

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0180	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 9:33

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: CHRISTIAN HOSPITAL NORTHEAST 26-0180 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

*John Katsimiris*  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
*VP & CFO*  
TITLE  
*May 26, 2011*  
DATE

-----  
ECR ENCRYPTION INFORMATION  
DATE: 5/25/2011 TIME 9:33  
-----

7UV7S61WR:8xVFXXnGKQAZjDB.OF.0  
XFQ0P0HCdkosBKN2p4wt3:mUMeHgJA  
AJ5q1ugLRe0YLzH  
-----

PI ENCRYPTION INFORMATION  
DATE: 5/25/2011 TIME 9:33  
-----

A3IaSY3burChrP3DoboxT7oVgyIYH0  
VBVAA0A1YOcsLs:xvXDerPa4q:8AZr  
3Zph9qnG.w0SuAEe  
-----

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A 2	B 3		4	
1	HOSPITAL	0	699,621		6,648	0
2	SUBPROVIDER	0	6,844		0	0
2 .01	SUBPROVIDER II	0	784		0	0
100	TOTAL	0	707,249		6,648	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 11133 DUNN ROAD P.O. BOX:  
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63136- COUNTY: ST. LOUIS COUNTY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	26-0180		9/27/1975	N	P	P
03.00	SUBPROVIDER	26-T180		12/ 8/1983	N	P	O
03.01	SUBPROVIDER 2	26-S180		1/ 1/2003	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	5
20.01	SUBPROVIDER II	4

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4

ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING % Y/N 0.00% N

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO  
 IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO  
 YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR  
 NO IN COLUMN 2 N N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME  
 OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 269026

40.01 NAME: BJC HEALTH CARE FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301  
 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:  
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH  
 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL  
 EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN  
 EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 886,523  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND  
 GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS  
 CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH  
 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56.01		N	0.00	N	0
56.02			0.00		0
56.03			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTICAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 4/18/2011

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. Y

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/ 1/2010 I WORKSHEET S-3  
I I TO 12/31/2010 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS
				TITLE V	TITLE XVIII	NOT LTCH N/A	TITLE XIX	
1 ADULTS & PEDIATRICS	369	134,685	2.01	3	30,134	4.01	5	9,875
2 HMO					6,549			992
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	369	134,685			30,134			9,875
6 INTENSIVE CARE UNIT	26	9,490			2,368			823
7 CORONARY CARE UNIT	27	9,855			3,533			640
12 TOTAL	422	154,030			36,035			11,338
13 RPCH VISITS								
14 SUBPROVIDER	18	6,570			2,837			183
14 01 SUBPROVIDER 2	20	7,300			2,306			634
25 TOTAL	460							
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS-SUB I								
26 02 OBSERVATION BED DAYS-SUB II								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS	INTERNS & RES. FTES		
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED			TOTAL	LESS I&R REPL NON-PHYS ANES	
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			60,560				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			60,560				
6 INTENSIVE CARE UNIT			6,571				
7 CORONARY CARE UNIT			4,828				
12 TOTAL			71,959				
13 RPCH VISITS							
14 SUBPROVIDER			3,887				
14 01 SUBPROVIDER 2			4,286				
25 TOTAL			1,068				
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			783				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	
1 ADULTS & PEDIATRICS	9	10	11	12	13	15
2 HMO					5,919	14,197
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						
6 INTENSIVE CARE UNIT						
7 CORONARY CARE UNIT						
12 TOTAL		1,545.08			5,919	14,197
13 RPCH VISITS						
14 SUBPROVIDER		18.08			187	256
14 01 SUBPROVIDER 2		20.07			254	627
25 TOTAL		1,583.23				
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET S-3  
 I I TO 12/31/2010 I 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
1 SALARIES						
1 TOTAL SALARY	81,161,500		81,161,500	3,124,186.00	25.98	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	31,519		31,519	318.00	99.12	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	341,439		341,439	4,410.00	77.42	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		46,762	46,762	2,432.00	19.23	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	6,955,514	72,652	7,028,166	322,035.00	21.82	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,583,522		4,583,522	78,730.00	58.22	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,176,269		1,176,269	11,154.00	105.46	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	8,829,514		8,829,514	215,209.00	41.03	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	20,700,373		20,700,373			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,970,488		1,970,488			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	95,777		95,777			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	17,302		17,302			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	994,981	16,997	1,011,978	34,286.00	29.52	
22 ADMINISTRATIVE & GENERAL	7,824,265	-115,999	7,708,266	297,423.00	25.92	
22.01 A & G UNDER CONTRACT	55,838		55,838	288.00	193.88	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,221,414	3,379	2,224,793	101,442.00	21.93	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,536,926		1,536,926	145,905.00	10.53	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,732,015		1,732,015	55,430.00	31.25	
31 CENTRAL SERVICE AND SUPPLY	375,907		375,907	23,715.00	15.85	
32 PHARMACY	2,703,270		2,703,270	71,679.00	37.71	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,891,162	14,611	2,905,773	124,140.00	23.41	
34 SOCIAL SERVICE	683,608		683,608	23,805.00	28.72	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	80,875,899	-46,762	80,829,137	3,117,632.00	25.93	
2 EXCLUDED AREA SALARIES	6,955,514	72,652	7,028,166	322,035.00	21.82	
3 SUBTOTAL SALARIES	73,920,385	-119,414	73,800,971	2,795,597.00	26.40	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	14,589,305		14,589,305	305,093.00	47.82	
5 SUBTOTAL WAGE-RELATED COSTS	20,700,373		20,700,373		28.05	
6 TOTAL	109,210,063	-119,414	109,090,649	3,100,690.00	35.18	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	21,019,386	-81,012	20,938,374	878,113.00	23.84	

