSTICS/GI SE			6,956	6,956	36,656	44,993	44,993
9 40	ANESTHESIOLOGY			1,848	297	36,505	32,297	392,297
10 41	3 TDOC RADIOLOGY							6,670
11 44	LABORATORY			46	46	105,926	81,488	83,389
12 48	1 BRAIN & SPINE INFUSION CE					9,371	15,264	199,866
13 53	ELECTROCARDIOLOGY			779	779	55,813		20
14 53	1 CARDIAC CATH LAB			750	750	75,293		
15 54	1 SLEEP MEDICINE			12,955	221	3,458	10,487	815,120
16 59	97 CARDIAC REHABILITATION							79,369
17 41	RADIOLOGY							3,125
18 61	EMERGENCY			172,137	9,381	145,944	103,154	4,424,797
19 61	1 URGENT CARE CENTERS			75,933	5,414	103,641	116,379	2,981,938
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			651,424	105,882	1,733,981	1,152,177	17,481,160

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP SURREY	6	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	# OF PHONES	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
6.03	NONPATIENT TELEPHONES SURREY	24	# OF PHONES	ENTERED
6.04	ADMITTING	25	GROSS CHARGES	ENTERED
6.05	ADMINISTRATIVE AND GENERAL SURREY	12	ACCUM. COST	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEET	ENTERED
7.01	PURCHASING	26	PURCHASES	ENTERED
7.02	MAINTENANCE & REPAIRS SURREY	6	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
9.01	LAUNDRY & LINEN SERVICE SURREY	27	TOTAL DAYS	ENTERED
10	HOUSEKEEPING	3	SQUARE FEET	ENTERED
10.01	HOUSEKEEPING SURREY	6	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
11.01	DIETARY SURREY	11	MEALS SERVED	ENTERED
12	CAFETERIA	28	FULL TIME EMPLOYEES	ENTERED
12.01	CAFETERIA SURREY	29	FULL TIME EMPLOYEES	ENTERED
14	NURSING ADMINISTRATION	30	NURSING FTES	ENTERED
14.01	NURSING ADMINISTRATION SURREY	27	TOTAL DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	GROSS CHARGES	ENTERED
17.01	MEDICAL RECORDS & LIBRARY SURREY	32	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
18.01	SOCIAL SERVICE SURREY	27	TOTAL DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED
24.01	CLINICAL PASTORAL EDUCATION	22	ASSIGNED TIME	ENTERED
24.02	PHARMACY EDUCATION	33	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	SUBTOTAL 6a.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	8,542,183	8,542,183					
004 NEW CAP REL COSTS-MVBLE E	12,628,288		12,628,288				
004 01 NEW CAP REL COSTS-MVBLE E	587,517			587,517			
005 EMPLOYEE BENEFITS	35,414,332	58,661	86,721		35,559,714		
006 01 NONPATIENT TELEPHONES	678,291	18,370	27,158		85,755	809,574	
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR	15,208						15,208
006 04 ADMINISTRATION	703,192	20,131	29,761		171,519	9,376	933,979
006 05 ADMINISTRATIVE AND GENERAL	579,539			27,850	111,552	6,930	725,871
006 06 OTHER ADMINISTRATIVE AND	31,450,133	770,019	1,138,354		3,764,613	117,808	37,240,927
007 MAINTENANCE & REPAIRS	10,134,586	1,011,788	1,495,771		404,759	14,675	13,061,579
007 01 PURCHASING	713,035	28,921	42,756		138,861	5,299	928,872
007 02 MAINTENANCE & REPAIRS SUR	484,702			18,995	46,711	2,446	552,854
009 LAUNDRY & LINEN SERVICE	1,324,491	48,387	71,533		15,588	408	1,460,407
009 01 LAUNDRY & LINEN SERVICE S	198,538			9,746	5,182	408	213,874
010 HOUSEKEEPING	3,182,196	52,685	77,887		630,128	4,484	3,947,380
010 01 HOUSEKEEPING SURREY	250,693				46,969	408	298,070
011 DIETARY	2,104,866	188,460	278,609		501,996	10,191	3,084,122
011 01 DIETARY SURREY	1,036,632			21,857	150,348	2,038	1,210,875
012 CAFETERIA	458,805	175,607	259,608		99,642	2,038	995,700
012 01 CAFETERIA SURREY				40,406			40,406
014 NURSING ADMINISTRATION	1,620,407	22,169	32,774		377,917	10,599	2,063,866
014 01 NURSING ADMINISTRATION SU	398,401			1,991	97,130	3,261	500,783
015 CENTRAL SERVICES & SUPPLY	1,725,789	215,163	318,085		278,792	7,338	2,545,167
017 MEDICAL RECORDS & LIBRARY	2,821,706	79,624	117,711		430,464	17,529	3,467,034
017 01 MEDICAL RECORDS & LIBRARY	46,620				11,305	2,446	60,371
018 SOCIAL SERVICE	735,237	24,152	35,705		162,909	5,707	963,710
018 01 SOCIAL SERVICE SURREY	81,835			1,141	20,036	408	103,420
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	1,873,211				459,645		2,332,856
023 I&R SERVICES-OTHER PRGM C	1,007,931	62,335	92,152		288,785	2,853	1,454,056
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI	161,900	7,847	11,601		28,244	815	210,407
024 02 PHARMACY EDUCATION	191,085	4,839	7,153		46,888	408	250,373
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,555,737	1,732,354	2,561,008		6,810,357	134,520	35,793,976
026 INTENSIVE CARE UNIT	3,069,420	116,975	172,929		1,034,590	6,930	4,400,844
027 CORONARY CARE UNIT	2,707,941	170,311	251,779		843,672	11,414	3,985,117
031 SUBPROVIDER							
033 NURSERY	4,130,926	205,277	303,471		955,862	24,866	5,620,402
034 SKILLED NURSING FACILITY	1,802,064			98,822	415,013	5,299	2,321,198
036 OTHER LONG TERM CARE	2,190,752			340,249	514,620	11,006	3,056,627
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	25,283,665	710,943	1,051,018		3,084,694	53,401	30,183,721
037 01 VASCULAR ACCESS CENTER	1,068,265				137,738	2,038	1,208,041
037 02 PAIN MANAGEMENT - BRAIN &	274,598	13,740	20,312		54,559	1,223	364,432
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE	1,905,233	109,349	161,656		350,200	11,006	2,537,444
038 RECOVERY ROOM	1,115,902	64,775	95,760		267,940	6,115	1,550,492
039 DELIVERY ROOM & LABOR ROO	1,034,721	70,709	104,532		229,578	6,115	1,445,655
040 ANESTHESIOLOGY	358,386	3,383	5,001		51,559	2,446	420,775
041 RADIOLOGY-DIAGNOSTIC	7,881,158	584,194	863,639		1,479,183	47,286	10,855,460
041 01 MRI	469,896	57,122	84,445		75,745	2,038	689,246
041 02 CT SCAN	930,760	50,869	75,202		141,815	4,076	1,202,722
041 03 TDOC RADIOLOGY	1,133,206	85,613	126,566		176,041	6,115	1,527,541
041 04 CDI RADIOLOGY	7,965,127				344,187		8,309,314
044 LABORATORY	10,867,486	248,895	367,953		1,026,759	29,758	12,540,851
048 INTRAVENOUS THERAPY	827,873	9,483	14,020		169,443	3,261	1,024,080
048 01 BRAIN & SPINE INFUSION CE	46,231	3,646	5,391		60,010	408	115,686
049 RESPIRATORY THERAPY	2,014,532	23,223	34,332		470,062	7,745	2,549,894
049 02 RESPIRATORY THERAPY SURRE	13,704			1,742			15,446
050 PHYSICAL THERAPY	2,618,929	161,022	238,046		573,230	6,930	3,598,157
050 01 PT/OT/SPEECH THERAPY SURR	949,661			21,359	230,925	2,446	1,204,391
050 02 THERAPY SERVICES BRAIN &	1,009,128	51,118	75,571		13,306	3,261	1,152,384
051 OCCUPATIONAL THERAPY	381,090				92,175	815	474,080
052 SPEECH PATHOLOGY	188,116	1,040	1,537		44,122	815	235,630
053 ELECTROCARDIOLOGY	1,574,415	59,839	88,463		307,022	7,745	2,037,484
053 01 CARDIAC CATH LAB	1,370,748	90,951	134,457		274,448	7,745	1,878,349
053 02 TDOC ELECTROCARDIOLOGY	620,550	61,517	90,943		126,697	7,745	907,452
054 ELECTROENCEPHALOGRAPHY	177,328	26,218	38,759		38,757	3,261	284,323
054 01 SLEEP MEDICINE	1,910,462	113,897	168,379		569,457	20,382	2,782,577
055 MEDICAL SUPPLIES CHARGED	11,750,745						11,750,745
055 30 IMPL. DEV. CHARGED TO PAT	11,029,084						11,029,084
056 DRUGS CHARGED TO PATIENTS	14,355,267	61,517	90,943		636,667	13,860	15,158,254
057 RENAL DIALYSIS	397,968	23,278	34,414		78,962	2,853	537,475
059 NUTRITION/DIABETES EDUCAT	240,211	26,384	39,005		58,605	1,223	365,428
059 97 CARDIAC REHABILITATION	1,403,232	154,076	227,777		343,587	9,783	2,138,455
059 98 HYPERBARIIC OXYGEN THERAPY	371,998	28,741	42,489		61,124	2,446	506,798
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,478					408	1,886
061 EMERGENCY	3,381,776	133,279	197,033		1,832,337	14,675	5,559,100
061 01 URGENT CARE CENTERS	5,348,036				1,546,673		6,894,709
061 02 ADULT DOWN SYNDROME CENTE	91,115	3,619	5,350		16,877	1,223	118,184
062 OBSERVATION BEDS (NON-DIS							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	SUBTOTAL 6a.01
071 OUTPAT SERVICE COST CNTRS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY	1,835,959	17,927	26,502		337,636	6,115	2,224,139
095 SPEC PURPOSE COST CENTERS SUBTOTALS	283,806,228	8,064,442	11,922,021	584,158	34,251,972	718,670	281,220,215
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	95,592	21,296	31,483	3,359	19,016	2,853	173,599
098 PHYSICIANS' PRIVATE OFFICE	7,833,380	71,402	105,557		496,796	62,777	8,569,912
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	462,561	14,682	21,706		58,510	2,446	559,905
100 02 COMMUNITY OUTREACH	689,750	16,970	25,088		96,640	4,892	833,340
100 03 FOUNTAIN CAFE	33,151	37,989	56,160		6,450	408	134,158
100 04 SLEEP RESEARCH	585,302	13,268	19,615		119,933	2,038	740,156
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	283,359	4,243	6,272		67,024	2,038	362,936
100 09 UNUSED SPACE		239,384	353,892				593,276
100 10 TV STORAGE (MAINTENANCE)		1,289	1,906				3,195
100 11 MARKETING	1,664,166	21,448	31,708		130,559	4,484	1,852,365
100 12 CHILDBIRTH INSTRUCTION	79,574				11,345	408	91,327
100 13 VOLUNTEERS	214,066	18,301	27,055		45,548	5,707	310,677
100 14 RETAIL PHARMACY	3,799,884	11,008	16,274		152,225	2,038	3,981,429
100 15 REHAB HOSPITAL COVERAGE	421,054				65,562		486,616
100 16 EXECUTIVE HEALTH PROGRAM	6,118	6,461	9,551			815	22,945
100 17 VALET SERVICES	155,453				38,134		193,587
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	300,129,638	8,542,183	12,628,288	587,517	35,559,714	809,574	300,129,638

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COST CENTER DESCRIPTION	OTHER ADMINIS	NONPATIENT TELEPHONES SUR	ADMINISTRATIVE AND	ADMINISTRATIVE AND GENERAL	SUBTOTAL	OTHER ADMINIS	MAINTENANCE & REPAIRS
	TRATIVE AND					TRATIVE AND	
	6.02	6.03	6.04	6.05	6a.05	6.06	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR		15,208					
006 04 ADMINISTRATION			933,979				
006 05 ADMINISTRATIVE AND GENERAL		2,975		728,846			
006 06 OTHER ADMINISTRATIVE AND					37,240,927	37,240,927	
007 MAINTENANCE & REPAIRS					13,061,579	1,850,303	14,911,882
007 01 PURCHASING					928,872	131,584	64,724
007 02 MAINTENANCE & REPAIRS SUR		992		42,089	595,935	84,420	
009 LAUNDRY & LINEN SERVICE					1,460,407	206,881	108,287
009 01 LAUNDRY & LINEN SERVICE S		165		16,265	230,304	32,625	
010 HOUSEKEEPING					3,947,380	559,186	117,906
010 01 HOUSEKEEPING SURREY		165		22,665	320,900	45,459	
011 DIETARY					3,084,122	436,897	421,762
011 01 DIETARY SURREY		992		92,096	1,303,963	184,719	
012 CAFETERIA					995,700	141,051	392,999
012 01 CAFETERIA SURREY				3,070	43,476	6,159	
014 NURSING ADMINISTRATION					2,063,866	292,367	49,614
014 01 NURSING ADMINISTRATION SU		1,322		38,159	540,264	76,534	
015 CENTRAL SERVICES & SUPPLY					2,545,167	360,548	481,522
017 MEDICAL RECORDS & LIBRARY					3,467,034	491,140	178,193
017 01 MEDICAL RECORDS & LIBRARY		992		4,663	66,026	9,353	
018 SOCIAL SERVICE					963,710	136,519	54,051
018 01 SOCIAL SERVICE SURREY		165		7,872	111,457	15,789	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					2,332,856	330,472	
023 I&R SERVICES-OTHER PRGM C					1,454,056	205,982	139,501
024 PARAMEDICAL PRGM							
024 01 CLINICAL PASTORAL EDUCATI					210,407	29,806	17,562
024 02 PHARMACY EDUCATION					250,373	35,468	10,829
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			68,800		35,862,776	5,080,433	3,876,904
026 INTENSIVE CARE UNIT			10,137		4,410,981	624,860	261,782
027 CORONARY CARE UNIT			8,313		3,993,430	565,709	381,147
031 SUBPROVIDER							
033 NURSERY			6,029		5,626,431	797,040	459,399
034 SKILLED NURSING FACILITY		2,149		176,568	2,499,915	354,138	
036 OTHER LONG TERM CARE		4,299		232,619	3,293,545	466,564	
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			74,737		30,258,458	4,286,413	1,591,048
037 01 VASCULAR ACCESS CENTER			12,493		1,220,534	172,901	
037 02 PAIN MANAGEMENT - BRAIN &			3,392		367,824	52,106	30,749
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE			12,188		2,549,632	361,181	244,717
038 RECOVERY ROOM			7,203		1,557,695	220,663	144,962
039 DELIVERY ROOM & LABOR ROO			5,841		1,451,496	205,619	158,242
040 ANESTHESIOLOGY			6,521		427,296	60,531	7,571
041 RADIOLOGY-DIAGNOSTIC			75,023		10,930,483	1,548,412	1,307,391
041 01 MRI			16,532		705,778	99,981	127,835
041 02 CT SCAN			53,340		1,256,062	177,934	113,841
041 03 TDOC RADIOLOGY			36,701		1,564,242	221,591	191,597
041 04 CDI RADIOLOGY			35,370		8,344,684	1,182,108	
044 LABORATORY		145,612			12,686,463	1,797,164	557,013
048 INTRAVENOUS THERAPY		2,775			1,026,855	145,464	21,223
048 01 BRAIN & SPINE INFUSION CE		159			115,845	16,411	8,160
049 RESPIRATORY THERAPY		9,185			2,559,079	362,519	51,972
049 02 RESPIRATORY THERAPY SURRE				1,174	16,620	2,354	
050 PHYSICAL THERAPY			15,547		3,613,704	511,917	360,358
050 01 PT/OT/SPEECH THERAPY SURR		992	1	91,606	1,296,990	183,732	
050 02 THERAPY SERVICES BRAIN &			3,189		1,155,573	163,698	114,400
051 OCCUPATIONAL THERAPY			2,413		476,493	67,500	
052 SPEECH PATHOLOGY			1,107		236,737	33,536	2,327
053 ELECTROCARDIOLOGY			26,449		2,063,933	292,377	133,916
053 01 CARDIAC CATH LAB			23,976		1,902,325	269,483	203,543
053 02 TDOC ELECTROCARDIOLOGY			17,299		924,751	131,000	137,671
054 ELECTROENCEPHALOGRAPHY			2,358		286,681	40,611	58,674
054 01 SLEEP MEDICINE			5,390		2,787,967	394,943	254,894
055 MEDICAL SUPPLIES CHARGED			61,732		11,812,477	1,673,355	
055 30 IMPL. DEV. CHARGED TO PAT			40,008		11,069,092	1,568,048	
056 DRUGS CHARGED TO PATIENTS			81,776		15,240,030	2,158,903	137,671
057 RENAL DIALYSIS			1,823		539,298	76,397	52,096
059 NUTRITION/DIABETES EDUCAT			2,455		367,883	52,114	59,046
059 97 CARDIAC REHABILITATION			2,493		2,140,948	303,287	344,813
059 98 HYPERBARIC OXYGEN THERAPY			2,642		509,440	72,167	64,321
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			4		1,890	268	
061 EMERGENCY			32,198		5,591,298	792,063	298,271
061 01 URGENT CARE CENTERS			20,760		6,915,469	979,645	
061 02 ADULT DOWN SYNDROME CENTE			4		118,188	16,743	8,098
062 OBSERVATION BEDS (NON-DIS							

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COST CENTER DESCRIPTION	OTHER ADMINIS	NONPATIENT TELEPHONE SUR	ADMINISTRATIVE AND	ADMINISTRATIVE AND GENERAL	SUBTOTAL	OTHER ADMINIS	MAINTENANCE & REPAIRS	
	TRATIVE AND	LEPHONES SUR	6.02	6.03	6.04	6.05	6.06	7
071 OUTPAT SERVICE COST CNTRS								
OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY					2,224,139	315,072	40,119	
SPEC PURPOSE COST CENTERS								
095 SUBTOTALS		15,208	933,975	728,846	281,220,211	34,562,217	13,842,721	
096 NONREIMBURS COST CENTERS								
GIFT, FLOWER, COFFEE SHOP					173,599	24,592	47,659	
098 PHYSICIANS' PRIVATE OFFIC					8,569,912	1,214,014	159,794	
100 OTHER NONREIMBURSABLE COS								
100 01 DEVELOPMENT					559,905	79,316	32,859	
100 02 COMMUNITY OUTREACH					833,340	118,051	37,978	
100 03 FOUNTAIN CAFE					134,158	19,005	85,016	
100 04 SLEEP RESEARCH					740,156	104,850	29,694	
100 05 MEALS ON WHEELS								
100 06 GUEST MEALS								
100 07 PHYSICIAN REFERRAL					362,936	51,414	9,495	
100 09 UNUSED SPACE					593,276	84,043	535,728	
100 10 TV STORAGE (MAINTENANCE)					3,195	453	2,886	
100 11 MARKETING					1,852,365	262,406	48,000	
100 12 CHILDBIRTH INSTRUCTION					91,327	12,937		
100 13 VOLUNTEERS					310,677	44,011	40,957	
100 14 RETAIL PHARMACY					3,981,429	564,009	24,636	
100 15 REHAB HOSPITAL COVERAGE					486,616	68,934		
100 16 EXECUTIVE HEALTH PROGRAM			4		22,949	3,251	14,459	
100 17 VALET SERVICES					193,587	27,424		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL		15,208	933,979	728,846	300,129,638	37,240,927	14,911,882	

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003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMIN TTING							
006 05 ADMINISTRATIVE AND GENERA							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING	1,125,180						
007 02 MAINTENANCE & REPAIRS SUR	540	680,895					
009 LAUNDRY & LINEN SERVICE	3		1,775,578				
009 01 LAUNDRY & LINEN SERVICE S	213	12,274		275,416			
010 HOUSEKEEPING	8,700		233		4,633,405		
010 01 HOUSEKEEPING SURREY	1,018					367,377	
011 DIETARY	11,254				133,657		4,087,692
011 01 DIETARY SURREY	10,077	27,525				15,124	
012 CAFETERIA	31,295				124,542		1,844,558
012 01 CAFETERIA SURREY		50,885				27,959	
014 NURSING ADMINISTRATION	1,117				15,723		
014 01 NURSING ADMINISTRATION SU	11	2,507				1,378	
015 CENTRAL SERVICES & SUPPLY	9,391		5,236		152,595		
017 MEDICAL RECORDS & LIBRARY	598				56,470		
017 01 MEDICAL RECORDS & LIBRARY	4						
018 SOCIAL SERVICE	95				17,129		
018 01 SOCIAL SERVICE SURREY	3	1,436				789	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	641				44,208		
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI					5,565		
024 02 PHARMACY EDUCATION					3,432		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,272		851,970		1,228,600		1,616,228
026 INTENSIVE CARE UNIT	3,995		63,072		82,959		99,570
027 CORONARY CARE UNIT	2,968		68,849		120,786		78,666
031 SUBPROVIDER							
033 NURSERY	4,782		69,752		145,584		
034 SKILLED NURSING FACILITY	2,316	124,451		75,785		68,380	
036 OTHER LONG TERM CARE	1,954	428,494		199,631		235,438	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	289,610		279,688		504,206		
037 01 VASCULAR ACCESS CENTER	1,220						
037 02 PAIN MANAGEMENT - BRAIN &	919		3,200		9,744		
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE	9,198		58,607		77,551		
038 RECOVERY ROOM	387		25,371		45,939		
039 DELIVERY ROOM & LABOR ROO	2,094		28,854		50,147		
040 ANESTHESIOLOGY	3,839				2,399		
041 RADIOLOGY-DIAGNOSTIC	13,649		102,124		414,314		
041 01 MRI	3,457		31,446		40,511		
041 02 CT SCAN	7,726				36,076		
041 03 TDOC RADIOLOGY	9,372				60,717		
041 04 CDI RADIOLOGY							
044 LABORATORY	57,017		79		176,518		
048 INTRAVENOUS THERAPY	3,048		2,129		6,726		
048 01 BRAIN & SPINE INFUSION CE	36				2,586		
049 RESPIRATORY THERAPY	2,018				16,470		
049 02 RESPIRATORY THERAPY SURRE	319	2,194				1,205	
050 PHYSICAL THERAPY	1,369		221		114,198		
050 01 PT/OT/SPEECH THERAPY SURR	104	26,898				14,779	
050 02 THERAPY SERVICES BRAIN &	227		7,193		36,253		
051 OCCUPATIONAL THERAPY	55						
052 SPEECH PATHOLOGY	141				737		
053 ELECTROCARDIOLOGY	1,758		14,660		42,438		
053 01 CARDIAC CATH LAB	4,342		17,884		64,503		
053 02 TDOC ELECTROCARDIOLOGY	722				43,628		
054 ELECTROENCEPHALOGRAPHY	351		5,437		18,594		
054 01 SLEEP MEDICINE	2,188				80,776		192
055 MEDICAL SUPPLIES CHARGED	273,675						
055 30 IMPL. DEV. CHARGED TO PAT	256,867						
056 DRUGS CHARGED TO PATIENTS	10,556				43,628		
057 RENAL DIALYSIS	1,238		3,661		16,509		
059 NUTRITION/DIABETES EDUCAT	40				18,712		
059 97 CARDIAC REHABILITATION	822		1,264		109,272		
059 98 HYPERBARI C OXYGEN THERAPY	2,715				20,383		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	34						
061 EMERGENCY	5,979		123,730		94,523		
061 01 URGENT CARE CENTERS	9,300						
061 02 ADULT DOWN SYNDROME CENTE	358				2,566		
062 OBSERVATION BEDS (NON-DIS							

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COST CENTER DESCRIPTION	PURCHASING 7.01	MAINTENANCE & REPAIRS 7.02	LAUNDRY & LINEN SERVICE 9	LAUNDRY & LINEN SERVICE S 9.01	HOUSEKEEPING 10	HOUSEKEEPING SURREY 10.01	DIETARY 11
071 OUTPAT SERVICE COST CNTRS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	2,992				12,714		
095 SPEC PURPOSE COST CENTERS	1,098,989	676,664	1,764,660	275,416	4,294,588	365,052	3,639,214
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,010	4,231			15,103	2,325	181,051
098 PHYSICIANS' PRIVATE OFFICE	11,003		10,918		50,639		
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT	1,939				10,413		
100 02 COMMUNITY OUTREACH	1,232				12,035		
100 03 FOUNTAIN CAFE	1,511				26,942		124,337
100 04 SLEEP RESEARCH	217				9,410		
100 05 MEALS ON WHEELS							112,142
100 06 GUEST MEALS							30,948
100 07 PHYSICIAN REFERRAL	69				3,009		
100 09 UNUSED SPACE					169,773		
100 10 TV STORAGE (MAINTENANCE)					914		
100 11 MARKETING	1,762				15,211		
100 12 CHILDBIRTH INSTRUCTION	608						
100 13 VOLUNTEERS	191				12,979		
100 14 RETAIL PHARMACY	1,536				7,807		
100 15 REHAB HOSPITAL COVERAGE	3,103						
100 16 EXECUTIVE HEALTH PROGRAM	10				4,582		
100 17 VALET SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,125,180	680,895	1,775,578	275,416	4,633,405	367,377	4,087,692

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DIETARY	SURR	CAFETERIA	CAFETERIA	SUR	NURSING	ADMIN	NURSING	ADMIN	CENTRAL	SERVI	MEDICAL	RECOR
	11.01	12	12.01	14	14.01	15	17						
071 OUTPAT SERVICE COST CNTRS													
OTHER REIMBURS COST CNTRS													
HOME HEALTH AGENCY											7,766		
095 SPEC PURPOSE COST CENTERS	1,274,293	3,355,141	177,591	2,479,250	627,476	3,627,329	4,193,420						
NONREIMBURS COST CENTERS													
096 GIFT, FLOWER, COFFEE SHOP		6,740											
098 PHYSICIANS' PRIVATE OFFICE		81,056									2,847		
100 OTHER NONREIMBURSABLE COSTS													
100 01 DEVELOPMENT		4,568										1	
100 02 COMMUNITY OUTREACH												277	
100 03 FOUNTAIN CAFE		2,329											
100 04 SLEEP RESEARCH		27,207									365		
100 05 MEALS ON WHEELS													
100 06 GUEST MEALS	6,036												
100 07 PHYSICIAN REFERRAL		9,861											
100 09 UNUSED SPACE													
100 10 TV STORAGE (MAINTENANCE)													
100 11 MARKETING												2	
100 12 CHILDBIRTH INSTRUCTION		1,606											
100 13 VOLUNTEERS		9,838										1	
100 14 RETAIL PHARMACY		20,106										27	
100 15 REHAB HOSPITAL COVERAGE	261,079		10,751	859							617		
100 16 EXECUTIVE HEALTH PROGRAM											1		16
100 17 VALET SERVICES		11,693	1,585										
101 CROSS FOOT ADJUSTMENT													
102 NEGATIVE COST CENTER													
103 TOTAL	1,541,408	3,530,145	189,927	2,480,109	627,476	3,631,467	4,193,436						

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED PRGM
	17.01	18	18.01	20	22	23	24
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GENERA							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE S							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY							
012 CAFETERIA							
012 01 CAFETERIA SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION SU							
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY							
017 01 MEDICAL RECORDS & LIBRARY	76,954						
018 SOCIAL SERVICE							
018 01 SOCIAL SERVICE SURREY		1,198,734		131,801			
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					2,753,702		
023 I&R SERVICES-OTHER PRGM C						1,846,792	
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI							
024 02 PHARMACY EDUCATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,006,033			1,898,639	1,273,338	
026 INTENSIVE CARE UNIT		47,570			262,578	176,100	
027 CORONARY CARE UNIT		3,263			6,733	4,515	
031 SUBPROVIDER							
033 NURSERY		62,199					
034 SKILLED NURSING FACILITY	12,254		36,267		5,454	3,657	
036 OTHER LONG TERM CARE	32,674		95,534				
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 01 VASCULAR ACCESS CENTER							
037 02 PAIN MANAGEMENT - BRAIN &							
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY					13,466	9,031	
041 RADIOLOGY-DIAGNOSTIC	306				13,466	9,031	
041 01 MRI							
041 02 CT SCAN							
041 03 TDOC RADIOLOGY							
041 04 CDI RADIOLOGY							
044 LABORATORY	2,513						
048 INTRAVENOUS THERAPY							
048 01 BRAIN & SPINE INFUSION CE							
049 RESPIRATORY THERAPY					26,931	18,062	
049 02 RESPIRATORY THERAPY SURRE	8						
050 PHYSICAL THERAPY	4						
050 01 PT/OT/SPEECH THERAPY SURR	22,458						
050 02 THERAPY SERVICES BRAIN &							
051 OCCUPATIONAL THERAPY	90						
052 SPEECH PATHOLOGY	50						
053 ELECTROCARDIOLOGY					6,733	4,515	
053 01 CARDIAC CATH LAB							
053 02 TDOC ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
054 01 SLEEP MEDICINE							
055 MEDICAL SUPPLIES CHARGED	1,587						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	5,009						
057 RENAL DIALYSIS		35,467					
059 NUTRITION/DIABETES EDUCAT	1						
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY					3,366	2,258	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					415,344	278,554	
061 EMERGENCY		22,101			100,992	67,731	
061 01 URGENT CARE CENTERS							
061 02 ADULT DOWN SYNDROME CENTE							
062 OBSERVATION BEDS (NON-DIS							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE SURVEY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	17.01	18	18.01	20	22	23	24
071 OUTPAT SERVICE COST CNTRS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	76,954	1,176,633	131,801		2,753,702	1,846,792	
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE		22,101					
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT							
100 02 COMMUNITY OUTREACH							
100 03 FOUNTAIN CAFE							
100 04 SLEEP RESEARCH							
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL							
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTION							
100 13 VOLUNTEERS							
100 14 RETAIL PHARMACY							
100 15 REHAB HOSPITAL COVERAGE							
100 16 EXECUTIVE HEALTH PROGRAM							
100 17 VALET SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	76,954	1,198,734	131,801		2,753,702	1,846,792	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET B PART I

COST CENTER DESCRIPTION	CLINICAL PAST PHARMACY EDUC SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	ORAL EDUCATI 24. 01	ATION 24. 02	25		
003 GENERAL SERVICE COST CNTR					27
004 NEW CAP REL COSTS-BLDG &					
004 01 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 OTHER ADMINISTRATIVE AND					
006 03 NONPATIENT TELEPHONES SUR					
006 04 ADMIN TTING					
006 05 ADMINISTRATIVE AND GENERA					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
007 01 PURCHASING					
007 02 MAINTENANCE & REPAIRS SUR					
009 LAUNDRY & LINEN SERVICE					
009 01 LAUNDRY & LINEN SERVICE S					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING SURREY					
011 DIETARY					
011 01 DIETARY SURREY					
012 CAFETERIA					
012 01 CAFETERIA SURREY					
014 NURSING ADMINISTRATION					
014 01 NURSING ADMINISTRATION SU					
015 CENTRAL SERVICES & SUPPLY					
017 MEDICAL RECORDS & LIBRARY					
017 01 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
018 01 SOCIAL SERVICE SURREY					
020 NONPHYSICIAN ANESTHETISTS					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 CLINICAL PASTORAL EDUCATI	268,949				
024 02 PHARMACY EDUCATION		307,633			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	150,980		55,967,144	-3,171,977	52,795,167
026 INTENSIVE CARE UNIT	9,302		6,435,160	-438,678	5,996,482
027 CORONARY CARE UNIT	7,349		5,585,126	-11,248	5,573,878
031 SUBPROVIDER					
033 NURSERY			7,611,868		7,611,868
034 SKILLED NURSING FACILITY	27,879		3,786,686	-9,111	3,777,575
036 OTHER LONG TERM CARE	73,439		6,253,036		6,253,036
036 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			38,425,528		38,425,528
037 01 VASCULAR ACCESS CENTER			1,543,096		1,543,096
037 02 PAIN MANAGEMENT - BRAIN &			495,299		495,299
037 03 PAIN MANAGEMENT CENTER					
037 04 WOMEN'S DIAGNOSTICS/GI SE			3,485,143		3,485,143
038 RECOVERY ROOM			2,067,836		2,067,836
039 DELIVERY ROOM & LABOR ROO			2,037,517		2,037,517
040 ANESTHESIOLOGY			587,837	-22,497	565,340
041 RADIOLOGY-DIAGNOSTIC			15,113,989	-22,497	15,091,492
041 01 MRI			1,116,947		1,116,947
041 02 CT SCAN			1,908,390		1,908,390
041 03 TDOC RADIOLOGY			2,297,228		2,297,228
041 04 CDI RADIOLOGY			9,685,647		9,685,647
044 LABORATORY			16,470,138		16,470,138
048 INTRAVENOUS THERAPY			1,327,482		1,327,482
048 01 BRAIN & SPINE INFUSION CE			148,744		148,744
049 RESPIRATORY THERAPY			3,161,710	-44,993	3,116,717
049 02 RESPIRATORY THERAPY SURRE			22,700		22,700
050 PHYSICAL THERAPY			4,753,043		4,753,043
050 01 PT/OT/SPEECH THERAPY SURR			1,569,052		1,569,052
050 02 THERAPY SERVICES BRAIN &			1,496,781		1,496,781
051 OCCUPATIONAL THERAPY			570,363		570,363
052 SPEECH PATHOLOGY			285,144		285,144
053 ELECTROCARDIOLOGY			2,734,339	-11,248	2,723,091
053 01 CARDIAC CATH LAB			2,709,776		2,709,776
053 02 TDOC ELECTROCARDIOLOGY			1,340,805		1,340,805
054 ELECTROENCEPHALOGRAPHY			429,190		429,190
054 01 SLEEP MEDICINE			3,622,179		3,622,179
055 MEDICAL SUPPLIES CHARGED			15,825,785		15,825,785
055 30 IMPL. DEV. CHARGED TO PAT			13,073,695		13,073,695
056 DRUGS CHARGED TO PATIENTS		307,633	18,375,510		18,375,510
057 RENAL DIALYSIS			770,797	-14,371	756,426
059 NUTRITION/DIABETES EDUCAT			512,444		512,444
059 97 CARDIAC REHABILITATION			2,955,518		2,955,518
059 98 HYPERBARIC OXYGEN THERAPY			713,997	-5,624	708,373
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			696,108	-693,898	2,210
061 EMERGENCY			7,416,309	-168,723	7,247,586
061 01 URGENT CARE CENTERS			8,022,197		8,022,197
061 02 ADULT DOWN SYNDROME CENTE			149,726		149,726
062 OBSERVATION BEDS (NON-DIS					

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 11/23/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CLINICAL PAST PHARMACY EDUC SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	ORAL EDUCATI	ATION			
	24.01	24.02	25		27
071 OUTPAT SERVICE COST CNTRS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY			2,602,802		2,602,802
095 SPEC PURPOSE COST CENTERS SUBTOTALS	268,949	307,633	276,159,811	-4,614,865	271,544,946
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP			458,310		458,310
098 PHYSICIANS' PRIVATE OFFIC			10,122,284		10,122,284
100 OTHER NONREIMBURSABLE COS					
100 01 DEVELOPMENT			689,001		689,001
100 02 COMMUNITY OUTREACH			1,002,913		1,002,913
100 03 FOUNTAIN CAFE			393,298		393,298
100 04 SLEEP RESEARCH			911,899		911,899
100 05 MEALS ON WHEELS			112,142		112,142
100 06 GUEST MEALS			36,984		36,984
100 07 PHYSICIAN REFERRAL			436,784		436,784
100 09 UNUSED SPACE			1,382,820		1,382,820
100 10 TV STORAGE (MAINTENANCE)			7,448		7,448
100 11 MARKETING			2,179,746		2,179,746
100 12 CHILDBIRTH INSTRUCTION			106,478		106,478
100 13 VOLUNTEERS			418,654		418,654
100 14 RETAIL PHARMACY			4,599,550		4,599,550
100 15 REHAB HOSPITAL COVERAGE			831,959		831,959
100 16 EXECUTIVE HEALTH PROGRAM			45,268		45,268
100 17 VALET SERVICES			234,289		234,289
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	268,949	307,633	300,129,638	-4,614,865	295,514,773

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES
	0	3	4	4.01	4a	5	6.01
071 OUTPAT SERVICE COST CNTRS OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY		17,927	26,502		44,429	1,380	347
095 SPEC PURPOSE COST CENTERS SUBTOTALS	4,400,262	8,064,442	11,922,021	584,158	24,970,883	140,037	40,726
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		21,296	31,483	3,359	56,138	78	162
098 PHYSICIANS' PRIVATE OFFICE		71,402	105,557		176,959	2,031	3,558
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT		14,682	21,706		36,388	239	139
100 02 COMMUNITY OUTREACH		16,970	25,088		42,058	395	277
100 03 FOUNTAIN CAFE		37,989	56,160		94,149	26	23
100 04 SLEEP RESEARCH		13,268	19,615		32,883	490	116
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL		4,243	6,272		10,515	274	116
100 09 UNUSED SPACE		239,384	353,892		593,276		
100 10 TV STORAGE (MAINTENANCE)		1,289	1,906		3,195		
100 11 MARKETING		21,448	31,708		53,156	534	254
100 12 CHILDBIRTH INSTRUCTION						46	23
100 13 VOLUNTEERS		18,301	27,055		45,356	186	323
100 14 RETAIL PHARMACY		11,008	16,274		27,282	622	116
100 15 REHAB HOSPITAL COVERAGE						268	
100 16 EXECUTIVE HEALTH PROGRAM		6,461	9,551		16,012		46
100 17 VALET SERVICES						156	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,400,262	8,542,183	12,628,288	587,517	26,158,250	145,382	45,879

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0179
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 PREPARED 11/23/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	NONPATIENT TELEPHONES SUR	ADMINISTRATIVE AND GENERAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING
	6.02	6.03	6.04	6.05	6.06	7.01
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
004 01 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 OTHER ADMINIS TRATIVE AND						
006 03 NONPATIENT TELEPHONES SUR						
006 04 ADMINIS TRATIVE AND			51,124			
006 05 ADMINIS TRATIVE AND GENERAL				28,699		
006 06 OTHER ADMINIS TRATIVE AND					1,930,437	
007 MAINTENANCE & REPAIRS					95,911	2,605,956
007 01 PURCHASING					6,821	11,311
007 02 MAINTENANCE & REPAIRS SUR				1,657	4,376	90,677
009 LAUNDRY & LINEN SERVICE					10,724	44
009 01 LAUNDRY & LINEN SERVICE S				640	1,691	18,924
010 HOUSEKEEPING					28,986	17
010 01 HOUSEKEEPING SURREY				892	2,356	701
011 DIETARY					22,647	82
011 01 DIETARY SURREY				3,626	9,575	73,706
012 CAFETERIA					7,311	812
012 01 CAFETERIA SURREY				121	319	2,522
014 NURSING ADMINIS TRATION					15,155	90
014 01 NURSING ADMINIS TRATION SU				1,502	3,967	8,670
015 CENTRAL SERVICES & SUPPLY					18,689	1
017 MEDICAL RECORDS & LIBRARY					25,458	757
017 01 MEDICAL RECORDS & LIBRARY				184	485	31,141
018 SOCIAL SERVICE					7,077	48
018 01 SOCIAL SERVICE SURREY				310	818	9,446
020 NONPHYSICIAN ANESTHETISTS						8
022 I&R SERVICES-SALARY & FRI					17,130	
023 I&R SERVICES-OTHER PRGM C					10,677	52
024 PARAMED ED PRGM						
024 01 CLINICAL PASTORAL EDUCATI					1,545	
024 02 PHARMACY EDUCATION					1,838	3,069
025 INPAT ROUTINE SRVC CNTRS						1,892
025 ADULTS & PEDIATRICS			3,741		263,387	677,517
026 INTENSIVE CARE UNIT			551		32,390	45,748
027 CORONARY CARE UNIT			452		29,324	66,608
031 SUBPROVIDER						239
033 NURSERY			328		41,315	80,283
034 SKILLED NURSING FACILITY				6,952	18,357	385
036 OTHER LONG TERM CARE				9,162	24,185	187
037 ANCILLARY SRVC COST CNTRS						157
037 OPERATING ROOM			4,063		222,188	278,047
037 01 VASCULAR ACCESS CENTER			679		8,962	23,338
037 02 PAIN MANAGEMENT - BRAIN &			184		2,701	98
037 03 PAIN MANAGEMENT CENTER						5,374
037 04 WOMEN'S DIAGNOSTICS/GI SE			663		18,722	741
038 RECOVERY ROOM			392		11,438	42,766
039 DELIVERY ROOM & LABOR ROO			318		10,658	25,333
040 ANESTHESIOLOGY			355		3,138	27,654
041 RADIOLOGY-DIAGNOSTIC			4,079		80,263	1,323
041 01 MRI			899		5,183	22,340
041 02 CT SCAN			2,900		9,223	19,895
041 03 TDOC RADIOLOGY			1,995		11,486	623
041 04 CDI RADIOLOGY			1,923		61,275	755
044 LABORATORY			8,261		93,157	33,483
048 INTRAVENOUS THERAPY			151		7,540	97,342
048 01 BRAIN & SPINE INFUSION CE			9		851	3,709
049 RESPIRATORY THERAPY			499		18,791	1,426
049 02 RESPIRATORY THERAPY SURRE				46	122	9,082
050 PHYSICAL THERAPY			845		26,535	62,975
050 01 PT/OT/SPEECH THERAPY SURR				3,607	9,524	110
050 02 THERAPY SERVICES BRAIN &			173		8,485	19,992
051 OCCUPATIONAL THERAPY			131		3,499	18
052 SPEECH PATHOLOGY			60		1,738	4
053 ELECTROCARDIOLOGY			1,438		15,155	407
053 01 CARDIAC CATH LAB			1,304		13,969	23,403
053 02 TDOC ELECTROCARDIOLOGY			941		6,790	35,571
054 ELECTROENCEPHALOGRAPHY			128		2,105	24,059
054 01 SLEEP MEDICINE			293		20,472	10,254
055 MEDICAL SUPPLIES CHARGED			3,356		86,739	44,545
055 30 IMPL. DEV. CHARGED TO PAT			2,175		81,280	22,056
056 DRUGS CHARGED TO PATIENTS			4,446		111,908	20,702
057 RENAL DIALYSIS			99		3,960	24,059
059 NUTRITION/DIABETES EDUCAT			133		2,701	9,104
059 97 CARDIAC REHABILITATION			136		15,721	10,319
059 98 HYPERBARI C OXYGEN THERAPY			144		3,741	60,258
060 OUTPAT SERVICE COST CNTRS						11,241
061 CLINIC					14	3
061 EMERGENCY			1,751		41,057	52,125
061 01 URGENT CARE CENTERS			1,129		50,780	482
061 02 ADULT DOWN SYNDROME CENTE					868	749
062 OBSERVATION BEDS (NON-DIS						29

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	NONPATIENT TELEPHONES SUR	ADMITTING	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING
	6.02	6.03	6.04	6.05	6.06	7	7.01
071 OUTPAT SERVICE COST CNTRS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY					16,332	7,011	241
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			51,124	28,699	1,791,585	2,419,115	88,566
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					1,275	8,329	243
098 PHYSICIANS' PRIVATE OFFICE					62,929	27,925	887
100 OTHER NONREIMBURSABLE COSTS							
100 01 DEVELOPMENT					4,111	5,742	156
100 02 COMMUNITY OUTREACH					6,119	6,637	99
100 03 FOUNTAIN CAFE					985	14,857	122
100 04 SLEEP RESEARCH					5,435	5,189	17
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL					2,665	1,659	6
100 09 UNUSED SPACE					4,356	93,622	
100 10 TV STORAGE (MAINTENANCE)					23	504	
100 11 MARKETING					13,602	8,388	142
100 12 CHILDBIRTH INSTRUCTION					671		49
100 13 VOLUNTEERS					2,281	7,157	15
100 14 RETAIL PHARMACY					29,236	4,305	124
100 15 REHAB HOSPITAL COVERAGE					3,573		250
100 16 EXECUTIVE HEALTH PROGRAM					169	2,527	1
100 17 VALET SERVICES					1,422		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			51,124	28,699	1,930,437	2,605,956	90,677

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE S	HOUSEKEEPING	HOUSEKEEPING SURREY	DIETARY	DIETARY SURREY
	7.02	9	9.01	10	10.01	11	11.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GENERA							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR	25,402						
009 LAUNDRY & LINEN SERVICE		149,655					
009 01 LAUNDRY & LINEN SERVICE S	458		12,596				
010 HOUSEKEEPING		20		183,714			
010 01 HOUSEKEEPING SURREY					3,545		
011 DIETARY				5,299		572,258	
011 01 DIETARY SURREY	1,027				146		37,774
012 CAFETERIA				4,938		258,230	
012 01 CAFETERIA SURREY	1,898				270		1,506
014 NURSING ADMINISTRATION				623			
014 01 NURSING ADMINISTRATION SU	94				13		
015 CENTRAL SERVICES & SUPPLY		441		6,050			
017 MEDICAL RECORDS & LIBRARY				2,239			
017 01 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE				679			
018 01 SOCIAL SERVICE SURREY	54				8		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C				1,753			
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI				221			
024 02 PHARMACY EDUCATION				136			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		71,809		48,715		226,264	
026 INTENSIVE CARE UNIT		5,316		3,289		13,939	
027 CORONARY CARE UNIT		5,803		4,789		11,013	
031 SUBPROVIDER							
033 NURSERY		5,879		5,772			
034 SKILLED NURSING FACILITY	4,643		3,466		660		8,178
036 OTHER LONG TERM CARE	15,985		9,130		2,271		21,544
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		23,573		19,992			
037 01 VASCULAR ACCESS CENTER							
037 02 PAIN MANAGEMENT - BRAIN &		270		386			
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE		4,940		3,075			
038 RECOVERY ROOM		2,138		1,821			
039 DELIVERY ROOM & LABOR ROO		2,432		1,988			
040 ANESTHESIOLOGY				95			
041 RADIOLOGY-DIAGNOSTIC		8,607		16,428			
041 01 MRI		2,650		1,606			
041 02 CT SCAN				1,430			
041 03 TDOC RADIOLOGY				2,407			
041 04 CDI RADIOLOGY							
044 LABORATORY		7		6,999			
048 INTRAVENOUS THERAPY		179		267			
048 01 BRAIN & SPINE INFUSION CE				103			
049 RESPIRATORY THERAPY				653			
049 02 RESPIRATORY THERAPY SURRE	82				12		
050 PHYSICAL THERAPY		19		4,528			
050 01 PT/OT/SPEECH THERAPY SURR	1,003				143		
050 02 THERAPY SERVICES BRAIN &		606		1,437			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				29			
053 ELECTROCARDIOLOGY		1,236		1,683			
053 01 CARDIAC CATH LAB		1,507		2,558			
053 02 TDOC ELECTROCARDIOLOGY				1,730			
054 ELECTROENCEPHALOGRAPHY		458		737			
054 01 SLEEP MEDICINE				3,203		27	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				1,730			
057 RENAL DIALYSIS		309		655			
059 NUTRITION/DIABETES EDUCAT				742			
059 97 CARDIAC REHABILITATION		107		4,333			
059 98 HYPERBARI C OXYGEN THERAPY				808			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		10,429		3,748			
061 01 URGENT CARE CENTERS							
061 02 ADULT DOWN SYNDROME CENTE				102			
062 OBSERVATION BEDS (NON-DIS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & LAUNDRY & LIN		LAUNDRY & LIN		HOUSEKEEPING	HOUSEKEEPING	DIETARY	DIETARY SURREY
	REPAIRS	SUR EN SERVICE	EN SERVICE	S	SURREY	SURREY		Y
	7.02	9	9.01	10	10.01	11		11.01
071 OUTPAT SERVICE COST CNTRS								
OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY				504				
095 SPEC PURPOSE COST CENTERS								
SUBTOTALS	25,244	148,735	12,596	170,280	3,523	509,473		31,228
096 NONREIMBURS COST CENTERS								
GIFT, FLOWER, COFFEE SHOP	158			599	22	25,346		
098 PHYSICIANS' PRIVATE OFFIC		920		2,008				
100 OTHER NONREIMBURSABLE COS								
100 01 DEVELOPMENT				413				
100 02 COMMUNITY OUTREACH				477				
100 03 FOUNTAIN CAFE				1,068		17,407		
100 04 SLEEP RESEARCH				373				
100 05 MEALS ON WHEELS						15,699		
100 06 GUEST MEALS						4,333		148
100 07 PHYSICIAN REFERRAL				119				
100 09 UNUSED SPACE				6,731				
100 10 TV STORAGE (MAINTENANCE)				36				
100 11 MARKETING				603				
100 12 CHILDBIRTH INSTRUCTION								
100 13 VOLUNTEERS				515				
100 14 RETAIL PHARMACY				310				
100 15 REHAB HOSPITAL COVERAGE								6,398
100 16 EXECUTIVE HEALTH PROGRAM				182				
100 17 VALET SERVICES								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	25,402	149,655	12,596	183,714	3,545	572,258		37,774