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	13,747,195
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	13,747,195
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)	.296093
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	89,611,273
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,533,271
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	40,738,164
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	12,062,285
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	26,533,271

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I  
I 26-0180 I  
I II PERIOD: I  
I FROM 1/ 1/2010 I  
I TO 12/31/2010 II PREPARED 5/25/2011 I  
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR				186,141	186,141
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT				5,482	5,482
1.02	0102 OLD CAP REL COSTS-B BLDG				16,292	16,292
1.03	0103 OLD CAP REL COSTS-PFD				161,561	161,561
1.04	0104 OLD CAP REL COSTS-CHIP				318,605	318,605
1.05	0105 OLD CAP REL COSTS-POB I				311,125	311,125
1.06	0106 OLD CAP REL COSTS-GRAHAM MOB				302,253	302,253
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				5,285,699	5,285,699
3.01	0301 NEW CAP REL COSTS-WHSE					
3.02	0302 NEW CAP REL COSTS-B BLDG					
3.03	0303 NEW CAP REL COSTS-PFD				40,380	40,380
3.04	0304 NEW CAP REL COSTS-CHIP				34,509	34,509
3.05	0305 NEW CAP REL COSTS-POB I				106,200	106,200
3.06	0306 NEW CAP REL COSTS-GRAHAM MOB				111,392	111,392
3.07	0307 NEW CAP REL COSTS-NW BUILDING				191,917	191,917
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,949,857	9,949,857
5	0500 EMPLOYEE BENEFITS	994,981	16,575,457	17,570,438	302,752	17,873,190
6.01	0640 ADMITTING	1,224,158	178,726	1,402,884	14,821	1,417,705
6.02	0650 CASHIERING	826,922	1,198,411	2,025,333	98,703	2,124,036
6.03	0660 MENTAL HEALTH ADMINISTRATION	184,740	232,580	417,320	74,327	491,647
6.04	0661 ADMINISTRATIVE & GENERAL	5,588,445	56,212,393	61,800,838	-11,999,890	49,800,948
8	0800 OPERATION OF PLANT	2,205,754	3,627,330	5,833,084	590,137	6,423,221
8.01	0801 OPERATION OF PLANT- POB I	2,143	145	2,288		2,288
8.02	0802 OPERATION OF PLANT NW	13,517	45,358	58,875		58,875
9	0900 LAUNDRY & LINDEN SERVICE		1,107,510	1,107,510	-216	1,107,294
10	1000 HOUSEKEEPING	1,404,594	1,098,400	2,502,994	-5,743	2,497,251
10.01	1001 HOUSEKEEPING-POB I	107,589	48,499	156,088		156,088
10.02	1002 HOUSEKEEPING NW	24,743	21,357	46,100		46,100
11	1100 DIETARY		3,110,243	3,110,243	-23,099	3,087,144
12	1200 CAFETERIA		1,859,982	1,859,982	-17,290	1,842,692
14	1400 NURSING ADMINISTRATION	1,732,015	814,363	2,546,378	-351,733	2,194,645
15	1500 CENTRAL SERVICES & SUPPLY	375,907	1,897,191	2,273,098	-1,749,586	523,512
16	1600 PHARMACY	2,703,270	12,224,360	14,927,630	-10,952,619	3,975,011
17	1700 MEDICAL RECORDS & LIBRARY	2,891,162	1,440,400	4,331,562	15,894	4,347,456
18	1800 SOCIAL SERVICE	683,608	56,997	740,605		740,605
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				64,064	64,064
24	2400 PARAMED ED PRGM				19,013	19,013
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,419,375	6,712,653	24,132,028	-542,429	23,589,599
26	2600 INTENSIVE CARE UNIT	4,293,808	1,461,687	5,755,495	-385,293	5,370,202
27	2700 CORONARY CARE UNIT	2,591,383	890,977	3,482,360	-176,603	3,305,757