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	CAFETERIA SUR REY	NURSING ADMIN ISTRATION	NURSING ADMIN ISTRATION SU	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	MEDICAL RECOR DS & LIBRARY
	12	12.01	14	14.01	15	17	17.01
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINI STRATIVE AND							
006 03 NONPATIENT TELEPHONES SUR							
006 04 ADMINI TTING							
006 05 ADMINI STRATIVE AND GENERA							
006 06 OTHER ADMINI STRATIVE AND							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS SUR							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE S							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY							
012 CAFETERIA	777,418						
012 01 CAFETERIA SURREY		44,520					
014 NURSING ADMINI STRATION	12,646		94,273				
014 01 NURSING ADMINI STRATION SU		1,590		9,740			
015 CENTRAL SERVI CES & SUPPLY	16,959				661,849		
017 MEDICAL RECORDS & LIBRARY						258,974	
017 01 MEDICAL RECORDS & LIBRARY		368					1,222
018 SOCIAL SERVICE	5,997						
018 01 SOCIAL SERVICE SURREY		546					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	19,902						
023 I&R SERVICES-OTHER PRGM C	528				1		
024 PARAMED ED PRGM							
024 01 CLINICAL PASTORAL EDUCATI	1,235						
024 02 PHARMACY EDUCATION	1,659						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	222,364		63,042		21,089	19,104	
026 INTENSIVE CARE UNIT	24,081		8,276		3,605	2,815	
027 CORONARY CARE UNIT	21,217		7,740		2,628	2,308	
031 SUBPROVIDER							
033 NURSERY	30,890		9,696		4,419	1,674	
034 SKILLED NURSING FACILITY		13,746		2,680	2,034		195
036 OTHER LONG TERM CARE		19,467		7,060	1,599		517
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	88,231				87,444	20,752	
037 01 VASCULAR ACCESS CENTER					16,828	3,469	
037 02 PAIN MANAGEMENT - BRAIN &	1,898				1,258	942	
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GI SE	10,773				14,689	3,384	
038 RECOVERY ROOM	8,557				294	2,000	
039 DELIVERY ROOM & LABOR ROO	8,258		2,522		2,002	1,622	
040 ANESTHESIOLOGY	2,505				4,199	1,811	
041 RADIOLOGY-DIAGNOSTIC	57,008				32,624	20,832	5
041 01 MRI	2,595				3,993	4,590	
041 02 CT SCAN	4,522				10,325	14,811	
041 03 TDOC RADIOLOGY	5,608				10,828	10,191	
041 04 CDI RADIOLOGY						9,821	
044 LABORATORY	41,349				64,325	40,069	40
048 INTRAVENOUS THERAPY	5,180		1,951		6,330	771	
048 01 BRAIN & SPINE INFUSION CE	314		129		34	44	
049 RESPIRATORY THERAPY	18,035				276	2,550	
049 02 RESPIRATORY THERAPY SURRE							
050 PHYSICAL THERAPY	17,223				591	4,317	
050 01 PT/OT/SPEECH THERAPY SURR		5,576			54		358
050 02 THERAPY SERVICES BRAIN &	1,006				100	886	
051 OCCUPATIONAL THERAPY	3,352				30	670	1
052 SPEECH PATHOLOGY	1,300				135	307	1
053 ELECTROCARDIOLOGY	10,394				1,461	7,344	
053 01 CARDIAC CATH LAB	7,909				18,973	6,657	
053 02 TDOC ELECTROCARDIOLOGY	4,861				595	4,804	
054 ELECTROENCEPHALOGRAPHY	1,395				349	655	
054 01 SLEEP MEDICINE	15,514				1,196	1,497	
055 MEDICAL SUPPLIES CHARGED					325,772	17,141	25
055 30 IMPL. DEV. CHARGED TO PAT						11,109	
056 DRUGS CHARGED TO PATIENTS	16,849	335			4,896	22,707	80
057 RENAL DIALYSIS	2,032		884		997	506	
059 NUTRITION/DIABETES EDUCAT	797					682	
059 97 CARDIAC REHABILITATION	9,085				485	692	
059 98 HYPERBARI C OXYGEN THERAPY	2,311				3,096	733	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC						1	
061 EMERGENCY	31,741				5,628	8,940	
061 01 URGENT CARE CENTERS					4,473	5,764	
061 02 ADULT DOWN SYNDROME CENTE	797				25	1	
062 OBSERVATION BEDS (NON-DIS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	CAFETERIA SUR REY	NURSING ADMIN ISTRATION	NURSING ADMIN ISTRATION SU	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	MEDICAL RECOR DS & LIBRARY
	12	12.01	14	14.01	15	17	17.01
071 OUTPAT SERVICE COST CNTRS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY					1,415		
095 SPEC PURPOSE COST CENTERS	738,877	41,628	94,240	9,740	661,095	258,973	1,222
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,484						
098 PHYSICIANS' PRIVATE OFFIC	17,850				519		
100 OTHER NONREIMBURSABLE COS							
100 01 DEVELOPMENT	1,006						
100 02 COMMUNITY OUTREACH					51		
100 03 FOUNTAIN CAFE	513						
100 04 SLEEP RESEARCH	5,992				66		
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	2,172						
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENANCE)							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTION	354						
100 13 VOLUNTEERS	2,167						
100 14 RETAIL PHARMACY	4,428				5		
100 15 REHAB HOSPITAL COVERAGE		2,520	33		113		
100 16 EXECUTIVE HEALTH PROGRAM						1	
100 17 VALET SERVICES	2,575	372					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	777,418	44,520	94,273	9,740	661,849	258,974	1,222

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM	ED PR	CLINICAL ORAL EDUCATI	PAST
	18	18.01	20	22	23	24		24.01	
003	GENERAL SERVICE COST CNTR								
004	NEW CAP REL COSTS-BLDG &								
004	NEW CAP REL COSTS-MVBLE E								
005	01 NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
006	01 NONPATIENT TELEPHONES								
006	02 OTHER ADMINISTRATIVE AND								
006	03 NONPATIENT TELEPHONES SUR								
006	04 ADMINISTRATION								
006	05 ADMINISTRATIVE AND GENERA								
006	06 OTHER ADMINISTRATIVE AND								
007	MAINTENANCE & REPAIRS								
007	01 PURCHASING								
007	02 MAINTENANCE & REPAIRS SUR								
009	LAUNDRY & LINEN SERVICE								
009	01 LAUNDRY & LINEN SERVICE S								
010	HOUSEKEEPING								
010	01 HOUSEKEEPING SURREY								
011	DIETARY								
011	01 DIETARY SURREY								
012	CAFETERIA								
012	01 CAFETERIA SURREY								
014	NURSING ADMINISTRATION								
014	01 NURSING ADMINISTRATION SU								
015	CENTRAL SERVICES & SUPPLY								
017	MEDICAL RECORDS & LIBRARY								
017	01 MEDICAL RECORDS & LIBRARY								
018	SOCIAL SERVICE								
018	84,053		2,982						
020	NONPHYSICIAN ANESTHETISTS								
022	I&R SERVICES-SALARY & FRI								
023	I&R SERVICES-OTHER PRGM C								
024	PARAMED PRGM								
024	01 CLINICAL PASTORAL EDUCATI								
024	02 PHARMACY EDUCATION								
025	INPAT ROUTINE SRVC CNTRS								
025	70,540								
026	ADULTS & PEDIATRICS								
026	3,336								
027	INTENSIVE CARE UNIT								
027	229								
031	CORONARY CARE UNIT								
031									
031	SUBPROVIDER								
033	NURSERY								
033	4,361								
034	SKILLED NURSING FACILITY								
034			821						
036	OTHER LONG TERM CARE								
036			2,161						
037	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM								
037	01 VASCULAR ACCESS CENTER								
037	02 PAIN MANAGEMENT - BRAIN &								
037	03 PAIN MANAGEMENT CENTER								
037	04 WOMEN'S DIAGNOSTICS/GI SE								
038	RECOVERY ROOM								
039	DELIVERY ROOM & LABOR ROO								
040	ANESTHESIOLOGY								
041	RADIOLOGY-DIAGNOSTIC								
041	01 MRI								
041	02 CT SCAN								
041	03 TDOC RADIOLOGY								
041	04 CDI RADIOLOGY								
044	LABORATORY								
048	INTRAVENOUS THERAPY								
048	01 BRAIN & SPINE INFUSION CE								
049	RESPIRATORY THERAPY								
049	02 RESPIRATORY THERAPY SURRE								
050	PHYSICAL THERAPY								
050	01 PT/OT/SPEECH THERAPY SURR								
050	02 THERAPY SERVICES BRAIN &								
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY								
053	01 CARDIAC CATH LAB								
053	02 TDOC ELECTROCARDIOLOGY								
054	ELECTROENCEPHALOGRAPHY								
054	01 SLEEP MEDICINE								
055	MEDICAL SUPPLIES CHARGED								
055	30 IMPL. DEV. CHARGED TO PAT								
056	DRUGS CHARGED TO PATIENTS								
057	RENAL DIALYSIS								
057	2,487								
059	NUTRITION/DIABETES EDUCAT								
059	97 CARDIAC REHABILITATION								
059	98 HYPERBARI C OXYGEN THERAPY								
060	OUTPAT SERVICE COST CNTRS								
061	CLINIC								
061	EMERGENCY								
061	1,550								
061	01 URGENT CARE CENTERS								
061	02 ADULT DOWN SYNDROME CENTE								
062	OBSERVATION BEDS (NON-DIS								

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL ORAL EDUCATI	PAST
	18	18.01	20	22	23	24	24.01	
071	OUTPAT SERVICE COST CNTRS							
	OTHER REIMBURS COST CNTRS							
	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	82,503	2,982					
096	NONREIMBURS COST CENTERS							
	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	1,550						
100	OTHER NONREIMBURSABLE COS							
100	01 DEVELOPMENT							
100	02 COMMUNITY OUTREACH							
100	03 FOUNTAIN CAFE							
100	04 SLEEP RESEARCH							
100	05 MEALS ON WHEELS							
100	06 GUEST MEALS							
100	07 PHYSICIAN REFERRAL							
100	09 UNUSED SPACE							
100	10 TV STORAGE (MAINTENANCE)							
100	11 MARKETING							
100	12 CHILDBIRTH INSTRUCTION							
100	13 VOLUNTEERS							
100	14 RETAIL PHARMACY							
100	15 REHAB HOSPITAL COVERAGE							
100	16 EXECUTIVE HEALTH PROGRAM							
100	17 VALET SERVICES							
101	CROSS FOOT ADJUSTMENTS			38,911	193,219			25,679
102	NEGATIVE COST CENTER							
103	TOTAL	84,053	2,982	38,911	193,219			25,679

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	PHARMACY EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
004 01 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 OTHER ADMINISTRATIVE AND				
006 03 NONPATIENT TELEPHONES SUR				
006 04 ADMINITTING				
006 05 ADMINISTRATIVE AND GENERA				
006 06 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
007 01 PURCHASING				
007 02 MAINTENANCE & REPAIRS SUR				
009 LAUNDRY & LINEN SERVICE				
009 01 LAUNDRY & LINEN SERVICE S				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING SURREY				
011 DIETARY				
011 01 DIETARY SURREY				
012 CAFETERIA				
012 01 CAFETERIA SURREY				
014 NURSING ADMINISTRATION				
014 01 NURSING ADMINISTRATION SU				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY				
017 01 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
018 01 SOCIAL SERVICE SURREY				
020 NONPHYSICIAN ANESTHETISTS				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
024 01 CLINICAL PASTORAL EDUCATI				
024 02 PHARMACY EDUCATION	17,732			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		6,018,696		6,018,696
026 INTENSIVE CARE UNIT		438,194		438,194
027 CORONARY CARE UNIT		578,536		578,536
031 SUBPROVIDER				
033 NURSERY		699,066		699,066
034 SKILLED NURSING FACILITY		162,737		162,737
036 OTHER LONG TERM CARE		456,215		456,215
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,545,224		2,545,224
037 01 VASCULAR ACCESS CENTER		442,374		442,374
037 02 PAIN MANAGEMENT - BRAIN &		47,431		47,431
037 03 PAIN MANAGEMENT CENTER				
037 04 WOMEN'S DIAGNOSTICS/GI SE		457,305		457,305
038 RECOVERY ROOM		213,981		213,981
039 DELIVERY ROOM & LABOR ROO		234,149		234,149
040 ANESTHESIOLOGY		22,469		22,469
041 RADIOLOGY-DIAGNOSTIC		1,905,981		1,905,981
041 01 MRI		186,128		186,128
041 02 CT SCAN		190,611		190,611
041 03 TDOC RADIOLOGY		289,999		289,999
041 04 CDI RADIOLOGY		2,406,250		2,406,250
044 LABORATORY		1,058,843		1,058,843
048 INTRAVENOUS THERAPY		50,705		50,705
048 01 BRAIN & SPINE INFUSION CE		12,218		12,218
049 RESPIRATORY THERAPY		109,964		109,964
049 02 RESPIRATORY THERAPY SURRE		2,030		2,030
050 PHYSICAL THERAPY		649,892		649,892
050 01 PT/OT/SPEECH THERAPY SURR		42,715		42,715
050 02 THERAPY SERVICES BRAIN &		159,631		159,631
051 OCCUPATIONAL THERAPY		8,110		8,110
052 SPEECH PATHOLOGY		6,791		6,791
053 ELECTROCARDIOLOGY		261,355		261,355
053 01 CARDIAC CATH LAB		315,767		315,767
053 02 TDOC ELECTROCARDIOLOGY		197,255		197,255
054 ELECTROENCEPHALOGRAPHY		81,429		81,429
054 01 SLEEP MEDICINE		515,963		515,963
055 MEDICAL SUPPLIES CHARGED		455,089		455,089
055 30 IMPL. DEV. CHARGED TO PAT		115,266		115,266
056 DRUGS CHARGED TO PATIENTS		343,708		343,708
057 RENAL DIALYSIS		79,310		79,310
059 NUTRITION/DIABETES EDUCAT		81,075		81,075
059 97 CARDIAC REHABILITATION		474,694		474,694
059 98 HYPERBARI C OXYGEN THERAPY		93,912		93,912
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		41		41
061 EMERGENCY		496,085		496,085
061 01 URGENT CARE CENTERS		1,238,207		1,238,207
061 02 ADULT DOWN SYNDROME CENTE		12,344		12,344
062 OBSERVATION BEDS (NON-DI S				

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.02	25	26	27
071 OUTPAT SERVICE COST CNTRS				
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		71,659		71,659
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		24,229,404		24,229,404
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		93,834		93,834
098 PHYSICIANS' PRIVATE OFFICE		297,136		297,136
100 OTHER NONREIMBURSABLE COSTS				
100 01 DEVELOPMENT		48,194		48,194
100 02 COMMUNITY OUTREACH		56,113		56,113
100 03 FOUNTAIN CAFE		129,150		129,150
100 04 SLEEP RESEARCH		50,561		50,561
100 05 MEALS ON WHEELS		15,699		15,699
100 06 GUEST MEALS		4,481		4,481
100 07 PHYSICIAN REFERRAL		17,526		17,526
100 09 UNUSED SPACE		697,985		697,985
100 10 TV STORAGE (MAINTENANCE)		3,758		3,758
100 11 MARKETING		76,679		76,679
100 12 CHILDBIRTH INSTRUCTION		1,143		1,143
100 13 VOLUNTEERS		58,000		58,000
100 14 RETAIL PHARMACY		66,428		66,428
100 15 REHAB HOSPITAL COVERAGE		13,155		13,155
100 16 EXECUTIVE HEALTH PROGRAM		18,938		18,938
100 17 VALET SERVICES		4,525		4,525
101 CROSS FOOT ADJUSTMENTS	17,732	275,541		275,541
102 NEGATIVE COST CENTER				
103 TOTAL	17,732	26,158,250		26,158,250

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES S(# OF PHONES)	RECONCILIATION
	3	4	4.01	5	6.01	6a.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	616,120					
004 NEW CAP REL COSTS-MVB		616,120				
004 01 NEW CAP REL COSTS-MVB			56,664			
005 EMPLOYEE BENEFITS	4,231	4,231		144,917,830		
006 01 NONPATIENT TELEPHONES	1,325	1,325		349,480	1,986	
006 02 OTHER ADMINI STRATIVE						
006 03 NONPATIENT TELEPHONES						
006 04 ADMINI TTING	1,452	1,452		698,999	23	
006 05 ADMINI STRATIVE AND GE			2,686	454,611	17	
006 06 OTHER ADMINI STRATIVE	55,539	55,539		15,342,096	289	
007 MAINTENANCE & REPAIRS	72,977	72,977		1,649,534	36	
007 01 PURCHASING	2,086	2,086		565,908	13	
007 02 MAINTENANCE & REPAIRS			1,832	190,364	6	
009 LAUNDRY & LINEN SERVI	3,490	3,490		63,526	1	
009 01 LAUNDRY & LINEN SERVI			940	21,119	1	
010 HOUSEKEEPING	3,800	3,800		2,567,991	11	
010 01 HOUSEKEEPING SURREY				191,416	1	
011 DIETARY	13,593	13,593		2,045,807	25	
011 01 DIETARY SURREY			2,108	612,722	5	
012 CAFETERIA	12,666	12,666		406,074	5	
012 01 CAFETERIA SURREY			3,897			
014 NURSING ADMINI STRATIO	1,599	1,599		1,540,142	26	
014 01 NURSING ADMINI STRATIO			192	395,838	8	
015 CENTRAL SERVICES & SU	15,519	15,519		1,136,173	18	
017 MEDICAL RECORDS & LIB	5,743	5,743		1,754,288	43	
017 01 MEDICAL RECORDS & LIB				46,073	6	
018 SOCIAL SERVICE	1,742	1,742		663,910	14	
018 01 SOCIAL SERVICE SURREY			110	81,655	1	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &				1,873,211		
023 I&R SERVICES-OTHER PR	4,496	4,496		1,176,898	7	
024 PARAMED ED PRGM						
024 01 CLINICAL PASTORAL EDU	566	566		115,106	2	
024 02 PHARMACY EDUCATION	349	349		191,085	1	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	124,949	124,949		27,754,280	330	
026 INTENSIVE CARE UNIT	8,437	8,437		4,216,311	17	
027 CORONARY CARE UNIT	12,284	12,284		3,438,254	28	
031 SUBPROVIDER						
033 NURSERY	14,806	14,806		3,895,466	61	
034 SKILLED NURSING FACIL			9,531	1,691,323	13	
036 OTHER LONG TERM CARE			32,816	2,097,256	27	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	51,278	51,278		12,571,191	131	
037 01 VASCULAR ACCESS CENTE				561,331	5	
037 02 PAIN MANAGEMENT - BRA	991	991		222,345	3	
037 03 PAIN MANAGEMENT CENTE						
037 04 WOMEN'S DIAGNOSTICS/G	7,887	7,887		1,427,186	27	
038 RECOVERY ROOM	4,672	4,672		1,091,947	15	
039 DELIVERY ROOM & LABOR	5,100	5,100		935,608	15	
040 ANESTHESIOLOGY	244	244		210,120	6	
041 RADIOLOGY-DIAGNOSTIC	42,136	42,136		6,028,179	116	
041 01 MRI	4,120	4,120		308,686	5	
041 02 CT SCAN	3,669	3,669		577,946	10	
041 03 TDOC RADIOLOGY	6,175	6,175		717,429	15	
041 04 CDI RADIOLOGY				1,402,682		
044 LABORATORY	17,952	17,952		4,184,399	73	
048 INTRAVENOUS THERAPY	684	684		690,539	8	
048 01 BRAIN & SPINE INFUSIO	263	263		244,560	1	
049 RESPIRATORY THERAPY	1,675	1,675		1,915,665	19	
049 02 RESPIRATORY THERAPY S			168			
050 PHYSICAL THERAPY	11,614	11,614		2,336,111	17	
050 01 PT/OT/SPEECH THERAPY			2,060	941,098	6	
050 02 THERAPY SERVICES BRAI	3,687	3,687		54,227	8	
051 OCCUPATIONAL THERAPY				375,646	2	
052 SPEECH PATHOLOGY	75	75		179,813	2	
053 ELECTROCARDIOLOGY	4,316	4,316		1,251,220	19	
053 01 CARDIAC CATH LAB	6,560	6,560		1,118,470	19	
053 02 TDOC ELECTROCARDIOLOGY	4,437	4,437		516,334	19	
054 ELECTROENCEPHALOGRAPH	1,891	1,891		157,948	8	
054 01 SLEEP MEDICINE	8,215	8,215		2,320,733	50	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI	4,437	4,437		2,594,638	34	
057 RENAL DIALYSIS	1,679	1,679		321,797	7	
059 NUTRITION/DIABETES ED	1,903	1,903		238,836	3	
059 97 CARDIAC REHABILITATIO	11,113	11,113		1,400,236	24	
059 98 HYPERBARIC OXYGEN THE	2,073	2,073		249,101	6	
060 OUTPAT SERVICE COST C						
060 CLINIC					1	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES S(# OF PHONES)	RECONCILIATION
	3	4	4.01	5	6.01	6a.02
061 OUTPAT SERVICE COST C						
061 01 EMERGENCY	9,613	9,613		7,467,405	36	
061 02 URGENT CARE CENTERS				6,303,226		
062 ADULT DOWN SYNDROME C	261	261		68,780	3	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	1,293	1,293		1,375,982	15	
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	581,662	581,662	56,340	139,588,330	1,763	
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,536	1,536	324	77,495	7	
098 PHYSICIANS' PRIVATE O	5,150	5,150		2,024,615	154	
100 OTHER NONREIMBURSABLE						
100 01 DEVELOPMENT	1,059	1,059		238,449	6	
100 02 COMMUNITY OUTREACH	1,224	1,224		393,843	12	
100 03 FOUNTAIN CAFE	2,740	2,740		26,285	1	
100 04 SLEEP RESEARCH	957	957		488,770	5	
100 05 MEALS ON WHEELS						
100 06 GUEST MEALS						
100 07 PHYSICIAN REFERRAL	306	306		273,146	5	
100 09 UNUSED SPACE	17,266	17,266				
100 10 TV STORAGE (MAINTENAN	93	93				
100 11 MARKETING	1,547	1,547		532,071	11	
100 12 CHILDBIRTH INSTRUCTIO				46,234	1	
100 13 VOLUNTEERS	1,320	1,320		185,623	14	
100 14 RETAIL PHARMACY	794	794		620,369	5	
100 15 REHAB HOSPITAL COVERA				267,189		
100 16 EXECUTIVE HEALTH PROG	466	466			2	
100 17 VALET SERVICES				155,411		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	8,542,183	12,628,288	587,517	35,559,714	809,574	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.864479	20.496475	10.368435	.245378	407.640483	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				145,382	45,879	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.001003	23.101208	