31	3100 SUBPROVIDER	905,101	239,689	1,144,790	17,434	1,162,224
31.01	3101 SUBPROVIDER 2	1,047,256	340,174	1,387,430	-5,081	1,382,349
37	3700 ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,608,099	12,824,012	17,432,111	-8,184,302	9,247,809
38	3800 RECOVERY ROOM	553,036	133,675	686,711	-68,627	618,084
40	4000 ANESTHESIOLOGY	73,104	5,594,115	5,667,219	-294,282	5,372,937
41	4100 RADIOLOGY-DIAGNOSTIC	4,079,378	3,534,625	7,614,003	-1,397,771	6,216,232
41.01	4101 C.T. SCAN	515,083	608,616	1,123,699	-325,236	798,463
44	4400 LABORATORY	4,788,620	5,163,916	9,952,536	-849,589	9,102,947
44.01	3340 G.I. LAB	648,204	894,653	1,542,857	-312,719	1,230,138
44.02	3650 VASCULAR LAB	264,967	59,343	324,310	-20,070	304,240
44.03	3420 LABORATORY-PATHOLOGY	183,352	173,129	356,481	26,750	383,231
47	4700 BLOOD STORING, PROCESSING & TRANS.	295,152	2,156,606	2,451,758	553,579	3,005,337
49	4900 RESPIRATORY THERAPY	2,747,592	978,430	3,726,022	-114,576	3,611,446
50	5000 PHYSICAL THERAPY	1,820,988	240,316	2,061,304	-228,463	1,832,841
51	5100 OCCUPATIONAL THERAPY	586,239	48,966	635,205	153,845	789,050
52	5200 SPEECH PATHOLOGY	222,941	35,877	258,818	56,268	315,086
53	5300 ELECTROCARDIOLOGY	1,493,719	6,665,466	8,159,185	-6,237,065	1,922,120
54	5400 ELECTROENCEPHALOGRAPHY	85,971	20,858	106,829	-8,564	98,265
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,237,840	5,237,840
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				11,495,131	11,495,131
56	5600 DRUGS CHARGED TO PATIENTS				10,853,504	10,853,504
57	5700 RENAL DIALYSIS		1,596,294	1,596,294	-31,803	1,564,491
59	3950 SHOCK THERAPY	103,881	24,771	128,652	-2,167	126,485
59.01	3190 PAIN MANAGEMENT & OP CHEMO	547,439	320,755	868,194	-8,774	859,420
59.02	3951 DIABETES CARE CENTER	222,887	555,721	778,608	-11,504	767,104
59.03	3021 OP PSYCH	250,503	484,801	735,304	-14,966	720,338
59.04	3020 CARDIAC REHAB	179,404	32,802	212,206	-12,035	200,171
59.05	3022 SLEEP LAB	55,659	11,535	67,194	-4,331	62,863
59.98	3998 HYPERBARIC OXYGEN THERAPY				218,093	218,093
61	6100 EMERGENCY	4,611,654	4,244,711	8,856,365	-500,550	8,355,815
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500 OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	3,991,234	1,471,287	5,462,521	-396,544	5,065,977
90	9000 SPEC PURPOSE COST CENTERS					
95	9500 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	80,149,577	159,270,162	239,419,739	1,580,048	240,999,787
96	9600 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 VISITOR MEALS					
96.02	9602 NON REIMBURSABLE B BLDG					
96.03	9603 NON REIMB NW BUILDING					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
96.04 9604	NON REIMBURSABLE CHIP					
96.05 9605	NON REIMBURSABLE PFD					
96.06 9606	NON REIMBURSABLE HOSPITAL					
96.07 9607	NON REIMBURSABLE POB I					
96.08 9608	MEALS ON WHEELS					
96.09 9609	CATERING		202,406	202,406	-3,459	198,947
96.10 9610	RETAIL PHARMACY	530,988	4,361,275	4,892,263	-128	4,892,135
96.11 9611	MARKETING	205,159	751,328	956,487	16,162	972,649
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT	216,422	327,292	543,714	9,055	552,769
98 9800	PHYSICIANS' PRIVATE OFFICES		690,528	690,528	-690,528	
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM	59,354	954,005	1,013,359	-911,150	102,209
101	TOTAL	81,161,500	166,556,996	247,718,496	-0-	247,718,496