COST ALLOCATION - STATISTICAL BASIS

26-0179

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	TELEPHONE SUR (GROSS CHARGES)	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE	300,129,638						
006 03 NONPATIENT TELEPHONES	15,208	92					
006 04 ADMINITTING	933,979		906,527,642				
006 05 ADMINISTRATIVE AND GENERAL	725,871	18		10,319,395			
006 06 OTHER ADMINISTRATIVE	37,240,927				-37,240,927	262,888,711	
007 MAINTENANCE & REPAIRS	13,061,579					13,061,579	480,596
007 01 PURCHASING	928,872					928,872	2,086
007 02 MAINTENANCE & REPAIRS	552,854	6		595,914		595,935	
009 LAUNDRY & LINEN SERVICE	1,460,407					1,460,407	3,490
009 01 LAUNDRY & LINEN SERVICE	213,874	1		230,290		230,304	
010 HOUSEKEEPING	3,947,380					3,947,380	3,800
010 01 HOUSEKEEPING SURREY	298,070	1		320,899		320,900	
011 DIETARY	3,084,122					3,084,122	13,593
011 01 DIETARY SURREY	1,210,875	6		1,303,941		1,303,963	
012 CAFETERIA	995,700					995,700	12,666
012 01 CAFETERIA SURREY	40,406			43,473		43,476	
014 NURSING ADMINISTRATIVE	2,063,866					2,063,866	1,599
014 01 NURSING ADMINISTRATIVE	500,783	8		540,272		540,264	
015 CENTRAL SERVICES & SUPPLY	2,545,167					2,545,167	15,519
017 MEDICAL RECORDS & LIBRARY	3,467,034					3,467,034	5,743
017 01 MEDICAL RECORDS & LIBRARY	60,371	6		66,027		66,026	
018 SOCIAL SERVICE	963,710					963,710	1,742
018 01 SOCIAL SERVICE SURREY	103,420	1		111,459		111,457	
020 NONPHYSICIAN ANESTHETICIST							
022 I&R SERVICES-SALARY & BENEFITS	2,332,856					2,332,856	
023 I&R SERVICES-OTHER PERSONNEL	1,454,056					1,454,056	4,496
024 PARAMEDICAL PROGRAM							
024 01 CLINICAL PASTORAL EDUCATION	210,407					210,407	566
024 02 PHARMACY EDUCATION	250,373					250,373	349
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRIC	35,793,976		66,796,111			35,862,776	124,949
026 INTENSIVE CARE UNIT	4,400,844		9,842,094			4,410,981	8,437
027 CORONARY CARE UNIT	3,985,117		8,070,737			3,993,430	12,284
031 SUBPROVIDER							
033 NURSERY	5,620,402		5,853,490			5,626,431	14,806
034 SKILLED NURSING FACILITY	2,321,198	13		2,499,934		2,499,915	
036 OTHER LONG TERM CARE	3,056,627	26		3,293,559		3,293,545	
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	30,183,721		72,560,558			30,258,458	51,278
037 01 VASCULAR ACCESS CENTER	1,208,041		12,128,707			1,220,534	
037 02 PAIN MANAGEMENT - BRACHIAL	364,432		3,293,448			367,824	991
037 03 PAIN MANAGEMENT CENTER							
037 04 WOMEN'S DIAGNOSTICS/GYN	2,537,444		11,832,985			2,549,632	7,887
038 RECOVERY ROOM	1,550,492		6,992,981			1,557,695	4,672
039 DELIVERY ROOM & LABOR	1,445,655		5,670,675			1,451,496	5,100
040 ANESTHESIOLOGY	420,775		6,331,380			427,296	244
041 RADIOLOGY-DIAGNOSTIC	10,855,460		72,837,757			10,930,483	42,136
041 01 MRI	689,246		16,050,571			705,778	4,120
041 02 CT SCAN	1,202,722		51,786,489			1,256,062	3,669
041 03 TDOC RADIOLOGY	1,527,541		35,631,886			1,564,242	6,175
041 04 CDI RADIOLOGY	8,309,314		34,339,619			8,344,684	
044 LABORATORY	12,540,851		141,121,033			12,686,463	17,952
048 INTRAVENOUS THERAPY	1,024,080		2,694,655			1,026,855	684
048 01 BRAIN & SPINE INFUSION	115,686		154,660			115,845	263
049 RESPIRATORY THERAPY	2,549,894		8,917,052			2,559,079	1,675
049 02 RESPIRATORY THERAPY SERVICES	15,446			16,619		16,620	
050 PHYSICAL THERAPY	3,598,157		15,093,845			3,613,704	11,614
050 01 PT/OT/SPEECH THERAPY	1,204,391	6	1,441	1,297,008		1,296,990	
050 02 THERAPY SERVICES BRAIN	1,152,384		3,096,170			1,155,573	3,687
051 OCCUPATIONAL THERAPY	474,080		2,342,878			476,493	
052 SPEECH PATHOLOGY	235,630		1,074,439			236,737	75
053 ELECTROCARDIOLOGY	2,037,484		25,679,041			2,063,933	4,316
053 01 CARDIAC CATH LAB	1,878,349		23,277,403			1,902,325	6,560
053 02 TDOC ELECTROCARDIOLOGY	907,452		16,795,533			924,751	4,437
054 ELECTROENCEPHALOGRAPHY	284,323		2,289,670			286,681	1,891
054 01 SLEEP MEDICINE	2,782,577		5,232,803			2,787,967	8,215
055 MEDICAL SUPPLIES CHARGED TO PATIENT	11,750,745		59,934,250			11,812,477	
055 30 IMPL. DEV. CHARGED TO PATIENT	11,029,084		38,843,161			11,069,092	
056 DRUGS CHARGED TO PATIENT	15,158,254		79,394,059			15,240,030	4,437
057 RENAL DIALYSIS	537,475		1,769,931			539,298	1,679
059 NUTRITION/DIABETES EDUCATION	365,428		2,383,648			367,883	1,903
059 97 CARDIAC REHABILITATION	2,138,455		2,420,714			2,140,948	11,113
059 98 HYPERBARIC OXYGEN THERAPY	506,798		2,564,617			509,440	2,073
060 OUTPATIENT SERVICE COST CENTER CLINIC	1,886		3,973			1,890	

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 11/23/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	NONPATIENT TELEPHONES SUR	TE AD MITTING (GROSS CHARGES)	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	RECONCILIATION	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS (SQUARE FEET)
	(ACCUM. COST)	(# OF PHONES)	()	()	()	(ACCUM. COST)	()
OUTPAT SERVICE COST C	6.02	6.03	6.04	6.05	6a.06	6.06	7
061 EMERGENCY	5,559,100		31,260,310			5,591,298	9,613
061 01 URGENT CARE CENTERS	6,894,709		20,155,275			6,915,469	
061 02 ADULT DOWN SYNDROME C	118,184		4,112			118,188	261
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	2,224,139					2,224,139	1,293
095 SPEC PURPOSE COST CEN SUBTOTALS	281,220,215	92	906,524,161	10,319,395	-37,240,927	243,979,284	446,138
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	173,599					173,599	1,536
098 PHYSICIANS' PRIVATE O	8,569,912					8,569,912	5,150
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT	559,905					559,905	1,059
100 02 COMMUNITY OUTREACH	833,340					833,340	1,224
100 03 FOUNTAIN CAFE	134,158					134,158	2,740
100 04 SLEEP RESEARCH	740,156					740,156	957
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL	362,936					362,936	306
100 09 UNUSED SPACE	593,276					593,276	17,266
100 10 TV STORAGE (MAINTENAN	3,195					3,195	93
100 11 MARKETING	1,852,365					1,852,365	1,547
100 12 CHILDBIRTH INSTRUCTIO	91,327					91,327	
100 13 VOLUNTEERS	310,677					310,677	1,320
100 14 RETAIL PHARMACY	3,981,429					3,981,429	794
100 15 REHAB HOSPITAL COVERA	486,616					486,616	
100 16 EXECUTIVE HEALTH PROG	22,945		3,481			22,949	466
100 17 VALET SERVICES	193,587					193,587	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		15,208	933,979	728,846		37,240,927	14,911,882
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		165.304348		.070629		.141660	31.027895
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			.001030				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			51,124	28,699		1,930,437	2,605,956
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000056	.002781		.007343	5.422342

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICES (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICES (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	
	7.01	7.02	9	9.01	10	10.01	11	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 OTHER ADMINISTRATIVE								
006 03 NONPATIENT TELEPHONES								
006 04 ADMINITTING								
006 05 ADMINISTRATIVE AND GE								
006 06 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS								
007 01 PURCHASING	48,312,017							
007 02 MAINTENANCE & REPAIRS	23,199	52,146						
009 LAUNDRY & LINEN SERVI	130		2,225,443					
009 01 LAUNDRY & LINEN SERVI	9,158	940		43,941				
010 HOUSEKEEPING	373,556		292		471,220			
010 01 HOUSEKEEPING SURREY	43,704					51,206		
011 DIETARY	483,194				13,593		511,155	
011 01 DIETARY SURREY	432,689	2,108				2,108		
012 CAFETERIA	1,343,692				12,666		230,657	
012 01 CAFETERIA SURREY		3,897				3,897		
014 NURSING ADMINISTRATIO	47,970				1,599			
014 01 NURSING ADMINISTRATIO	461	192				192		
015 CENTRAL SERVICES & SU	403,234		6,563		15,519			
017 MEDICAL RECORDS & LIB	25,660				5,743			
017 01 MEDICAL RECORDS & LIB	156							
018 SOCIAL SERVICE	4,067				1,742			
018 01 SOCIAL SERVICE SURREY	120	110				110		
020 NONPHYSICIAN ANESTHET								
022 I&R SERVICES-SALARY &								
023 I&R SERVICES-OTHER PR	27,520				4,496			
024 PARAMED ED PRGM								
024 01 CLINICAL PASTORAL EDU					566			
024 02 PHARMACY EDUCATION					349			
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	1,213,923		1,067,828		124,949		202,105	
026 INTENSIVE CARE UNIT	171,540		79,052		8,437		12,451	
027 CORONARY CARE UNIT	127,450		86,293		12,284		9,837	
031 SUBPROVIDER								
033 NURSERY	205,338		87,425		14,806			
034 SKILLED NURSING FACIL	99,433	9,531		12,091		9,531		
036 OTHER LONG TERM CARE	83,888	32,816		31,850		32,816		
ANCILLARY SRVC COST C								
037 OPERATING ROOM	12,435,387		350,550		51,278			
037 01 VASCULAR ACCESS CENTE	52,369							
037 02 PAIN MANAGEMENT - BRA	39,470		4,011		991			
037 03 PAIN MANAGEMENT CENTE								
037 04 WOMEN'S DIAGNOSTICS/G	394,932		73,456		7,887			
038 RECOVERY ROOM	16,606		31,799		4,672			
039 DELIVERY ROOM & LABOR	89,900		36,165		5,100			
040 ANESTHESIOLOGY	164,847				244			
041 RADIOLOGY-DIAGNOSTIC	586,035		127,998		42,136			
041 01 MRI	148,417		39,413		4,120			
041 02 CT SCAN	331,739				3,669			
041 03 TDOC RADIOLOGY	402,399				6,175			
041 04 CDI RADIOLOGY								
044 LABORATORY	2,448,146		99		17,952			
048 INTRAVENOUS THERAPY	130,882		2,668		684			
048 01 BRAIN & SPINE INFUSIO	1,538				263			
049 RESPIRATORY THERAPY	86,641				1,675			
049 02 RESPIRATORY THERAPY S	13,704	168				168		
050 PHYSICAL THERAPY	58,800		277		11,614			
050 01 PT/OT/SPEECH THERAPY	4,460	2,060				2,060		
050 02 THERAPY SERVICES BRAI	9,764		9,016		3,687			
051 OCCUPATIONAL THERAPY	2,356							
052 SPEECH PATHOLOGY	6,040				75			
053 ELECTROCARDIOLOGY	75,490		18,374		4,316			
053 01 CARDIAC CATH LAB	186,452		22,415		6,560			
053 02 TDOC ELECTROCARDIOLOGY	30,979				4,437			
054 ELECTROENCEPHALOGRAPH	15,070		6,815		1,891			
054 01 SLEEP MEDICINE	93,947				8,215			
055 MEDICAL SUPPLIES CHAR	11,750,746							
055 30 IMPL. DEV. CHARGED TO	11,029,084							
056 DRUGS CHARGED TO PATI	453,228				4,437			
057 RENAL DIALYSIS	53,143		4,588		1,679			
059 NUTRITION/DIABETES ED	1,737				1,903			
059 97 CARDIAC REHABILITATIO	35,274		1,584		11,113			
059 98 HYPERBARI C OXYGEN THE	116,557				2,073			
OUTPAT SERVICE COST C								
060 CLINIC	1,457							

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING SURVEY (SQUARE FEET)	DIETARY (MEALS SERVED)	(S)
OUTPAT SERVICE COST C	7.01	7.02	9	9.01	10	10.01	11	
061 EMERGENCY	256,717		155,078		9,613			
061 01 URGENT CARE CENTERS	399,306							
061 02 ADULT DOWN SYNDROME C	15,356				261			
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C								
071 HOME HEALTH AGENCY	128,454				1,293			
095 SPEC PURPOSE COST CEN SUBTOTALS	47,187,511	51,822	2,211,759	43,941	436,762	50,882	455,074	
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	129,227	324			1,536	324	22,640	
098 PHYSICIANS' PRIVATE O	472,416		13,684		5,150			
100 OTHER NONREIMBURSABLE								
100 01 DEVELOPMENT	83,269				1,059			
100 02 COMMUNITY OUTREACH	52,880				1,224			
100 03 FOUNTAIN CAFE	64,860				2,740		15,548	
100 04 SLEEP RESEARCH	9,305				957			
100 05 MEALS ON WHEELS							14,023	
100 06 GUEST MEALS							3,870	
100 07 PHYSICIAN REFERRAL	2,947				306			
100 09 UNUSED SPACE					17,266			
100 10 TV STORAGE (MAINTENAN					93			
100 11 MARKETING	75,660				1,547			
100 12 CHILDBIRTH INSTRUCTIO	26,125							
100 13 VOLUNTEERS	8,221				1,320			
100 14 RETAIL PHARMACY	65,937				794			
100 15 REHAB HOSPITAL COVERA	133,238							
100 16 EXECUTIVE HEALTH PROG	421				466			
100 17 VALET SERVICES								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,125,180	680,895	1,775,578	275,416	4,633,405	367,377	4,087,692	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.023290	13.057473	.797854	6.267859	9.832785	7.174491	7.996972	
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)	90,677	25,402	149,655	12,596	183,714	3,545	572,258	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001877	.487132	.067247	.286657	.389869	.069230	1.119539	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	SURRE CAFETERIA	CAFETERIA SUR REY	NURSING ADMINISTRATION	NURSING ADMINISTRATION SU	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY
	(MEALS ERVED	S(FULL TIME)LOYEES	EMP(FULL TIME)LOYEES	EMP(NURSING)	FTES (TOTAL)	DAYS (COSTED)EQUI S.	R(GROSS CHARGES)
061 OUTPAT SERVICE COST C	11.01	12	12.01	14	14.01	15	17
061 01 EMERGENCY		6,373				203,278	31,260,310
061 02 URGENT CARE CENTERS		160				161,582	20,155,275
062 ADULT DOWN SYNDROME C						888	4,112
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY						51,123	
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	137,865	148,352	12,438	46,185	43,941	23,879,134	906,524,161
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		298					
098 PHYSICIANS' PRIVATE O		3,584				18,739	
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT		202				7	
100 02 COMMUNITY OUTREACH						1,826	
100 03 FOUNTAIN CAFE		103					
100 04 SLEEP RESEARCH		1,203				2,401	
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS	653						
100 07 PHYSICIAN REFERRAL		436					
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENAN							
100 11 MARKETING						10	
100 12 CHILDBIRTH INSTRUCTIO		71					
100 13 VOLUNTEERS		435				5	
100 14 RETAIL PHARMACY		889				179	
100 15 REHAB HOSPITAL COVERA	28,246		753	16		4,064	
100 16 EXECUTIVE HEALTH PROG						6	3,481
100 17 VALET SERVICES		517	111				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,541,408	3,530,145	189,927	2,480,109	627,476	3,631,467	4,193,436
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		22.616087		53.680851		.151904	
(WRKSHT B, PT I)	9.243050		14.278078		14.279966		.004626
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	37,774	777,418	44,520	94,273	9,740	661,849	258,974
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		4.980575		2.040497		.027685	
(WRKSHT B, PT III)	.226512		3.346865		.221661		.000286

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE (GROSS CHARGES/TIME SPENT)	SOCIAL SERVICE SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	17.01	18	18.01	20	22	23	24
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 OTHER ADMINISTRATIVE							
006 03 NONPATIENT TELEPHONES							
006 04 ADMINITTING							
006 05 ADMINISTRATIVE AND GEN							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
007 01 PURCHASING							
007 02 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
009 01 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING SURREY							
011 DIETARY							
011 01 DIETARY SURREY							
012 CAFETERIA							
012 01 CAFETERIA SURREY							
014 NURSING ADMINISTRATION							
014 01 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPP							
017 MEDICAL RECORDS & LIB	14,427,382						
017 01 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE		11,390					
018 01 SOCIAL SERVICE SURREY			43,941				
020 NONPHYSICIAN ANESTHET				100			
022 I&R SERVICES-SALARY &					40,900		
023 I&R SERVICES-OTHER PR						40,900	
024 PARAMED ED PRGM							116,641
024 01 CLINICAL PASTORAL EDU							
024 02 PHARMACY EDUCATION							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		9,559			28,200	28,200	65,479
026 INTENSIVE CARE UNIT		452			3,900	3,900	4,034
027 CORONARY CARE UNIT		31			100	100	3,187
031 SUBPROVIDER							
033 NURSERY		591					
034 SKILLED NURSING FACIL	2,297,290		12,091		81	81	12,091
036 OTHER LONG TERM CARE	6,125,949		31,850				31,850
ANCILLARY SRVC COST C							
037 OPERATING ROOM							
037 01 VASCULAR ACCESS CENTE							
037 02 PAIN MANAGEMENT - BRA							
037 03 PAIN MANAGEMENT CENTE							
037 04 WOMEN'S DIAGNOSTICS/G							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY				100	200	200	
041 RADIOLOGY-DIAGNOSTIC	57,291				200	200	
041 01 MRI							
041 02 CT SCAN							
041 03 TDOC RADIOLOGY							
041 04 CDI RADIOLOGY							
044 LABORATORY	471,217						
048 INTRAVENOUS THERAPY							
048 01 BRAIN & SPINE INFUSIO							
049 RESPIRATORY THERAPY					400	400	
049 02 RESPIRATORY THERAPY S	1,556						
050 PHYSICAL THERAPY	806						
050 01 PT/OT/SPEECH THERAPY	4,210,335						
050 02 THERAPY SERVICES BRAI							
051 OCCUPATIONAL THERAPY	16,797						
052 SPEECH PATHOLOGY	9,417						
053 ELECTROCARDIOLOGY					100	100	
053 01 CARDIAC CATH LAB							
053 02 TDOC ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
054 01 SLEEP MEDICINE							
055 MEDICAL SUPPLIES CHAR	297,480						
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	939,069						
057 RENAL DIALYSIS		337					
059 NUTRITION/DIABETES ED	140						
059 97 CARDIAC REHABILITATIO	35						
059 98 HYPERBARI C OXYGEN THE					50	50	
OUTPAT SERVICE COST C							
060 CLINIC					6,169	6,169	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(GROSS CHARGES)	(TIME SPENT)	(TOTAL DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
061 OUTPAT SERVICE COST C	17.01	18	18.01	20	22	23	24
061 01 EMERGENCY		210			1,500	1,500	
061 02 URGENT CARE CENTERS							
062 ADULT DOWN SYNDROME C							
062 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	14,427,382	11,180	43,941	100	40,900	40,900	116,641
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O		210					
100 OTHER NONREIMBURSABLE							
100 01 DEVELOPMENT							
100 02 COMMUNITY OUTREACH							
100 03 FOUNTAIN CAFE							
100 04 SLEEP RESEARCH							
100 05 MEALS ON WHEELS							
100 06 GUEST MEALS							
100 07 PHYSICIAN REFERRAL							
100 09 UNUSED SPACE							
100 10 TV STORAGE (MAINTENAN							
100 11 MARKETING							
100 12 CHILDBIRTH INSTRUCTIO							
100 13 VOLUNTEERS							
100 14 RETAIL PHARMACY							
100 15 REHAB HOSPITAL COVERA							
100 16 EXECUTIVE HEALTH PROG							
100 17 VALET SERVICES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	76,954	1,198,734	131,801		2,753,702	1,846,792	
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		105.244425				45.153839	
104 (WRKSHT B, PT I)	.005334		2.999499		67.327677		
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	1,222	84,053	2,982		38,911	193,219	
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		7.379543				4.724181	
108 (WRKSHT B, PT III)	.000085		.067864		.951369		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		CLINICAL PAST PHARMACY EDUC ORAL EDUCATION	(ASSIGNED TIME)	(ASSIGNED TIME)
	GENERAL SERVICE COST		24.01	24.02
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
004	01 NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 OTHER ADMINISTRATIVE			
006	03 NONPATIENT TELEPHONES			
006	04 ADMITTING			
006	05 ADMINISTRATIVE AND GE			
006	06 OTHER ADMINISTRATIVE			
007	MAINTENANCE & REPAIRS			
007	01 PURCHASING			
007	02 MAINTENANCE & REPAIRS			
009	LAUNDRY & LINEN SERVI			
009	01 LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
010	01 HOUSEKEEPING SURREY			
011	DIETARY			
011	01 DIETARY SURREY			
012	CAFETERIA			
012	01 CAFETERIA SURREY			
014	NURSING ADMINISTRATION			
014	01 NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SU			
017	MEDICAL RECORDS & LIB			
017	01 MEDICAL RECORDS & LIB			
018	SOCIAL SERVICE			
018	01 SOCIAL SERVICE SURREY			
020	NONPHYSICIAN ANESTHET			
022	I&R SERVICES-SALARY &			
023	I&R SERVICES-OTHER PR			
024	PARAMEDICAL PRGM			
024	01 CLINICAL PASTORAL EDU	116,641		
024	02 PHARMACY EDUCATION		100	
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	65,479		
026	INTENSIVE CARE UNIT	4,034		
027	CORONARY CARE UNIT	3,187		
031	SUBPROVIDER			
033	NURSERY			
034	SKILLED NURSING FACIL	12,091		
036	OTHER LONG TERM CARE	31,850		
	ANCILLARY SRVC COST C			
037	OPERATING ROOM			
037	01 VASCULAR ACCESS CENTE			
037	02 PAIN MANAGEMENT - BRA			
037	03 PAIN MANAGEMENT CENTE			
037	04 WOMEN'S DIAGNOSTICS/G			
038	RECOVERY ROOM			
039	DELIVERY ROOM & LABOR			
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC			
041	01 MRI			
041	02 CT SCAN			
041	03 TDOC RADIOLOGY			
041	04 CDI RADIOLOGY			
044	LABORATORY			
048	INTRAVENOUS THERAPY			
048	01 BRAIN & SPINE INFUSIO			
049	RESPIRATORY THERAPY			
049	02 RESPIRATORY THERAPY S			
050	PHYSICAL THERAPY			
050	01 PT/OT/SPEECH THERAPY			
050	02 THERAPY SERVICES BRAI			
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIAC CATH LAB			
053	02 TDOC ELECTROCARDIOLOGY			
054	ELECTROENCEPHALOGRAPH			
054	01 SLEEP MEDICINE			
055	MEDICAL SUPPLIES CHAR			
055	30 IMPL. DEV. CHARGED TO			
056	DRUGS CHARGED TO PATI		100	
057	RENAL DIALYSIS			
059	NUTRITION/DIABETES ED			
059	97 CARDIAC REHABILITATIO			
059	98 HYPERBARIC OXYGEN THE			
060	OUTPAT SERVICE COST C			
	CLINIC			

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CLINICAL PAST PHARMACY EDUC ORAL EDUCATION	
	(ASSIGNED TIME)	(ASSIGNED TIME)
061 OUTPAT SERVICE COST C EMERGENCY	24.01	24.02
061 01 URGENT CARE CENTERS		
061 02 ADULT DOWN SYNDROME C OBSERVATION BEDS (NON OTHER REIMBURS COST C		
071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN		
095 SUBTOTALS	116,641	100
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O OTHER NONREIMBURSABLE		
100 01 DEVELOPMENT		
100 02 COMMUNITY OUTREACH		
100 03 FOUNTAIN CAFE		
100 04 SLEEP RESEARCH		
100 05 MEALS ON WHEELS		
100 06 GUEST MEALS		
100 07 PHYSICIAN REFERRAL		
100 09 UNUSED SPACE		
100 10 TV STORAGE (MAINTENAN		
100 11 MARKETING		
100 12 CHILDBIRTH INSTRUCTIO		
100 13 VOLUNTEERS		
100 14 RETAIL PHARMACY		
100 15 REHAB HOSPITAL COVERA		
100 16 EXECUTIVE HEALTH PROG		
100 17 VALET SERVICES		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	268,949	307,633
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.305784	3,076.330000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	25,679	17,732
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.220154	177.320000

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0179

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/23/2010
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-14,371
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 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	52,795,167		52,795,167	354,110	53,149,277
26	INTENSIVE CARE UNIT	5,996,482		5,996,482	109,779	6,106,261
27	CORONARY CARE UNIT	5,573,878		5,573,878	18,486	5,592,364
31	SUBPROVIDER					
33	NURSERY	7,611,868		7,611,868		7,611,868
34	SKILLED NURSING FACILITY	3,777,575		3,777,575		3,777,575
36	OTHER LONG TERM CARE	6,253,036		6,253,036		6,253,036
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	38,425,528		38,425,528	222,261	38,647,789
37 01	VASCULAR ACCESS CENTER	1,543,096		1,543,096		1,543,096
37 02	PAIN MANAGEMENT - BRAIN &	495,299		495,299	43,479	538,778
37 03	PAIN MANAGEMENT CENTER					
37 04	WOMEN'S DIAGNOSTICS/GI SE	3,485,143		3,485,143	44,993	3,530,136
38	RECOVERY ROOM	2,067,836		2,067,836		2,067,836
39	DELIVERY ROOM & LABOR ROO	2,037,517		2,037,517		2,037,517
40	ANESTHESIOLOGY	565,340		565,340	32,297	597,637
41	RADIOLOGY-DIAGNOSTIC	15,091,492		15,091,492		15,091,492
41 01	MRI	1,116,947		1,116,947		1,116,947
41 02	CT SCAN	1,908,390		1,908,390		1,908,390
41 03	TDOC RADIOLOGY	2,297,228		2,297,228		2,297,228
41 04	CDI RADIOLOGY	9,685,647		9,685,647		9,685,647
44	LABORATORY	16,470,138		16,470,138	81,488	16,551,626
48	INTRAVENOUS THERAPY	1,327,482		1,327,482		1,327,482
48 01	BRAIN & SPINE INFUSION CE	148,744		148,744	15,264	164,008
49	RESPIRATORY THERAPY	3,116,717		3,116,717		3,116,717
49 02	RESPIRATORY THERAPY SURRE	22,700		22,700		22,700
50	PHYSICAL THERAPY	4,753,043		4,753,043		4,753,043
50 01	PT/OT/SPEECH THERAPY SURR	1,569,052		1,569,052		1,569,052
50 02	THERAPY SERVICES BRAIN &	1,496,781		1,496,781		1,496,781
51	OCCUPATIONAL THERAPY	570,363		570,363		570,363
52	SPEECH PATHOLOGY	285,144		285,144		285,144
53	ELECTROCARDIOLOGY	2,723,091		2,723,091		2,723,091
53 01	CARDIAC CATH LAB	2,709,776		2,709,776		2,709,776
53 02	TDOC ELECTROCARDIOLOGY	1,340,805		1,340,805		1,340,805
54	ELECTROENCEPHALOGRAPHY	429,190		429,190		429,190
54 01	SLEEP MEDICINE	3,622,179		3,622,179	10,487	3,632,666
55	MEDICAL SUPPLIES CHARGED	15,825,785		15,825,785		15,825,785
55 30	IMPL. DEV. CHARGED TO PAT	13,073,695		13,073,695		13,073,695
56	DRUGS CHARGED TO PATIENTS	18,375,510		18,375,510		18,375,510
57	RENAL DIALYSIS	756,426		756,426		756,426
59	NUTRITION/DIABETES EDUCAT	512,444		512,444		512,444
59 97	CARDIAC REHABILITATION	2,955,518		2,955,518		2,955,518
59 98	HYPERBARI C OXYGEN THERAPY	708,373		708,373		708,373
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,210		2,210		2,210
61	EMERGENCY	7,247,586		7,247,586	103,154	7,350,740
61 01	URGENT CARE CENTERS	8,022,197		8,022,197	116,379	8,138,576
61 02	ADULT DOWN SYNDROME CENTE	149,726		149,726		149,726
62	OBSERVATION BEDS (NON-DIS	1,143,691		1,143,691		1,143,691
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	270,085,835		270,085,835	1,152,177	271,238,012
102	LESS OBSERVATION BEDS	1,143,691		1,143,691		1,143,691
103	TOTAL	268,942,144		268,942,144	1,152,177	270,094,321

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	57,418,943		57,418,943			
26	INTENSIVE CARE UNIT	9,835,006		9,835,006			
27	CORONARY CARE UNIT	8,061,873		8,061,873			
31	SUBPROVIDER						
33	NURSERY	5,853,915		5,853,915			
34	SKILLED NURSING FACILITY	2,297,290		2,297,290			
36	OTHER LONG TERM CARE	6,125,949		6,125,949			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,916,754	46,643,804	72,560,558	.529565	.529565	.532628
37 01	VASCULAR ACCESS CENTER		12,128,707	12,128,707	.127227	.127227	.127227
37 02	PAIN MANAGEMENT - BRAIN &	27,305	3,266,143	3,293,448	.150389	.150389	.163591
37 03	PAIN MANAGEMENT CENTER						
37 04	WOMEN'S DIAGNOSTICS/GI SE	1,916,051	9,916,934	11,832,985	.294528	.294528	.298330
38	RECOVERY ROOM	2,603,836	4,389,146	6,992,982	.295702	.295702	.295702
39	DELIVERY ROOM & LABOR ROO	5,670,495	1,908,233	7,578,728	.268847	.268847	.268847
40	ANESTHESIOLOGY	2,780,275	3,551,105	6,331,380	.089292	.089292	.094393
41	RADIOLOGY-DIAGNOSTIC	16,076,216	56,818,832	72,895,048	.207030	.207030	.207030
41 01	MRI	5,757,991	10,292,580	16,050,571	.069589	.069589	.069589
41 02	CT SCAN	21,055,744	30,730,745	51,786,489	.036851	.036851	.036851
41 03	TDOC RADIOLOGY	243,903	35,387,983	35,631,886	.064471	.064471	.064471
41 04	CDI RADIOLOGY	36,473	34,303,146	34,339,619	.282055	.282055	.282055
44	LABORATORY	65,668,955	75,923,295	141,592,250	.116321	.116321	.116896
48	INTRAVENOUS THERAPY	1,294,803	1,399,853	2,694,656	.492635	.492635	.492635
48 01	BRAIN & SPINE INFUSION CE		154,660	154,660	.961748	.961748	1.060442
49	RESPIRATORY THERAPY	8,616,787	300,265	8,917,052	.349523	.349523	.349523
49 02	RESPIRATORY THERAPY SURRE	1,556		1,556	14.588689	14.588689	14.588689
50	PHYSICAL THERAPY	5,025,849	10,068,802	15,094,651	.314883	.314883	.314883
50 01	PT/OT/SPEECH THERAPY SURR	3,982,280	229,496	4,211,776	.372539	.372539	.372539
50 02	THERAPY SERVICES BRAIN &	329	3,095,841	3,096,170	.483430	.483430	.483430
51	OCCUPATIONAL THERAPY	2,307,334	35,545	2,342,879	.243445	.243445	.243445
52	SPEECH PATHOLOGY	810,961	280,275	1,091,236	.261304	.261304	.261304
53	ELECTROCARDIOLOGY	17,519,744	8,168,714	25,688,458	.106004	.106004	.106004
53 01	CARDIAC CATH LAB	11,095,720	12,181,683	23,277,403	.116412	.116412	.116412
53 02	TDOC ELECTROCARDIOLOGY	172,876	16,622,657	16,795,533	.079831	.079831	.079831
54	ELECTROENCEPHALOGRAPHY	719,084	1,570,586	2,289,670	.187446	.187446	.187446
54 01	SLEEP MEDICINE	38,799	5,194,004	5,232,803	.692206	.692206	.694210
55	MEDICAL SUPPLIES CHARGED	36,257,086	23,974,644	60,231,730	.262748	.262748	.262748
55 30	IMPL. DEV. CHARGED TO PAT	22,330,910	16,512,250	38,843,160	.336577	.336577	.336577
56	DRUGS CHARGED TO PATIENTS	53,219,906	27,113,222	80,333,128	.228741	.228741	.228741
57	RENAL DIALYSIS	1,531,201	238,730	1,769,931	.427376	.427376	.427376
59	NUTRITION/DIABETES EDUCAT	2,150,774	233,014	2,383,788	.214970	.214970	.214970
59 97	CARDIAC REHABILITATION	268,737	2,152,012	2,420,749	1.220911	1.220911	1.220911
59 98	HYPERBARI C OXYGEN THERAPY	153,159	2,411,458	2,564,617	.276210	.276210	.276210
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		3,973	3,973	.556255	.556255	.556255
61	EMERGENCY	14,284,888	16,975,422	31,260,310	.231846	.231846	.235146
61 01	URGENT CARE CENTERS	31,183	20,124,092	20,155,275	.398020	.398020	.403794
61 02	ADULT DOWN SYNDROME CENTE		4,112	4,112	36.411965	36.411965	36.411965
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	431,063	7,053,304	7,484,367	.152811	.152811	.152811
101	SUBTOTAL	419,592,003	501,359,267	920,951,270			
102	LESS OBSERVATION BEDS						
103	TOTAL	419,592,003	501,359,267	920,951,270			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 26-0179
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	52,795,167		52,795,167	354,110	53,149,277
26	INTENSIVE CARE UNIT	5,996,482		5,996,482	109,779	6,106,261
27	CORONARY CARE UNIT	5,573,878		5,573,878	18,486	5,592,364
31	SUBPROVIDER					
33	NURSERY	7,611,868		7,611,868		7,611,868
34	SKILLED NURSING FACILITY	3,777,575		3,777,575		3,777,575
36	OTHER LONG TERM CARE	6,253,036		6,253,036		6,253,036
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	38,425,528		38,425,528	222,261	38,647,789
37 01	VASCULAR ACCESS CENTER	1,543,096		1,543,096		1,543,096
37 02	PAIN MANAGEMENT - BRAIN &	495,299		495,299	43,479	538,778
37 03	PAIN MANAGEMENT CENTER					
37 04	WOMEN'S DIAGNOSTICS/GI SE	3,485,143		3,485,143	44,993	3,530,136
38	RECOVERY ROOM	2,067,836		2,067,836		2,067,836
39	DELIVERY ROOM & LABOR ROO	2,037,517		2,037,517		2,037,517
40	ANESTHESIOLOGY	565,340		565,340	32,297	597,637
41	RADIOLOGY-DIAGNOSTIC	15,091,492		15,091,492		15,091,492
41 01	MRI	1,116,947		1,116,947		1,116,947
41 02	CT SCAN	1,908,390		1,908,390		1,908,390
41 03	TDOC RADIOLOGY	2,297,228		2,297,228		2,297,228
41 04	CDI RADIOLOGY	9,685,647		9,685,647		9,685,647
44	LABORATORY	16,470,138		16,470,138	81,488	16,551,626
48	INTRAVENOUS THERAPY	1,327,482		1,327,482		1,327,482
48 01	BRAIN & SPINE INFUSION CE	148,744		148,744	15,264	164,008
49	RESPIRATORY THERAPY	3,116,717		3,116,717		3,116,717
49 02	RESPIRATORY THERAPY SURRE	22,700		22,700		22,700
50	PHYSICAL THERAPY	4,753,043		4,753,043		4,753,043
50 01	PT/OT/SPEECH THERAPY SURR	1,569,052		1,569,052		1,569,052
50 02	THERAPY SERVICES BRAIN &	1,496,781		1,496,781		1,496,781
51	OCCUPATIONAL THERAPY	570,363		570,363		570,363
52	SPEECH PATHOLOGY	285,144		285,144		285,144
53	ELECTROCARDIOLOGY	2,723,091		2,723,091		2,723,091
53 01	CARDIAC CATH LAB	2,709,776		2,709,776		2,709,776
53 02	TDOC ELECTROCARDIOLOGY	1,340,805		1,340,805		1,340,805
54	ELECTROENCEPHALOGRAPHY	429,190		429,190		429,190
54 01	SLEEP MEDICINE	3,622,179		3,622,179	10,487	3,632,666
55	MEDICAL SUPPLIES CHARGED	15,825,785		15,825,785		15,825,785
55 30	IMPL. DEV. CHARGED TO PAT	13,073,695		13,073,695		13,073,695
56	DRUGS CHARGED TO PATIENTS	18,375,510		18,375,510		18,375,510
57	RENAL DIALYSIS	756,426		756,426		756,426
59	NUTRITION/DIABETES EDUCAT	512,444		512,444		512,444
59 97	CARDIAC REHABILITATION	2,955,518		2,955,518		2,955,518
59 98	HYPERBARI C OXYGEN THERAPY	708,373		708,373		708,373
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,210		2,210		2,210
61	EMERGENCY	7,247,586		7,247,586	103,154	7,350,740
61 01	URGENT CARE CENTERS	8,022,197		8,022,197	116,379	8,138,576
61 02	ADULT DOWN SYNDROME CENTE	149,726		149,726		149,726
62	OBSERVATION BEDS (NON-DIS	1,143,691		1,143,691		1,143,691
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	270,085,835		270,085,835	1,152,177	271,238,012
102	LESS OBSERVATION BEDS	1,143,691		1,143,691		1,143,691
103	TOTAL	268,942,144		268,942,144	1,152,177	270,094,321

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	57,418,943		57,418,943			
26	INTENSIVE CARE UNIT	9,835,006		9,835,006			
27	CORONARY CARE UNIT	8,061,873		8,061,873			
31	SUBPROVIDER						
33	NURSERY	5,853,915		5,853,915			
34	SKILLED NURSING FACILITY	2,297,290		2,297,290			
36	OTHER LONG TERM CARE	6,125,949		6,125,949			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,916,754	46,643,804	72,560,558	.529565	.529565	.532628
37 01	VASCULAR ACCESS CENTER		12,128,707	12,128,707	.127227	.127227	.127227
37 02	PAIN MANAGEMENT - BRAIN &	27,305	3,266,143	3,293,448	.150389	.150389	.163591
37 03	PAIN MANAGEMENT CENTER						
37 04	WOMEN'S DIAGNOSTICS/GI SE	1,916,051	9,916,934	11,832,985	.294528	.294528	.298330
38	RECOVERY ROOM	2,603,836	4,389,146	6,992,982	.295702	.295702	.295702
39	DELIVERY ROOM & LABOR ROO	5,670,495	1,908,233	7,578,728	.268847	.268847	.268847
40	ANESTHESIOLOGY	2,780,275	3,551,105	6,331,380	.089292	.089292	.094393
41	RADIOLOGY-DIAGNOSTIC	16,076,216	56,818,832	72,895,048	.207030	.207030	.207030
41 01	MRI	5,757,991	10,292,580	16,050,571	.069589	.069589	.069589
41 02	CT SCAN	21,055,744	30,730,745	51,786,489	.036851	.036851	.036851
41 03	TDOC RADIOLOGY	243,903	35,387,983	35,631,886	.064471	.064471	.064471
41 04	CDI RADIOLOGY	36,473	34,303,146	34,339,619	.282055	.282055	.282055
44	LABORATORY	65,668,955	75,923,295	141,592,250	.116321	.116321	.116896
48	INTRAVENOUS THERAPY	1,294,803	1,399,853	2,694,656	.492635	.492635	.492635
48 01	BRAIN & SPINE INFUSION CE		154,660	154,660	.961748	.961748	1.060442
49	RESPIRATORY THERAPY	8,616,787	300,265	8,917,052	.349523	.349523	.349523
49 02	RESPIRATORY THERAPY SURRE	1,556		1,556	14.588689	14.588689	14.588689
50	PHYSICAL THERAPY	5,025,849	10,068,802	15,094,651	.314883	.314883	.314883
50 01	PT/OT/SPEECH THERAPY SURR	3,982,280	229,496	4,211,776	.372539	.372539	.372539
50 02	THERAPY SERVICES BRAIN &	329	3,095,841	3,096,170	.483430	.483430	.483430
51	OCCUPATIONAL THERAPY	2,307,334	35,545	2,342,879	.243445	.243445	.243445
52	SPEECH PATHOLOGY	810,961	280,275	1,091,236	.261304	.261304	.261304
53	ELECTROCARDIOLOGY	17,519,744	8,168,714	25,688,458	.106004	.106004	.106004
53 01	CARDIAC CATH LAB	11,095,720	12,181,683	23,277,403	.116412	.116412	.116412
53 02	TDOC ELECTROCARDIOLOGY	172,876	16,622,657	16,795,533	.079831	.079831	.079831
54	ELECTROENCEPHALOGRAPHY	719,084	1,570,586	2,289,670	.187446	.187446	.187446
54 01	SLEEP MEDICINE	38,799	5,194,004	5,232,803	.692206	.692206	.694210
55	MEDICAL SUPPLIES CHARGED	36,257,086	23,974,644	60,231,730	.262748	.262748	.262748
55 30	IMPL. DEV. CHARGED TO PAT	22,330,910	16,512,250	38,843,160	.336577	.336577	.336577
56	DRUGS CHARGED TO PATIENTS	53,219,906	27,113,222	80,333,128	.228741	.228741	.228741
57	RENAL DIALYSIS	1,531,201	238,730	1,769,931	.427376	.427376	.427376
59	NUTRITION/DIABETES EDUCAT	2,150,774	233,014	2,383,788	.214970	.214970	.214970
59 97	CARDIAC REHABILITATION	268,737	2,152,012	2,420,749	1.220911	1.220911	1.220911
59 98	HYPERBARI C OXYGEN THERAPY	153,159	2,411,458	2,564,617	.276210	.276210	.276210
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		3,973	3,973	.556255	.556255	.556255
61	EMERGENCY	14,284,888	16,975,422	31,260,310	.231846	.231846	.235146
61 01	URGENT CARE CENTERS	31,183	20,124,092	20,155,275	.398020	.398020	.403794
61 02	ADULT DOWN SYNDROME CENTE		4,112	4,112	36.411965	36.411965	36.411965
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	431,063	7,053,304	7,484,367	.152811	.152811	.152811
101	SUBTOTAL	419,592,003	501,359,267	920,951,270			
102	LESS OBSERVATION BEDS						
103	TOTAL	419,592,003	501,359,267	920,951,270			

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						
37	OPERATING ROOM	38,425,528	2,545,224	35,880,304			38,425,528
37	01 VASCULAR ACCESS CENTER	1,543,096	442,374	1,100,722			1,543,096
37	02 PAIN MANAGEMENT - BRAIN &	495,299	47,431	447,868			495,299
37	03 PAIN MANAGEMENT CENTER						
37	04 WOMEN'S DIAGNOSTICS/GI SE	3,485,143	457,305	3,027,838			3,485,143
38	RECOVERY ROOM	2,067,836	213,981	1,853,855			2,067,836
39	DELIVERY ROOM & LABOR ROO	2,037,517	234,149	1,803,368			2,037,517
40	ANESTHESIOLOGY	565,340	22,469	542,871			565,340
41	RADIOLOGY-DIAGNOSTIC	15,091,492	1,905,981	13,185,511			15,091,492
41	01 MRI	1,116,947	186,128	930,819			1,116,947
41	02 CT SCAN	1,908,390	190,611	1,717,779			1,908,390
41	03 TDOC RADIOLOGY	2,297,228	289,999	2,007,229			2,297,228
41	04 CDI RADIOLOGY	9,685,647	2,406,250	7,279,397			9,685,647
44	LABORATORY	16,470,138	1,058,843	15,411,295			16,470,138
48	INTRAVENOUS THERAPY	1,327,482	50,705	1,276,777			1,327,482
48	01 BRAIN & SPINE INFUSION CE	148,744	12,218	136,526			148,744
49	RESPIRATORY THERAPY	3,116,717	109,964	3,006,753			3,116,717
49	02 RESPIRATORY THERAPY SURRE	22,700	2,030	20,670			22,700
50	PHYSICAL THERAPY	4,753,043	649,892	4,103,151			4,753,043
50	01 PT/OT/SPEECH THERAPY SURR	1,569,052	42,715	1,526,337			1,569,052
50	02 THERAPY SERVICES BRAIN &	1,496,781	159,631	1,337,150			1,496,781
51	OCCUPATIONAL THERAPY	570,363	8,110	562,253			570,363
52	SPEECH PATHOLOGY	285,144	6,791	278,353			285,144
53	ELECTROCARDIOLOGY	2,723,091	261,355	2,461,736			2,723,091
53	01 CARDIAC CATH LAB	2,709,776	315,767	2,394,009			2,709,776
53	02 TDOC ELECTROCARDIOLOGY	1,340,805	197,255	1,143,550			1,340,805
54	ELECTROENCEPHALOGRAPHY	429,190	81,429	347,761			429,190
54	01 SLEEP MEDICINE	3,622,179	515,963	3,106,216			3,622,179
55	MEDICAL SUPPLIES CHARGED	15,825,785	455,089	15,370,696			15,825,785
55	30 IMPL. DEV. CHARGED TO PAT	13,073,695	115,266	12,958,429			13,073,695
56	DRUGS CHARGED TO PATIENTS	18,375,510	343,708	18,031,802			18,375,510
57	RENAL DIALYSIS	756,426	79,310	677,116			756,426
59	NUTRITION/DIABETES EDUCAT	512,444	81,075	431,369			512,444
59	97 CARDIAC REHABILITATION	2,955,518	474,694	2,480,824			2,955,518
59	98 HYPERBARIC OXYGEN THERAPY	708,373	93,912	614,461			708,373
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,210	41	2,169			2,210
61	EMERGENCY	7,247,586	496,085	6,751,501			7,247,586
61	01 URGENT CARE CENTERS	8,022,197	1,238,207	6,783,990			8,022,197
61	02 ADULT DOWN SYNDROME CENTE	149,726	12,344	137,382			149,726
62	OBSERVATION BEDS (NON-DIS	1,143,691	129,513	1,014,178			1,143,691
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	188,077,829	15,933,814	172,144,015			188,077,829
102	LESS OBSERVATION BEDS	1,143,691	129,513	1,014,178			1,143,691
103	TOTAL	186,934,138	15,804,301	171,129,837			186,934,138

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	72,560,558	.529565	.529565
37 01	VASCULAR ACCESS CENTER	12,128,707	.127227	.127227
37 02	PAIN MANAGEMENT - BRAIN &	3,293,448	.150389	.150389
37 03	PAIN MANAGEMENT CENTER			
37 04	WOMEN'S DIAGNOSTICS/GI SE	11,832,985	.294528	.294528
38	RECOVERY ROOM	6,992,982	.295702	.295702
39	DELIVERY ROOM & LABOR ROO	7,578,728	.268847	.268847
40	ANESTHESIOLOGY	6,331,380	.089292	.089292
41	RADIOLOGY-DIAGNOSTIC	72,895,048	.207030	.207030
41 01	MRI	16,050,571	.069589	.069589
41 02	CT SCAN	51,786,489	.036851	.036851
41 03	TDCC RADIOLOGY	35,631,886	.064471	.064471
41 04	CDI RADIOLOGY	34,339,619	.282055	.282055
44	LABORATORY	141,592,250	.116321	.116321
48	INTRAVENOUS THERAPY	2,694,656	.492635	.492635
48 01	BRAIN & SPINE INFUSION CE	154,660	.961748	.961748
49	RESPIRATORY THERAPY	8,917,052	.349523	.349523
49 02	RESPIRATORY THERAPY SURRE	1,556	14.588689	14.588689
50	PHYSICAL THERAPY	15,094,651	.314883	.314883
50 01	PT/OT/SPEECH THERAPY SURR	4,211,776	.372539	.372539
50 02	THERAPY SERVICES BRAIN &	3,096,170	.483430	.483430
51	OCCUPATIONAL THERAPY	2,342,879	.243445	.243445
52	SPEECH PATHOLOGY	1,091,236	.261304	.261304
53	ELECTROCARDIOLOGY	25,688,458	.106004	.106004
53 01	CARDIAC CATH LAB	23,277,403	.116412	.116412
53 02	TDCC ELECTROCARDIOLOGY	16,795,533	.079831	.079831
54	ELECTROENCEPHALOGRAPHY	2,289,670	.187446	.187446
54 01	SLEEP MEDICINE	5,232,803	.692206	.692206
55	MEDICAL SUPPLIES CHARGED	60,231,730	.262748	.262748
55 30	IMPL. DEV. CHARGED TO PAT	38,843,160	.336577	.336577
56	DRUGS CHARGED TO PATIENTS	80,333,128	.228741	.228741
57	RENAL DIALYSIS	1,769,931	.427376	.427376
59	NUTRITION/DIABETES EDUCAT	2,383,788	.214970	.214970
59 97	CARDIAC REHABILITATION	2,420,749	1.220911	1.220911
59 98	HYPERBARIC OXYGEN THERAPY	2,564,617	.276210	.276210
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,973	.556255	.556255
61	EMERGENCY	31,260,310	.231846	.231846
61 01	URGENT CARE CENTERS	20,155,275	.398020	.398020
61 02	ADULT DOWN SYNDROME CENTE	4,112	36.411965	36.411965
62	OBSERVATION BEDS (NON-DIS	7,484,367	.152811	.152811
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	831,358,294		
102	LESS OBSERVATION BEDS	7,484,367		
103	TOTAL	823,873,927		

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						
37	OPERATING ROOM	38,425,528	2,545,224	35,880,304	254,522	2,081,058	36,089,948
37	01 VASCULAR ACCESS CENTER	1,543,096	442,374	1,100,722	44,237	63,842	1,435,017
37	02 PAIN MANAGEMENT - BRAIN &	495,299	47,431	447,868	4,743	25,976	464,580
37	03 PAIN MANAGEMENT CENTER						
37	04 WOMEN'S DIAGNOSTICS/GI SE	3,485,143	457,305	3,027,838	45,731	175,615	3,263,797
38	RECOVERY ROOM	2,067,836	213,981	1,853,855	21,398	107,524	1,938,914
39	DELIVERY ROOM & LABOR ROO	2,037,517	234,149	1,803,368	23,415	104,595	1,909,507
40	ANESTHESIOLOGY	565,340	22,469	542,871	2,247	31,487	531,606
41	RADIOLOGY-DIAGNOSTIC	15,091,492	1,905,981	13,185,511	190,598	764,760	14,136,134
41	01 MRI	1,116,947	186,128	930,819	18,613	53,988	1,044,346
41	02 CT SCAN	1,908,390	190,611	1,717,779	19,061	99,631	1,789,698
41	03 TDOC RADIOLOGY	2,297,228	289,999	2,007,229	29,000	116,419	2,151,809
41	04 CDI RADIOLOGY	9,685,647	2,406,250	7,279,397	240,625	422,205	9,022,817
44	LABORATORY	16,470,138	1,058,843	15,411,295	105,884	893,855	15,470,399
48	INTRAVENOUS THERAPY	1,327,482	50,705	1,276,777	5,071	74,053	1,248,358
48	01 BRAIN & SPINE INFUSION CE	148,744	12,218	136,526	1,222	7,919	139,603
49	RESPIRATORY THERAPY	3,116,717	109,964	3,006,753	10,996	174,392	2,931,329
49	02 RESPIRATORY THERAPY SURRE	22,700	2,030	20,670	203	1,199	21,298
50	PHYSICAL THERAPY	4,753,043	649,892	4,103,151	64,989	237,983	4,450,071
50	01 PT/OT/SPEECH THERAPY SURR	1,569,052	42,715	1,526,337	4,272	88,528	1,476,252
50	02 THERAPY SERVICES BRAIN &	1,496,781	159,631	1,337,150	15,963	77,555	1,403,263
51	OCCUPATIONAL THERAPY	570,363	8,110	562,253	811	32,611	536,941
52	SPEECH PATHOLOGY	285,144	6,791	278,353	679	16,144	268,321
53	ELECTROCARDIOLOGY	2,723,091	261,355	2,461,736	26,136	142,781	2,554,174
53	01 CARDIAC CATH LAB	2,709,776	315,767	2,394,009	31,577	138,853	2,539,346
53	02 TDOC ELECTROCARDIOLOGY	1,340,805	197,255	1,143,550	19,726	66,326	1,254,753
54	ELECTROENCEPHALOGRAPHY	429,190	81,429	347,761	8,143	20,170	400,877
54	01 SLEEP MEDICINE	3,622,179	515,963	3,106,216	51,596	180,161	3,390,422
55	MEDICAL SUPPLIES CHARGED	15,825,785	455,089	15,370,696	45,509	891,500	14,888,776
55	30 IMPL. DEV. CHARGED TO PAT	13,073,695	115,266	12,958,429	11,527	751,589	12,310,579
56	DRUGS CHARGED TO PATIENTS	18,375,510	343,708	18,031,802	34,371	1,045,845	17,295,294
57	RENAL DIALYSIS	756,426	79,310	677,116	7,931	39,273	709,222
59	NUTRITION/DIABETES EDUCAT	512,444	81,075	431,369	8,108	25,019	479,317
59	97 CARDIAC REHABILITATION	2,955,518	474,694	2,480,824	47,469	143,888	2,764,161
59	98 HYPERBARIC OXYGEN THERAPY	708,373	93,912	614,461	9,391	35,639	663,343
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,210	41	2,169	4	126	2,080
61	EMERGENCY	7,247,586	496,085	6,751,501	49,609	391,587	6,806,390
61	01 URGENT CARE CENTERS	8,022,197	1,238,207	6,783,990	123,821	393,471	7,504,905
61	02 ADULT DOWN SYNDROME CENTE	149,726	12,344	137,382	1,234	7,968	140,524
62	OBSERVATION BEDS (NON-DIS	1,143,691	129,513	1,014,178	12,951	58,822	1,071,918
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	188,077,829	15,933,814	172,144,015	1,593,383	9,984,357	176,500,089
102	LESS OBSERVATION BEDS	1,143,691	129,513	1,014,178	12,951	58,822	1,071,918
103	TOTAL	186,934,138	15,804,301	171,129,837	1,580,432	9,925,535	175,428,171

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	72,560,558	.497377	.526057
37 01	VASCULAR ACCESS CENTER	12,128,707	.118316	.123579
37 02	PAIN MANAGEMENT - BRAIN &	3,293,448	.141062	.148949
37 03	PAIN MANAGEMENT CENTER			
37 04	WOMEN'S DIAGNOSTICS/GI SE	11,832,985	.275822	.290663
38	RECOVERY ROOM	6,992,982	.277266	.292642
39	DELIVERY ROOM & LABOR ROO	7,578,728	.251956	.265757
40	ANESTHESIOLOGY	6,331,380	.083964	.088937
41	RADIOLOGY-DIAGNOSTIC	72,895,048	.193924	.204416
41 01	MRI	16,050,571	.065066	.068430
41 02	CT SCAN	51,786,489	.034559	.036483
41 03	TDOC RADIOLOGY	35,631,886	.060390	.063657
41 04	CDI RADIOLOGY	34,339,619	.262752	.275047
44	LABORATORY	141,592,250	.109260	.115573
48	INTRAVENOUS THERAPY	2,694,656	.463272	.490753
48 01	BRAIN & SPINE INFUSION CE	154,660	.902645	.953847
49	RESPIRATORY THERAPY	8,917,052	.328733	.348290
49 02	RESPIRATORY THERAPY SURRE	1,556	13.687661	14.458226
50	PHYSICAL THERAPY	15,094,651	.294811	.310577
50 01	PT/OT/SPEECH THERAPY SURR	4,211,776	.350506	.371525
50 02	THERAPY SERVICES BRAIN &	3,096,170	.453225	.478274
51	OCCUPATIONAL THERAPY	2,342,879	.229180	.243099
52	SPEECH PATHOLOGY	1,091,236	.245887	.260681
53	ELECTROCARDIOLOGY	25,688,458	.099429	.104987
53 01	CARDIAC CATH LAB	23,277,403	.109091	.115056
53 02	TDOC ELECTROCARDIOLOGY	16,795,533	.074708	.078657
54	ELECTROENCEPHALOGRAPHY	2,289,670	.175081	.183890
54 01	SLEEP MEDICINE	5,232,803	.647917	.682346
55	MEDICAL SUPPLIES CHARGED	60,231,730	.247192	.261993
55 30	IMPL. DEV. CHARGED TO PAT	38,843,160	.316930	.336280
56	DRUGS CHARGED TO PATIENTS	80,333,128	.215295	.228314
57	RENAL DIALYSIS	1,769,931	.400706	.422895
59	NUTRITION/DIABETES EDUCAT	2,383,788	.201074	.211569
59 97	CARDIAC REHABILITATION	2,420,749	1.141862	1.201301
59 98	HYPERBARIC OXYGEN THERAPY	2,564,617	.258652	.272548
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,973	.523534	.555248
61	EMERGENCY	31,260,310	.217733	.230259
61 01	URGENT CARE CENTERS	20,155,275	.372354	.391876
61 02	ADULT DOWN SYNDROME CENTE	4,112	34.174125	36.111868
62	OBSERVATION BEDS (NON-DIS	7,484,367	.143221	.151080
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	831,358,294		
102	LESS OBSERVATION BEDS	7,484,367		
103	TOTAL	823,873,927		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,018,696		6,018,696
26	INTENSIVE CARE UNIT				438,194		438,194
27	CORONARY CARE UNIT				578,536		578,536
31	SUBPROVIDER						
33	NURSERY				699,066		699,066
101	TOTAL				7,734,492		7,734,492

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179
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 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	66,919	34,700			89.94	3,120,918
26	INTENSIVE CARE UNIT	4,034	2,503			108.63	271,901
27	CORONARY CARE UNIT	3,187	1,741			181.53	316,044
31	SUBPROVIDER						
33	NURSERY	6,071				115.15	
101	TOTAL	80,211	38,944				3,708,863

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 26-0179
 PREPARED 11/23/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,545,224	72,560,558	14,169,937		
37 01	VASCULAR ACCESS CENTER		442,374	12,128,707			
37 02	PAIN MANAGEMENT - BRAIN &		47,431	3,293,448	18,467		
37 03	PAIN MANAGEMENT CENTER						
37 04	WOMEN'S DIAGNOSTICS/GI SE		457,305	11,832,985	1,098,745		
38	RECOVERY ROOM		213,981	6,992,982	1,172,174		
39	DELIVERY ROOM & LABOR ROO		234,149	7,578,728	63,993		
40	ANESTHESIOLOGY		22,469	6,331,380	1,176,648		
41	RADIOLOGY-DIAGNOSTIC		1,905,981	72,895,048	8,464,543		
41 01	MRI		186,128	16,050,571	2,525,375		
41 02	CT SCAN		190,611	51,786,489	10,404,470		
41 03	TDOC RADIOLOGY		289,999	35,631,886	129,942		
41 04	CDI RADIOLOGY		2,406,250	34,339,619	27,471		
44	LABORATORY		1,058,843	141,592,250	36,527,902		
48	INTRAVENOUS THERAPY		50,705	2,694,656	1,100,951		
48 01	BRAIN & SPINE INFUSION CE		12,218	154,660			
49	RESPIRATORY THERAPY		109,964	8,917,052	5,917,844		
49 02	RESPIRATORY THERAPY SURRE		2,030	1,556			
50	PHYSICAL THERAPY		649,892	15,094,651	3,027,182		
50 01	PT/OT/SPEECH THERAPY SURR		42,715	4,211,776	623		
50 02	THERAPY SERVICES BRAIN &		159,631	3,096,170	207		
51	OCCUPATIONAL THERAPY		8,110	2,342,879	1,556,680		
52	SPEECH PATHOLOGY		6,791	1,091,236	586,227		
53	ELECTROCARDIOLOGY		261,355	25,688,458	9,448,680		
53 01	CARDIAC CATH LAB		315,767	23,277,403	6,525,845		
53 02	TDOC ELECTROCARDIOLOGY		197,255	16,795,533	102,245		
54	ELECTROENCEPHALOGRAPHY		81,429	2,289,670	482,774		
54 01	SLEEP MEDICINE		515,963	5,232,803			
55	MEDICAL SUPPLIES CHARGED		455,089	60,231,730	19,928,865		
55 30	IMPL. DEV. CHARGED TO PAT		115,266	38,843,160	11,123,193		
56	DRUGS CHARGED TO PATIENTS		343,708	80,333,128	26,534,365		
57	RENAL DIALYSIS		79,310	1,769,931	1,474,581		
59	NUTRITION/DIABETES EDUCAT		81,075	2,383,788	1,332,629		
59 97	CARDIAC REHABILITATION		474,694	2,420,749	12,129		
59 98	HYPERBARI C OXYGEN THERAPY		93,912	2,564,617	118,136		
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		41	3,973			
61	EMERGENCY		496,085	31,260,310	7,197,759		
61 01	URGENT CARE CENTERS		1,238,207	20,155,275	16,261		
61 02	ADULT DOWN SYNDROME CENTE		12,344	4,112			
62	OBSERVATION BEDS (NON-DIS		129,513	7,484,367	63,072		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		15,933,814	831,358,294	172,329,915		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179
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 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035077	497,039
37 01	VASCULAR ACCESS CENTER	.036473	
37 02	PAIN MANAGEMENT - BRAIN &	.014402	266
37 03	PAIN MANAGEMENT CENTER		
37 04	WOMEN'S DIAGNOSTICS/GI SE	.038647	42,463
38	RECOVERY ROOM	.030599	35,867
39	DELIVERY ROOM & LABOR ROO	.030896	1,977
40	ANESTHESIOLOGY	.003549	4,176
41	RADIOLOGY-DIAGNOSTIC	.026147	221,322
41 01	MRI	.011596	29,284
41 02	CT SCAN	.003681	38,299
41 03	TDOC RADIOLOGY	.008139	1,058
41 04	CDI RADIOLOGY	.070072	1,925
44	LABORATORY	.007478	273,156
48	INTRAVENOUS THERAPY	.018817	20,717
48 01	BRAIN & SPINE INFUSION CE	.078999	
49	RESPIRATORY THERAPY	.012332	72,979
49 02	RESPIRATORY THERAPY SURRE	1.304627	
50	PHYSICAL THERAPY	.043054	130,332
50 01	PT/OT/SPEECH THERAPY SURR	.010142	6
50 02	THERAPY SERVICES BRAIN &	.051558	11
51	OCCUPATIONAL THERAPY	.003462	5,389
52	SPEECH PATHOLOGY	.006223	3,648
53	ELECTROCARDIOLOGY	.010174	96,131
53 01	CARDIAC CATH LAB	.013565	88,523
53 02	TDOC ELECTROCARDIOLOGY	.011744	1,201
54	ELECTROENCEPHALOGRAPHY	.035564	17,169
54 01	SLEEP MEDICINE	.098602	
55	MEDICAL SUPPLIES CHARGED	.007556	150,583
55 30	IMPL. DEV. CHARGED TO PAT	.002967	33,003
56	DRUGS CHARGED TO PATIENTS	.004279	113,541
57	RENAL DIALYSIS	.044810	66,076
59	NUTRITION/DIABETES EDUCAT	.034011	45,324
59 97	CARDIAC REHABILITATION	.196094	2,378
59 98	HYPERBARI C OXYGEN THERAPY	.036618	4,326
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.010320	
61	EMERGENCY	.015869	114,221
61 01	URGENT CARE CENTERS	.061433	999
61 02	ADULT DOWN SYNDROME CENTE	3.001946	
62	OBSERVATION BEDS (NON-DIS	.017304	1,091
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,114,480

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 PREPARED 11/23/2010
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 PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			150,980			150,980
26	INTENSIVE CARE UNIT			9,302			9,302
27	CORONARY CARE UNIT			7,349			7,349
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY			27,879			27,879
101	TOTAL			195,510			195,510

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

PROVIDER NO: 26-0179
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/23/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	66,919	2.26	34,700	78,422
26	INTENSIVE CARE UNIT	4,034	2.31	2,503	5,782
27	CORONARY CARE UNIT	3,187	2.31	1,741	4,022
31	SUBPROVIDER				
33	NURSERY	6,071			
34	SKILLED NURSING FACILITY	12,091	2.31	10,490	24,232
101	TOTAL	92,302		49,434	112,458

TITLE XVIII, PART A

HOSPITAL

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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			72,560,558			14,169,937	
37	01 OPERATING ROOM			12,128,707				
37	02 PAIN MANAGEMENT - BRAIN &			3,293,448			18,467	
37	03 PAIN MANAGEMENT CENTER							
37	04 WOMEN'S DIAGNOSTICS/GI SE			11,832,985			1,098,745	
38	RECOVERY ROOM			6,992,982			1,172,174	
39	DELIVERY ROOM & LABOR ROO			7,578,728			63,993	
40	ANESTHESIOLOGY			6,331,380			1,176,648	
41	RADIOLOGY-DIAGNOSTIC			72,895,048			8,464,543	
41	01 MRI			16,050,571			2,525,375	
41	02 CT SCAN			51,786,489			10,404,470	
41	03 TDOC RADIOLOGY			35,631,886			129,942	
41	04 CDI RADIOLOGY			34,339,619			27,471	
44	LABORATORY			141,592,250			36,527,902	
48	INTRAVENOUS THERAPY			2,694,656			1,100,951	
48	01 BRAIN & SPINE INFUSION CE			154,660				
49	RESPIRATORY THERAPY			8,917,052			5,917,844	
49	02 RESPIRATORY THERAPY SURRE			1,556				
50	PHYSICAL THERAPY			15,094,651			3,027,182	
50	01 PT/OT/SPEECH THERAPY SURR			4,211,776			623	
50	02 THERAPY SERVICES BRAIN &			3,096,170			207	
51	OCCUPATIONAL THERAPY			2,342,879			1,556,680	
52	SPEECH PATHOLOGY			1,091,236			586,227	
53	ELECTROCARDIOLOGY			25,688,458			9,448,680	
53	01 CARDIAC CATH LAB			23,277,403			6,525,845	
53	02 TDOC ELECTOCARDIOLOGY			16,795,533			102,245	
54	ELECTROENCEPHALOGRAPHY			2,289,670			482,774	
54	01 SLEEP MEDICINE			5,232,803				
55	MEDICAL SUPPLIES CHARGED			60,231,730			19,928,865	
55	30 IMPL. DEV. CHARGED TO PAT			38,843,160			11,123,193	
56	DRUGS CHARGED TO PATIENTS	307,633	307,633	80,333,128	.003829	.003829	26,534,365	101,600
57	RENAL DIALYSIS			1,769,931			1,474,581	
59	NUTRITION/DIABETES EDUCAT			2,383,788			1,332,629	
59	97 CARDIAC REHABILITATION			2,420,749			12,129	
59	98 HYPERBARIC OXYGEN THERAPY			2,564,617			118,136	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,973				
61	EMERGENCY			31,260,310			7,197,759	
61	01 URGENT CARE CENTERS			20,155,275			16,261	
61	02 ADULT DOWN SYNDROME CENTE			4,112				
62	OBSERVATION BEDS (NON-DIS	3,249	3,249	7,484,367	.000434	.000434	63,072	27
	OTHER REIMBURS COST CNTRS							
101	TOTAL	310,882	310,882	831,358,294			172,329,915	101,627

TITLE XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	11,156,382					
37 01	VASCULAR ACCESS CENTER	9,400,377					
37 02	PAIN MANAGEMENT - BRAIN &	1,722,411					
37 03	PAIN MANAGEMENT CENTER						
37 04	WOMEN'S DIAGNOSTICS/GI SE	1,866,572					
38	RECOVERY ROOM	887,259					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	678,297					
41	RADIOLOGY-DIAGNOSTIC	17,542,200					
41 01	MRI	2,632,738					
41 02	CT SCAN	10,264,968					
41 03	TDOC RADIOLOGY	12,501,833					
41 04	CDI RADIOLOGY	4,592,079					
44	LABORATORY	3,108,027					
48	INTRAVENOUS THERAPY	1,358,544					
48 01	BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY	72,237					
49 02	RESPIRATORY THERAPY SURRE						
50	PHYSICAL THERAPY	6,374					
50 01	PT/OT/SPEECH THERAPY SURR						
50 02	THERAPY SERVICES BRAIN &	2,195					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,825,203					
53 01	CARDIAC CATH LAB	3,752,996					
53 02	TDOC ELECTROCARDIOLOGY	6,150,920					
54	ELECTROENCEPHALOGRAPHY	1,314,104					
54 01	SLEEP MEDICINE	103,271					
55	MEDICAL SUPPLIES CHARGED	6,723,911					
55 30	IMPL. DEV. CHARGED TO PAT	5,464,814					
56	DRUGS CHARGED TO PATIENTS	8,866,709			33,951		
57	RENAL DIALYSIS	70,282					
59	NUTRITION/DIABETES EDUCAT	15,413					
59 97	CARDIAC REHABILITATION	1,174,989					
59 98	HYPERBARIC OXYGEN THERAPY	950,106					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY	4,054,586					
61 01	URGENT CARE CENTERS	793,845					
61 02	ADULT DOWN SYNDROME CENTE	2,133					
62	OBSERVATION BEDS (NON-DIS	417,528			181		
	OTHER REIMBURS COST CNTRS						
101	TOTAL	120,473,303			34,132		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 26-0179
 PREPARED 11/23/2010
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.529565	.529565			
37 01 VASCULAR ACCESS CENTER	.127227	.127227			
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.150389	.150389			
37 03 PAIN MANAGEMENT CENTER					
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES	.294528	.294528			
38 RECOVERY ROOM	.295702	.295702			
39 DELIVERY ROOM & LABOR ROOM	.268847	.268847			
40 ANESTHESIOLOGY	.089292	.089292			
41 RADIOLOGY-DIAGNOSTIC	.207030	.207030			
41 01 MRI	.069589	.069589			
41 02 CT SCAN	.036851	.036851			
41 03 TDOC RADIOLOGY	.064471	.064471			
41 04 CDI RADIOLOGY	.282055	.282055			
44 LABORATORY	.116321	.116321			
48 INTRAVENOUS THERAPY	.492635	.492635			
48 01 BRAIN & SPINE INFUSION CENTER	.961748	.961748			
49 RESPIRATORY THERAPY	.349523	.349523			
49 02 RESPIRATORY THERAPY SURREY	14.588689	14.588689			
50 PHYSICAL THERAPY	.314883	.314883			
50 01 PT/OT/SPEECH THERAPY SURREY	.372539	.372539			
50 02 THERAPY SERVICES BRAIN & SPINE CENTE	.483430	.483430			
51 OCCUPATIONAL THERAPY	.243445	.243445			
52 SPEECH PATHOLOGY	.261304	.261304			
53 ELECTROCARDIOLOGY	.106004	.106004			
53 01 CARDIAC CATH LAB	.116412	.116412			
53 02 TDOC ELECTROCARDIOLOGY	.079831	.079831			
54 ELECTROENCEPHALOGRAPHY	.187446	.187446			
54 01 SLEEP MEDICINE	.692206	.692206			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.262748	.262748			
55 30 IMPL. DEV. CHARGED TO PATIENT	.336577	.336577			
56 DRUGS CHARGED TO PATIENTS	.228741	.228741			
57 RENAL DIALYSIS	.427376	.427376			
59 NUTRITION/DIABETES EDUCATION	.214970	.214970			
59 97 CARDIAC REHABILITATION	1.220911	1.220911			
59 98 HYPERBARIC OXYGEN THERAPY	.276210	.276210			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.556255	.556255			
61 EMERGENCY	.231846	.231846			
61 01 URGENT CARE CENTERS	.398020	.398020			
61 02 ADULT DOWN SYNDROME CENTER	36.411965	36.411965			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.152811	.152811			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART V
26-0179		

TITLE XVIII, PART B

HOSPITAL

PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
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Cost Center Description	9.03	10	11
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- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 VASCULAR ACCESS CENTER
- 37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT
- 37 03 PAIN MANAGEMENT CENTER
- 37 04 WOMEN'S DIAGNOSTICS/GI SERVICES
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 41 02 CT SCAN
- 41 03 TDOC RADIOLOGY
- 41 04 CDI RADIOLOGY
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 48 01 BRAIN & SPINE INFUSION CENTER
- 49 RESPIRATORY THERAPY
- 49 02 RESPIRATORY THERAPY SURREY
- 50 PHYSICAL THERAPY
- 50 01 PT/OT/SPEECH THERAPY SURREY
- 50 02 THERAPY SERVICES BRAIN & SPINE CENTE
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 53 02 TDOC ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 SLEEP MEDICINE
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 NUTRITION/DIABETES EDUCATION
- 59 97 CARDIAC REHABILITATION
- 59 98 HYPERBARIC OXYGEN THERAPY
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 61 01 URGENT CARE CENTERS
- 61 02 ADULT DOWN SYNDROME CENTER
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART VI
26-0179		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1
.228741
6,936
1,587

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0179
 COMPONENT NO: 26-5414
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
37	04 WOMEN'S DIAGNOSTICS/GI SE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	02 RESPIRATORY THERAPY SURR						
50	PHYSICAL THERAPY						
50	01 PT/OT/SPEECH THERAPY SURR						
50	02 THERAPY SERVICES BRAIN &						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	NUTRITION/DIABETES EDUCAT						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
61	02 ADULT DOWN SYNDROME CENTE						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
26-5414		

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
37	01 VASCULAR ACCESS CENTER		
37	02 PAIN MANAGEMENT - BRAIN &		
37	03 PAIN MANAGEMENT CENTER		
37	04 WOMEN'S DIAGNOSTICS/GI SE		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41	01 MRI		
41	02 CT SCAN		
41	03 TDOC RADIOLOGY		
41	04 CDI RADIOLOGY		
44	LABORATORY		
48	INTRAVENOUS THERAPY		
48	01 BRAIN & SPINE INFUSION CE		
49	RESPIRATORY THERAPY		
49	02 RESPIRATORY THERAPY SURR		
50	PHYSICAL THERAPY		
50	01 PT/OT/SPEECH THERAPY SURR		
50	02 THERAPY SERVICES BRAIN &		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53	01 CARDIAC CATH LAB		
53	02 TDOC ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
54	01 SLEEP MEDICINE		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	NUTRITION/DIABETES EDUCAT		
59	97 CARDIAC REHABILITATION		
59	98 HYPERBARIC OXYGEN THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
61	01 URGENT CARE CENTERS		
61	02 ADULT DOWN SYNDROME CENTE		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
37	01 VASCULAR ACCESS CENTER											
37	02 PAIN MANAGEMENT - BRAIN &											
37	03 PAIN MANAGEMENT CENTER											
37	04 WOMEN'S DIAGNOSTICS/GI SE											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 MRI											
41	02 CT SCAN											
41	03 TDOC RADIOLOGY											
41	04 CDI RADIOLOGY											
44	LABORATORY											
48	INTRAVENOUS THERAPY											
48	01 BRAIN & SPINE INFUSION CE											
49	RESPIRATORY THERAPY											
49	02 RESPIRATORY THERAPY SURRE											
50	PHYSICAL THERAPY											
50	01 PT/OT/SPEECH THERAPY SURR											
50	02 THERAPY SERVICES BRAIN &											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 CARDIAC CATH LAB											
53	02 TDOC ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 SLEEP MEDICINE											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS									307,633		
57	RENAL DIALYSIS											
59	NUTRITION/DIABETES EDUCAT											
59	97 CARDIAC REHABILITATION											
59	98 HYPERBARIC OXYGEN THERAPY											
60	OUTPAT SERVICE COST CNTRS											
61	CLINIC											
61	EMERGENCY											
61	01 URGENT CARE CENTERS											
61	02 ADULT DOWN SYNDROME CENTE											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL									307,633		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			72,560,558				
37 01	VASCULAR ACCESS CENTER			12,128,707				
37 02	PAIN MANAGEMENT - BRAIN &			3,293,448				
37 03	PAIN MANAGEMENT CENTER							
37 04	WOMEN'S DIAGNOSTICS/GI SE			11,832,985				
38	RECOVERY ROOM			6,992,982				
39	DELIVERY ROOM & LABOR ROO			7,578,728				
40	ANESTHESIOLOGY			6,331,380				
41	RADIOLOGY-DIAGNOSTIC			72,895,048			46,162	
41 01	MRI			16,050,571				
41 02	CT SCAN			51,786,489			4,291	
41 03	TDOC RADIOLOGY			35,631,886			144	
41 04	CDI RADIOLOGY			34,339,619				
44	LABORATORY			141,592,250			346,643	
48	INTRAVENOUS THERAPY			2,694,656				
48 01	BRAIN & SPINE INFUSION CE			154,660				
49	RESPIRATORY THERAPY			8,917,052				
49 02	RESPIRATORY THERAPY SURRE			1,556				
50	PHYSICAL THERAPY			15,094,651			646	
50 01	PT/OT/SPEECH THERAPY SURR			4,211,776			2,778,400	
50 02	THERAPY SERVICES BRAIN &			3,096,170				
51	OCCUPATIONAL THERAPY			2,342,879				
52	SPEECH PATHOLOGY			1,091,236			11,791	
53	ELECTROCARDIOLOGY			25,688,458			7,502	
53 01	CARDIAC CATH LAB			23,277,403				
53 02	TDOC ELECTROCARDIOLOGY			16,795,533			474	
54	ELECTROENCEPHALOGRAPHY			2,289,670				
54 01	SLEEP MEDICINE			5,232,803				
55	MEDICAL SUPPLIES CHARGED			60,231,730			150,764	
55 30	IMPL. DEV. CHARGED TO PAT			38,843,160				
56	DRUGS CHARGED TO PATIENTS	307,633	307,633	80,333,128	.003829	.003829	657,003	2,516
57	RENAL DIALYSIS			1,769,931				
59	NUTRITION/DIABETES EDUCAT			2,383,788			6,080	
59 97	CARDIAC REHABILITATION			2,420,749			71	
59 98	HYPERBARIC OXYGEN THERAPY			2,564,617			15,578	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			3,973				
61	EMERGENCY			31,260,310				
61 01	URGENT CARE CENTERS			20,155,275			84	
61 02	ADULT DOWN SYNDROME CENTE			4,112				
62	OBSERVATION BEDS (NON-DIS			7,484,367				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	307,633	307,633	831,358,294			4,025,633	2,516

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 VASCULAR ACCESS CENTER						
37	02 PAIN MANAGEMENT - BRAIN &						
37	03 PAIN MANAGEMENT CENTER						
37	04 WOMEN'S DIAGNOSTICS/GI SE						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
41	02 CT SCAN						
41	03 TDOC RADIOLOGY						
41	04 CDI RADIOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
48	01 BRAIN & SPINE INFUSION CE						
49	RESPIRATORY THERAPY						
49	02 RESPIRATORY THERAPY SURRE						
50	PHYSICAL THERAPY						
50	01 PT/OT/SPEECH THERAPY SURR						
50	02 THERAPY SERVICES BRAIN &						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATH LAB						
53	02 TDOC ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP MEDICINE						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	NUTRITION/DIABETES EDUCAT						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 URGENT CARE CENTERS						
61	02 ADULT DOWN SYNDROME CENTE						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/23/2010
 | 26-0179 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 26-0179 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.497377				191,704
37 01 VASCULAR ACCESS CENTER	.118316				825,371
37 02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.141062				
37 03 PAIN MANAGEMENT CENTER					
37 04 WOMEN'S DIAGNOSTICS/GI SERVICES	.275822				54,493
38 RECOVERY ROOM	.277266				14,856
39 DELIVERY ROOM & LABOR ROOM	.251956				17,135
40 ANESTHESIOLOGY	.083964				15,584
41 RADIOLOGY-DIAGNOSTIC	.193924				127,145
41 01 MRI	.065066				43,122
41 02 CT SCAN	.034559				207,488
41 03 TDOC RADIOLOGY	.060390				100,792
41 04 CDI RADIOLOGY	.262752				91,724
44 LABORATORY	.109260				444,668
48 INTRAVENOUS THERAPY	.463272				35,621
48 01 BRAIN & SPINE INFUSION CENTER	.902645				
49 RESPIRATORY THERAPY	.328733				2,501
49 02 RESPIRATORY THERAPY SURREY	13.687661				
50 PHYSICAL THERAPY	.294811				
50 01 PT/OT/SPEECH THERAPY SURREY	.350506				
50 02 THERAPY SERVICES BRAIN & SPINE CENTE	.453225				
51 OCCUPATIONAL THERAPY	.229180				376
52 SPEECH PATHOLOGY	.245887				
53 ELECTROCARDIOLOGY	.099429				32,769
53 01 CARDIAC CATH LAB	.109091				71,414
53 02 TDOC ELECTROCARDIOLOGY	.074708				54,174
54 ELECTROENCEPHALOGRAPHY	.175081				2,872
54 01 SLEEP MEDICINE	.647917				25,114
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.247192				213,852
55 30 IMPL. DEV. CHARGED TO PATIENT	.316930				123,424
56 DRUGS CHARGED TO PATIENTS	.215295				584,182
57 RENAL DIALYSIS	.400706				
59 NUTRITION/DIABETES EDUCATION	.201074				824
59 97 CARDIAC REHABILITATION	1.141862				8,977
59 98 HYPERBARIC OXYGEN THERAPY	.258652				38,977
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.523534				
61 EMERGENCY	.217733				231,534
61 01 URGENT CARE CENTERS	.372354				126,551
61 02 ADULT DOWN SYNDROME CENTER	34.174125				179
62 OBSERVATION BEDS (NON-DISTINCT PART)	.143221				29,196
101 SUBTOTAL					3,716,619
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,716,619

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
26-0179		

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
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,440
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 794.23
- 85 OBSERVATION BED COST 1,143,691

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		53,149,277		1,143,691	
87 NEW CAPITAL-RELATED COST	6,018,696	53,149,277	.113241	1,143,691	129,513
88 NON PHYSICIAN ANESTHETIST		53,149,277		1,143,691	
89 MEDICAL EDUCATION		53,149,277		1,143,691	
89.01 MEDICAL EDUCATION - ALLIED HEA	150,980	53,149,277	.002841	1,143,691	3,249
89.02 MEDICAL EDUCATION - ALL OTHER		53,149,277		1,143,691	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART I
26-5414		

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,091
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,091
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,091
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,490
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,777,575
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,777,575

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,297,290
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,297,290
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.644361
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	190.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,777,575

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
26-5414		

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,777,575
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		312.43
68	PROGRAM ROUTINE SERVICE COST		3,277,391
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,277,391
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		162,737
72	PER DIEM CAPITAL-RELATED COSTS		13.46
73	PROGRAM CAPITAL-RELATED COSTS		141,195
74	INPATIENT ROUTINE SERVICE COST		3,136,196
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,136,196
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,277,391
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,284,852
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,562,243

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	66,919
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	66,919
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,487
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,432
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	789
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	6,071
16	NURSERY DAYS (TITLE V OR XIX ONLY)	63

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	52,795,167
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	52,795,167

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	53,171,888
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	17,962,380
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	35,209,508
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.992915
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	798.79
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	792.44
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	6.35
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	6.31
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	141,893
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	52,653,274

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
26-0179		

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,440
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	788.94
85	OBSERVATION BED COST	1,136,074

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SNF OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,091
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,091
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	12,091
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,777,575
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,777,575

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,297,290
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,297,290
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.644361
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	190.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,777,575

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2010	PART III
26-5414		

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SNF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,777,575
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		312.43
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		162,737
72	PER DIEM CAPITAL-RELATED COSTS		13.46
73	PROGRAM CAPITAL-RELATED COSTS		
74	INPATIENT ROUTINE SERVICE COST		
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179
 COMPONENT NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		27,467,330	
26	INTENSIVE CARE UNIT		4,873,450	
27	CORONARY CARE UNIT		3,534,000	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.532628	14,169,937	7,547,305
37	01 VASCULAR ACCESS CENTER	.127227		
37	02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.163591	18,467	3,021
37	03 PAIN MANAGEMENT CENTER			
37	04 WOMEN'S DIAGNOSTICS/GI SERVICES	.298330	1,098,745	327,789
38	RECOVERY ROOM	.295702	1,172,174	346,614
39	DELIVERY ROOM & LABOR ROOM	.268847	63,993	17,204
40	ANESTHESIOLOGY	.094393	1,176,648	111,067
41	RADIOLOGY-DIAGNOSTIC	.207030	8,464,543	1,752,414
41	01 MRI	.069589	2,525,375	175,738
41	02 CT SCAN	.036851	10,404,470	383,415
41	03 TDOC RADIOLOGY	.064471	129,942	8,377
41	04 CDI RADIOLOGY	.282055	27,471	7,748
44	LABORATORY	.116896	36,527,902	4,269,966
48	INTRAVENOUS THERAPY	.492635	1,100,951	542,367
48	01 BRAIN & SPINE INFUSION CENTER	1.060442		
49	RESPIRATORY THERAPY	.349523	5,917,844	2,068,423
49	02 RESPIRATORY THERAPY SURREY	14.588689		
50	PHYSICAL THERAPY	.314883	3,027,182	953,208
50	01 PT/OT/SPEECH THERAPY SURREY	.372539	623	232
50	02 THERAPY SERVICES BRAIN & SPINE CENTE	.483430	207	100
51	OCCUPATIONAL THERAPY	.243445	1,556,680	378,966
52	SPEECH PATHOLOGY	.261304	586,227	153,183
53	ELECTROCARDIOLOGY	.106004	9,448,680	1,001,598
53	01 CARDIAC CATH LAB	.116412	6,525,845	759,687
53	02 TDOC ELECTOCARDIOLOGY	.079831	102,245	8,162
54	ELECTROENCEPHALOGRAPHY	.187446	482,774	90,494
54	01 SLEEP MEDICINE	.694210		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262748	19,928,865	5,236,269
55	30 IMPL. DEV. CHARGED TO PATIENT	.336577	11,123,193	3,743,811
56	DRUGS CHARGED TO PATIENTS	.228741	26,534,365	6,069,497
57	RENAL DIALYSIS	.427376	1,474,581	630,201
59	NUTRITION/DIABETES EDUCATION	.214970	1,332,629	286,475
59	97 CARDIAC REHABILITATION	1.220911	12,129	14,808
59	98 HYPERBARIC OXYGEN THERAPY	.276210	118,136	32,630
60	OUTPAT SERVICE COST CNTRS CLINIC	.556255		
61	EMERGENCY	.235146	7,197,759	1,692,524
61	01 URGENT CARE CENTERS	.403794	16,261	6,566
61	02 ADULT DOWN SYNDROME CENTER	36.411965		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.152811	63,072	9,638
101	TOTAL		172,329,915	38,629,497
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		172,329,915	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179
 COMPONENT NO: 26-5414
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.529565		
37	01 VASCULAR ACCESS CENTER	.127227		
37	02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.150389		
37	03 PAIN MANAGEMENT CENTER			
37	04 WOMEN'S DIAGNOSTICS/GI SERVICES	.294528		
38	RECOVERY ROOM	.295702		
39	DELIVERY ROOM & LABOR ROOM	.268847		
40	ANESTHESIOLOGY	.089292		
41	RADIOLOGY-DIAGNOSTIC	.207030	46,162	9,557
41	01 MRI	.069589		
41	02 CT SCAN	.036851	4,291	158
41	03 TDOC RADIOLOGY	.064471	144	9
41	04 CDI RADIOLOGY	.282055		
44	LABORATORY	.116321	346,643	40,322
48	INTRAVENOUS THERAPY	.492635		
48	01 BRAIN & SPINE INFUSION CENTER	.961748		
49	RESPIRATORY THERAPY	.349523		
49	02 RESPIRATORY THERAPY SURREY	14.588689		
50	PHYSICAL THERAPY	.314883	646	203
50	01 PT/OT/SPEECH THERAPY SURREY	.372539	2,778,400	1,035,062
50	02 THERAPY SERVICES BRAIN & SPINE CENTE	.483430		
51	OCCUPATIONAL THERAPY	.243445		
52	SPEECH PATHOLOGY	.261304	11,791	3,081
53	ELECTROCARDIOLOGY	.106004	7,502	795
53	01 CARDIAC CATH LAB	.116412		
53	02 TDOC ELECTOCARDIOLOGY	.079831	474	38
54	ELECTROENCEPHALOGRAPHY	.187446		
54	01 SLEEP MEDICINE	.692206		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262748	150,764	39,613
55	30 IMPL. DEV. CHARGED TO PATIENT	.336577		
56	DRUGS CHARGED TO PATIENTS	.228741	657,003	150,284
57	RENAL DIALYSIS	.427376		
59	NUTRITION/DIABETES EDUCATION	.214970	6,080	1,307
59	97 CARDIAC REHABILITATION	1.220911	71	87
59	98 HYPERBARIC OXYGEN THERAPY	.276210	15,578	4,303
60	OUTPAT SERVICE COST CNTRS CLINIC	.556255		
61	EMERGENCY	.231846		
61	01 URGENT CARE CENTERS	.398020	84	33
61	02 ADULT DOWN SYNDROME CENTER	36.411965		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.152811		
101	TOTAL		4,025,633	1,284,852
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,025,633	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0179
 COMPONENT NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		699,940	
26	INTENSIVE CARE UNIT		159,842	
27	CORONARY CARE UNIT		40,762	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.529565	170,326	90,199
37	01 VASCULAR ACCESS CENTER	.127227		
37	02 PAIN MANAGEMENT - BRAIN & SPINE CENT	.150389		
37	03 PAIN MANAGEMENT CENTER			
37	04 WOMEN'S DIAGNOSTICS/GI SERVICES	.294528	34,526	10,169
38	RECOVERY ROOM	.295702	16,459	4,867
39	DELIVERY ROOM & LABOR ROOM	.268847	11,486	3,088
40	ANESTHESIOLOGY	.089292	19,176	1,712
41	RADIOLOGY-DIAGNOSTIC	.207030	174,961	36,222
41	01 MRI	.069589	95,958	6,678
41	02 CT SCAN	.036851	280,308	10,330
41	03 TDOC RADIOLOGY	.064471		
41	04 CDI RADIOLOGY	.282055		
44	LABORATORY	.116321	863,020	100,387
48	INTRAVENOUS THERAPY	.492635	21,717	10,699
48	01 BRAIN & SPINE INFUSION CENTER	.961748		
49	RESPIRATORY THERAPY	.349523	123,131	43,037
49	02 RESPIRATORY THERAPY SURREY	14.588689		
50	PHYSICAL THERAPY	.314883	31,866	10,034
50	01 PT/OT/SPEECH THERAPY SURREY	.372539		
50	02 THERAPY SERVICES BRAIN & SPINE CENTE	.483430		
51	OCCUPATIONAL THERAPY	.243445	26,521	6,456
52	SPEECH PATHOLOGY	.261304	6,534	1,707
53	ELECTROCARDIOLOGY	.106004	164,995	17,490
53	01 CARDIAC CATH LAB	.116412	123,578	14,386
53	02 TDOC ELECTROCARDIOLOGY	.079831		
54	ELECTROENCEPHALOGRAPHY	.187446	6,731	1,262
54	01 SLEEP MEDICINE	.692206	8,977	6,214
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.262748	369,351	97,046
55	30 IMPL. DEV. CHARGED TO PATIENT	.336577	80,667	27,151
56	DRUGS CHARGED TO PATIENTS	.228741	775,062	177,288
57	RENAL DIALYSIS	.427376	22,742	9,719
59	NUTRITION/DIABETES EDUCATION	.214970	30,405	6,536
59	97 CARDIAC REHABILITATION	1.220911	2,888	3,526
59	98 HYPERBARIC OXYGEN THERAPY	.276210	536	148
60	OUTPAT SERVICE COST CNTRS CLINIC	.556255		
61	EMERGENCY	.231846	203,517	47,185
61	01 URGENT CARE CENTERS	.398020		
61	02 ADULT DOWN SYNDROME CENTER	36.411965		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.152811	1,210	185
101	TOTAL		3,666,648	743,721
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,666,648	

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 26-0179
 PREPARED 11/23/2010
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	13,037,282	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14,133,768	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	29,933,387	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	3,374,106	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,393,127	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	7,146,907	
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)	3,059,408	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	402.23	
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.	40.04	
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
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	37.71	E-3 PT 6 LN 15 PLUS LN 3.06
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	36.26	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	36.26	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	36.87	
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	37.71	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	.17	37.12
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.092286	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.093199	
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)	.092286	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	806,390	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	861,202	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	1,821,977	
	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).	3,489,569	3,489,569
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 26-0179
 PREPARED 11/23/2010
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	63,653,414	
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)	63,653,414	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	5,216,008	
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)	1,778,002	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	108,660	
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	88,226	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	101,627	
16 TOTAL	70,945,937	
17 PRIMARY PAYER PAYMENTS	6,017	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	70,939,920	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,791,493	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	316,189	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	603,607	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	422,525	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	406,226	
22 SUBTOTAL	65,254,763	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	65,254,763	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	65,404,800	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-150,037	
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 AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	13,469
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	25,862,418
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	29,818,367
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	34,132
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	13,469
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	55,454
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	55,454
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)	55,454
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	41,985
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	13,469
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	29,852,499
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,820
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,935,397
19	SUBTOTAL (SEE INSTRUCTIONS)	22,927,751
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	603,725
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	23,531,476
24	PRIMARY PAYER PAYMENTS	674
25	SUBTOTAL	23,530,802
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	254,892
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	178,424
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	47,316
28	SUBTOTAL	23,709,226
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)	-6
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	23,709,232
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	23,636,739
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	72,493
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 AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179
 COMPONENT NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER					
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.					
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	1/28/2010	29,800	1/28/2010		51,600
	ADJUSTMENTS TO PROVIDER .02					
	ADJUSTMENTS TO PROVIDER .03					
	ADJUSTMENTS TO PROVIDER .04					
	ADJUSTMENTS TO PROVIDER .05					
	ADJUSTMENTS TO PROGRAM .50					
	ADJUSTMENTS TO PROGRAM .51					
	ADJUSTMENTS TO PROGRAM .52					
	ADJUSTMENTS TO PROGRAM .53					
	ADJUSTMENTS TO PROGRAM .54					
	SUBTOTAL .99		29,800			51,600
4	TOTAL INTERIM PAYMENTS		65,404,800			23,636,739
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER .01					
	TENTATIVE TO PROVIDER .02					
	TENTATIVE TO PROVIDER .03					
	TENTATIVE TO PROGRAM .50					
	TENTATIVE TO PROGRAM .51					
	TENTATIVE TO PROGRAM .52					
	SUBTOTAL .99		NONE			NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)					
	SETTLEMENT TO PROVIDER .01					72,493
	SETTLEMENT TO PROGRAM .02		150,037			
7	TOTAL MEDICARE PROGRAM LIABILITY		65,254,763			23,709,232

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0179
 COMPONENT NO: 26-5414
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET E-1

TITLE XVIII SNF

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		3,594,763		
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 PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,594,763		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		7,790		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,602,553		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
26-5414		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
26-5414		

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	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		1,583,769	
2	MEDICAL AND OTHER SERVICES		726,545	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		2,310,314	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,310,314	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		900,544	
11	ANCILLARY SERVICE CHARGES		7,383,267	
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		8,283,811	
	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)		8,283,811	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		5,973,497	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,310,314	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		2,310,314	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		2,310,314	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,310,314	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		2,310,314	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		2,310,314	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		45,023	
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,355,337	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		2,355,337	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	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

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 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		39.33
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)	37.52	37.52
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		36.81
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		36.81
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.		35.82
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.		35.82
3.10	SEE INSTRUCTIONS		35.82
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.		96,359.24
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)		36.44
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		36.87
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		.17
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		101,761.60
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,719,386
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,719,386

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		38,944
5	TOTAL INPATIENT DAYS		72,700
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.535681
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,992,404	1,992,404
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		8,862
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		72,700
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.		389,323
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		1,769,931

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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)	76,310,462
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	6,017
16	TOTAL PART A REASONABLE COST	76,304,445

PART B REASONABLE COST

17	REASONABLE COST	25,910,019
18	PRIMARY PAYER PAYMENTS	674
19	TOTAL PART B REASONABLE COST	25,909,345
20	TOTAL REASONABLE COST	102,213,790
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.746518
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.253482

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)	2,381,727
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,778,002
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	603,725

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		39.33
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)	37.52	37.52
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		36.81
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		36.81
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.		35.82
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.		35.82
3.10	SEE INSTRUCTIONS		35.82
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)		36.44
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		36.87
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		.17
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		101,761.60
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,719,386
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,719,386

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		880
5	TOTAL INPATIENT DAYS		72,700
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.012105
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	45,023	45,023
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		72,700
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)	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

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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

45,023

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	39.33	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	92,808.72	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	37.71
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	40.04
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	37.71

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	39.33	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	37.52	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	37.71
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	37.71

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20,683,746			
2	TEMPORARY INVESTMENTS	133,105,525			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	85,926,236			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-44,547,196			
7	INVENTORY	5,653,629			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	8,367,663			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	209,189,603			
FIXED ASSETS					
12	LAND	15,085,984			
12.01	LAND IMPROVEMENTS	10,242,770			
13	LESS ACCUMULATED DEPRECIATION	-4,266,011			
13.01	BUILDINGS	254,736,448			
14	LESS ACCUMULATED DEPRECIATION	-128,715,777			
14.01	LEASEHOLD IMPROVEMENTS	6,357,026			
15	LESS ACCUMULATED DEPRECIATION	-2,583,544			
15.01	FIXED EQUIPMENT	620,195			
16	LESS ACCUMULATED DEPRECIATION	-555,547			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	169,262,323			
18	LESS ACCUMULATED DEPRECIATION	-125,059,664			
18.01	MINOR EQUIPMENT DEPRECIABLE	402,590			
19	LESS ACCUMULATED DEPRECIATION	-402,590			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	195,124,203			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	58,489,141	5,696,544	3,141,369	29,240
26	TOTAL OTHER ASSETS	58,489,141	5,696,544	3,141,369	29,240
27	TOTAL ASSETS	462,802,947	5,696,544	3,141,369	29,240

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,131,729			
29 SALARIES, WAGES & FEES PAYABLE	20,495,853			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,100,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	9,436,769			
36 TOTAL CURRENT LIABILITIES	41,164,351			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	109,816,423			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	44,838,827			
42 TOTAL LONG-TERM LIABILITIES	154,655,250			
43 TOTAL LIABILITIES	195,819,601			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	266,983,346			
45 SPECIFIC PURPOSE FUND		5,696,544		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			3,141,369	
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				29,240
51 TOTAL FUND BALANCES	266,983,346	5,696,544	3,141,369	29,240
52 TOTAL LIABILITIES AND FUND BALANCES	462,802,947	5,696,544	3,141,369	29,240

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		249,803,227		6,775,641
2	NET INCOME (LOSS)		18,059,533		
3	TOTAL		267,862,760		6,775,641
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	1,737,896		2,459,785	
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,737,896		2,459,785
11	SUBTOTAL		269,600,656		9,235,426
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	2,617,289		3,538,882	
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,617,289		3,538,882
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		266,983,367		5,696,544

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		2,702,625		29,240
2	NET INCOME (LOSS)				
3	TOTAL		2,702,625		29,240
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	438,744			
6					
7					
8					
9					
10	TOTAL ADDITIONS		438,744		
11	SUBTOTAL		3,141,369		29,240
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		3,141,369		29,240

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	63,594,359		63,594,359
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,297,290		2,297,290
8 00 OTHER LONG TERM CARE	6,125,949		6,125,949
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	72,017,598		72,017,598
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,835,006		9,835,006
11 00 CORONARY CARE UNIT	8,061,873		8,061,873
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,896,879		17,896,879
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	89,914,477		89,914,477
17 00 ANCILLARY SERVICES	329,677,545	501,359,246	831,036,791
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		2,466,143	2,466,143
24 00 MEDICAL GROUP		90,491,255	90,491,255
24 01 NON-REIMBURSABLE/PRO FEES		24,465,406	24,465,406
25 00 TOTAL PATIENT REVENUES	419,592,022	618,782,050	1038,374,072

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		321,780,256	
ADD (SPECIFY)			
27 00 BAD DEBTS	2,987,797		
28 00 MEDICAL GROUP EXPENSE	56,142,682		
29 00 FRA EXPENSE	17,236,584		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		76,367,063	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		398,147,319	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	1038,374,072
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	644,713,381
3	NET PATIENT REVENUES	393,660,691
4	LESS: TOTAL OPERATING EXPENSES	398,147,319
5	NET INCOME FROM SERVICE TO PATIENTS	-4,486,628
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2,747,091
7	INCOME FROM INVESTMENTS	2,047,223
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	959
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,757,718
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	718
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	534
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	496,385
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	7,099,026
23	GOVERNMENTAL APPROPRIATIONS	
24	PHYSICIAN MEALS	7,072
24.01	INTENSIVISTS INCOME	
24.02	JOINT VENTURE REVENUE	1,360,777
24.03	OTHER OPERATING	751,942
24.04	RETAIL PHARMACY	3,908,109
24.05	MEDICAL GROUP OTHER INCOME	5,065,444
24.06	ASSETS RELEASED FROM RESTRICTIONS	950,384
24.07	GAIN ON SALE OF ASSETS, NET	217,775
25	TOTAL OTHER INCOME	26,411,157
26	TOTAL	21,924,529
	OTHER EXPENSES	
27	SHARED EXPENSES	3,864,996
28		
29		
30	TOTAL OTHER EXPENSES	3,864,996
31	NET INCOME (OR LOSS) FOR THE PERIOD	18,059,533

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	453,319	108,797	5,986		368,714	936,816
HHA REIMBURSABLE SERVICES						
6	555,848	136,024	30,116			721,988
7	309,343	74,242	25,599			409,184
8	77,600	18,624	9,538			105,762
9	9,035	2,168	1,972			13,175
10	7,172	1,721	1,296			10,189
11	15,861	3,807	4,358			24,026
12					27,636	27,636
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	30	7				37
23.50						
24	1,428,208	345,390	78,865		396,350	2,248,813

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-161,023	775,793	-15,238	760,555
HHA REIMBURSABLE SERVICES				
6	-136,024	585,964		585,964
7	-74,242	334,942		334,942
8	-18,624	87,138		87,138
9	-2,168	11,007		11,007
10	-1,721	8,468		8,468
11	-3,807	20,219		20,219
12		27,636		27,636
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23	-7	30		30
23.50				
24	-397,616	1,851,197	-15,238	1,835,959

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		760,555				760,555	760,555
HHA REIMBURSABLE SERVICES							
6		585,964				585,964	414,411
7		334,942				334,942	236,880
8		87,138				87,138	61,626
9		11,007				11,007	7,784
10		8,468				8,468	5,989
11		20,219				20,219	14,299
12		27,636				27,636	19,545
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23		30				30	21
23.50							
24							
		1,835,959				1,835,959	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		1,000,375					
6		571,822					
7		148,764					
8		18,791					
9		14,457					
10		34,518					
11		47,181					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23		51					
23.50							
24							
		1,835,959					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)	5
	1	2	3	4			
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX	1,293					
2	CAP-REL COST-MOV EQUIP		1,293				
3	PLANT OPER & MAINT			1,293			
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	804	804	804		-760,555	1,075,404
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	312	312	312			585,964
7	PHYSICAL THERAPY	128	128	128			334,942
8	OCCUPATIONAL THERAPY	26	26	26			87,138
9	SPEECH PATHOLOGY	3	3	3			11,007
10	MEDICAL SOCIAL SERVICES	3	3	3			8,468
11	HOME HEALTH AIDE	17	17	17			20,219
12	SUPPLIES						27,636
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						30
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,293	1,293	1,293		-760,555	1,075,404
25	COST TO BE ALLOCATED						760,555
26	UNIT COST MULTIPLIER						.707227

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MVBLE 4.01	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01
1 ADMIN & GENERAL		11,146	16,480		98,419	2,038
2 SKILLED NURSING CARE	1,000,375	4,326	6,395		136,394	2,446
3 PHYSICAL THERAPY	571,822	1,775	2,624		75,906	1,223
4 OCCUPATIONAL THERAPY	148,764	360	533		19,041	408
5 SPEECH PATHOLOGY	18,791	42	61		2,217	
6 MEDICAL SOCIAL SERVICES	14,457	42	61		1,760	
7 HOME HEALTH AIDE	34,518	236	348		3,892	
8 SUPPLIES	47,181					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	51				7	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,835,959	17,927	26,502		337,636	6,115
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 6A.01	OTHER ADMIN STRATIVE AND 6.02	NONPATIENT TELEPHONES SU 6.03	ADMINITTING 6.04	ADMINISTRATIVE AND GENER 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	128,083					128,083
2 SKILLED NURSING CARE	1,149,936					1,149,936
3 PHYSICAL THERAPY	653,350					653,350
4 OCCUPATIONAL THERAPY	169,106					169,106
5 SPEECH PATHOLOGY	21,111					21,111
6 MEDICAL SOCIAL SERVICES	16,320					16,320
7 HOME HEALTH AIDE	38,994					38,994
8 SUPPLIES	47,181					47,181
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	58					58
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,224,139					2,224,139
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS SU	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE
	6.06	7	7.01	7.02	9	9.01
1 ADMIN & GENERAL	18,144	24,946	2,348			
2 SKILLED NURSING CARE	162,899	9,681				
3 PHYSICAL THERAPY	92,554	3,972				
4 OCCUPATIONAL THERAPY	23,956	807				
5 SPEECH PATHOLOGY	2,991	93				
6 MEDICAL SOCIAL SERVICES	2,312	93				
7 HOME HEALTH AIDE	5,524	527	644			
8 SUPPLIES	6,684					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	8					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	315,072	40,119	2,992			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	HOUSEKEEPING	HOUSEKEEPING SURREY	DIETARY	DIETARY SURREY	CAFETERIA	CAFETERIA SURREY
	10	10.01	11	11.01	12	12.01
1 ADMIN & GENERAL	7,906					
2 SKILLED NURSING CARE	3,068					
3 PHYSICAL THERAPY	1,259					
4 OCCUPATIONAL THERAPY	256					
5 SPEECH PATHOLOGY	29					
6 MEDICAL SOCIAL SERVICES	29					
7 HOME HEALTH AIDE	167					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	12,714					
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION	NURSING ADMINISTRATION S	CENTRAL SERVICES & SUPPL	MEDICAL RECORDS & LIBRAR	MEDICAL RECORDS & LIBRAR	SOCIAL SERVICE
	14	14.01	15	17	17.01	18
1 ADMIN & GENERAL			3,568			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			4,198			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			7,766			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SOCIAL SERVICE SURREY	NONPHYSICIAN ANESTHETIST	I&R SERVICES -SALARY & FR	I&R SERVICES -OTHER PRGM	PARAMED P RGM	CLINICAL PAS TORAL EDUCAT
	18.01	20	22	23	24	24.01
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	PHARMACY EDUCATION	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	24.02	25	26	27	28	29
1 ADMIN & GENERAL		184,995		184,995		
2 SKILLED NURSING CARE		1,325,584		1,325,584	101,426	1,427,010
3 PHYSICAL THERAPY		751,135		751,135	57,472	808,607
4 OCCUPATIONAL THERAPY		194,125		194,125	14,853	208,978
5 SPEECH PATHOLOGY		24,224		24,224	1,853	26,077
6 MEDICAL SOCIAL SERVICES		18,754		18,754	1,435	20,189
7 HOME HEALTH AIDE		50,054		50,054	3,830	53,884
8 SUPPLIES		53,865		53,865	4,121	57,986
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER		66		66	5	71
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		2,602,802		2,602,802	184,995	2,602,802
21 UNIT COST MULTIPLIER					0.076514	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	RECONCILIATION
	3	4	4.01	5	6.01	6A.02
1 ADMIN & GENERAL	804	804		401,093	5	
2 SKILLED NURSING CARE	312	312		555,848	6	
3 PHYSICAL THERAPY	128	128		309,343	3	
4 OCCUPATIONAL THERAPY	26	26		77,600	1	
5 SPEECH PATHOLOGY	3	3		9,035		
6 MEDICAL SOCIAL SERVICES	3	3		7,172		
7 HOME HEALTH AIDE	17	17		15,861		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER				30		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,293	1,293		1,375,982	15	
21 COST TO BE ALLOCATED	17,927	26,502		337,636	6,115	
22 UNIT COST MULTIPLIER	13.864656	20.496520		0.245378	407.666667	

HHA COST CENTER	OTHER ADMINISTRATIVE AND ACCUM. COST)	NONPATIENT TELEPHONES SU (# OF PHONES)	ADMINISTRATIVE (GROSS CHARGES)	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST)
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL	128,083					128,083
2 SKILLED NURSING CARE	1,149,936					1,149,936
3 PHYSICAL THERAPY	653,350					653,350
4 OCCUPATIONAL THERAPY	169,106					169,106
5 SPEECH PATHOLOGY	21,111					21,111
6 MEDICAL SOCIAL SERVICES	16,320					16,320
7 HOME HEALTH AIDE	38,994					38,994
8 SUPPLIES	47,181					47,181
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	58					58
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	2,224,139					2,224,139
21 COST TO BE ALLOCATED						315,072
22 UNIT COST MULTIPLIER						0.141660

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQ. FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS SU (SQ. FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LI NEN SERVICE (TOTAL DAYS)	HOUSEKEEPING (SQ. FEET)
	7	7.01	7.02	9	9.01	10
1 ADMIN & GENERAL	804					804
2 SKILLED NURSING CARE	312	100,818				312
3 PHYSICAL THERAPY	128					128
4 OCCUPATIONAL THERAPY	26					26
5 SPEECH PATHOLOGY	3					3
6 MEDICAL SOCIAL SERVICES	3					3
7 HOME HEALTH AIDE	17	27,636				17
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,293	128,454				1,293
21 COST TO BE ALLOCATED	40,119	2,992				12,714
22 UNIT COST MULTIPLIER	31.027842	0.023292				9.832947

HHA COST CENTER	HOUSEKEEPING SURREY (SQ. FEET)	DIETARY (MEALS SERVED)	DIETARY SURREY (MEALS SERVED)	CAFETERIA (FULL TIME EMPLOYEES)	CAFETERIA SURREY (FULL TIME EMPLOYEES)	NURSING ADMINISTRATION (NURSING FTES)
	10.01	11	11.01	12	12.01	14
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION S (TOTAL DAYS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUI S.)	MEDICAL RECORDS & LIBRAR (GROSS CHARGES)	MEDICAL RECORDS & LIBRAR (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE SURREY (TOTAL DAYS)
	14.01	15	17	17.01	18	18.01
1 ADMIN & GENERAL		23,487				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		27,636				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		51,123				
21 COST TO BE ALLOCATED		7,766				
22 UNIT COST MULTIPLIER		0.151908				

HHA COST CENTER	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	I&R SERVICES -SALARY & FR (ASSIGNED TIME)	I&R SERVICES -OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PAS TORAL EDUCAT (ASSIGNED TIME)	PHARMACY EDUCATION (ASSIGNED TIME)
	20	22	23	24	24.01	24.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

PROVIDER NO: 26-0179
 HHA NO: 26-7561
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,427,010	2	1,427,010	5,965	239.23	2,550
2 PHYSICAL THERAPY	3	808,607		808,607	5,817	139.01	2,508
3 OCCUPATIONAL THERAPY	4	208,978		208,978	1,584	131.93	735
4 SPEECH PATHOLOGY	5	26,077		26,077	137	190.34	61
5 MEDICAL SOCIAL SERVICES	6	20,189		20,189	112	180.26	49
6 HOME HEALTH AIDE SERVICE	7	53,884		53,884	458	117.65	208
7 TOTAL		2,544,745		2,544,745	14,073		6,111

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	1,070		610,037	255,976	866,013
2 PHYSICAL THERAPY	861		348,637	119,688	468,325
3 OCCUPATIONAL THERAPY	229		96,969	30,212	127,181
4 SPEECH PATHOLOGY	24		11,611	4,568	16,179
5 MEDICAL SOCIAL SERVICES	30		8,833	5,408	14,241
6 HOME HEALTH AIDE SERVICES	134		24,471	15,765	40,236
7 TOTAL	2,348		1,100,558	431,617	1,532,175

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

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

PROVIDER NO: 26-0179
 HHA NO: 26-7561
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/23/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	57,986		57,986	34,742	1.669046	23,288
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		11,454	38,869	19,117
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.314883			COL 2, LN 2
1.01 PT/OT/SPEECH THERAPY SURREY	50.01	.372539			
1.02 THERAPY SERVICES BRAIN & SPINE CENT	50.02	.483430			
2 OCCUPATIONAL THERAPY	51	.243445			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.261304			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.262748			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.336577			
5 DRUGS CHARGED TO PATIENTS	56	.228741			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROGRAM VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998 3	1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	139.01	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	131.93					
3 SPEECH PATHOLOGY	4	190.34					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	1,072,222	408,808	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	1,072,222	408,808	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1,072,222	408,808	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,056,538	377,618
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		7,282
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	24,591	9,155
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	15,540	5,930
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		3,923
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		130
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,096,669	404,038
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,096,669	404,038
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,096,669	404,038
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,096,669	404,038
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,096,669	404,038
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,096,669	404,038
25 INTERIM PAYMENTS	1,096,670	404,037
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM	-1	1
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	PERIOD:	PREPARED
26-0179	FROM 7/ 1/2009	11/23/2010
HHA NO:	TO 6/30/2010	WORKSHEET H-8
26-7561		

TITLE XVIII

HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,096,670		404,037
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 PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,096,670		404,037
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1		1
7 TOTAL MEDICARE PROGRAM LIABILITY		1,096,669		404,038

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 SATELLITE NO:
 PREPARED 11/23/2010
 WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	321,797	HOURS OF SERVICE	8,477.00	4.08
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	321,797			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	4,674	PERCENTAGE OF TIME		
14 SUPPLIES	51,986	REQUISITIONS		
15 DRUGS	14,981	REQUISITIONS		
16 OTHER	4,530	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	397,968			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	23,278	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	34,414	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	78,962	SALARY		
23 ADMINISTRATIVE AND GENERAL	81,073	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	69,843	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	5,472	REQUISITIONS		
27 PHARMACY	-14,371	REQUISITIONS		
28 OTHER ALLOCATED COST	79,787	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	756,426			
30 LABORATORY (SEE INSTRUCTIONS)	675	CHARGES	5,801	
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	757,101			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 SATELLITE NO: PREPARED 11/23/2010
 WORKSHEET 1-2

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	93,121	39,088	321,797		78,962
2	HEMODIALYSIS	16,029	6,645	55,499		13,614
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	77,092	32,443	266,298		65,348
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	93,121	39,088	321,797		78,962
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	610	57,458	675	591,711	165,390
2	HEMODIALYSIS	105	9,907	675	102,474	28,643
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS	505	47,551		489,237	136,747
14	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	14,371				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	610	57,458	675	591,711	165,390
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	757,101
2	HEMODIALYSIS	131,117
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS	625,984
14	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	757,101
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	757,101

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 SATELLITE NO:
 PREPARED 11/23/2010
 WORKSHEET 1-3

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		1	2	3	4	5
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	93,121	39,088	321,797		78,962
2	HEMODIALYSIS	289	17.00	1,462.00		55,482
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	155	1,390	83.00	7,015.00	266,315
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	1,679	100.00	8,477.00		321,797
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	55.462180	390.880000	37.961189		.245378

COMPOSITE PAYMENT SERVICES		6	7	8	9	10
		(REQUI ST.)	(REQUI ST.)	(CHARGES)	(SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	610	57,458	675	591,711	165,390
2	HEMODIALYSIS	105	6,211	5,801		
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	155	505	29,812		
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	610	36,023	5,801		591,711
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1.000000	1.595037	.116359		.279511

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 26-0179
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 SATELLITE NO: PREPARED 11/23/2010
 WORKSHEET 1-4
 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	155	131,117	845.92	122	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	155	131,117		122	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	103,202	158.46	6.01	19,332	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	103,202			19,332	

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/ 1/2009	
SATELLITE NO:	TO 6/30/2010	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	103,202
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	19,332
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	383,462
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	383,462
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	15,466
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PROVIDER NO:	PERIOD:	PREPARED 11/23/2010
26-0179	FROM 7/1/2009	WORKSHEET L
COMPONENT NO:	TO 6/30/2010	PARTS I-IV
26-0179		

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,664,907
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	253,480
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	199.18
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	37.12
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.40
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	251,905
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	1.74
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	3.06
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	4.80
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.98
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	45,716
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,216,008
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)	