RECLASSIFICATION AND ADJUSTMENT OF  
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		186,141
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		5,482
1.02	0102 OLD CAP REL COSTS-WHSE		16,292
1.03	0103 OLD CAP REL COSTS-B BLDG		158,340
1.04	0104 OLD CAP REL COSTS-PFD	-3,221	309,368
1.05	0105 OLD CAP REL COSTS-CHIP	-9,237	309,120
1.06	0106 OLD CAP REL COSTS-POB I	-2,005	302,253
2	0200 OLD CAP REL COSTS-GRAHAM MOB		
3	0300 OLD CAP REL COSTS-MVBLE EQUIP		5,279,895
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT	-5,804	
3.02	0302 NEW CAP REL COSTS-WHSE		40,380
3.03	0303 NEW CAP REL COSTS-B BLDG		34,509
3.04	0304 NEW CAP REL COSTS-PFD		106,200
3.05	0305 NEW CAP REL COSTS-POB I		111,392
3.06	0306 NEW CAP REL COSTS-GRAHAM MOB		191,917
3.07	0307 NEW CAP REL COSTS-NW BUILDING		9,939,739
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-10,118	12,490,910
5	0500 EMPLOYEE BENEFITS	-5,382,280	1,417,705
6.01	0640 ADMITTING		2,124,036
6.02	0650 CASHIERING		290,581
6.03	0660 MENTAL HEALTH ADMINISTRATION	-201,066	36,915,334
6.04	0661 ADMINISTRATIVE & GENERAL	-12,885,614	6,351,096
8	0800 OPERATION OF PLANT	-72,125	2,288
8.01	0801 OPERATION OF PLANT- POB I		58,875
8.02	0802 OPERATION OF PLANT NW		1,107,294
9	0900 LAUNDRY & LINEN SERVICE		2,497,251
10	1000 HOUSEKEEPING		156,088
10.01	1001 HOUSEKEEPING-POB I		46,100
10.02	1002 HOUSEKEEPING NW		3,087,144
11	1100 DIETARY		645,547
12	1200 CAFETERIA	-1,197,145	2,194,645
14	1400 NURSING ADMINISTRATION		523,512
15	1500 CENTRAL SERVICES & SUPPLY		3,970,451
16	1600 PHARMACY	-4,560	4,333,326
17	1700 MEDICAL RECORDS & LIBRARY	-14,130	740,605
18	1800 SOCIAL SERVICE		64,064
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		19,013
24	2400 PARAMED ED PRGM		
25	2500 INPAT ROUTINE SRVC CNTRS		21,524,900
26	2600 ADULTS & PEDIATRICS	-2,064,699	5,370,202
27	2700 INTENSIVE CARE UNIT		3,305,757
31	3100 CORONARY CARE UNIT		1,162,224
31.01	3101 SUBPROVIDER		1,382,349
	3101 SUBPROVIDER 2		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-395,766	8,852,043
38	3800 RECOVERY ROOM		618,084
40	4000 ANESTHESIOLOGY	-4,989,672	383,265
41	4100 RADIOLOGY-DIAGNOSTIC	-85,926	6,130,306
41.01	4101 C.T. SCAN		798,463
44	4400 LABORATORY	-457,366	8,645,581
44.01	3340 G.I. LAB	-2,345	1,227,793
44.02	3650 VASCULAR LAB	-10,417	293,823
44.03	3420 LABORATORY-PATHOLOGY	-1,974	381,257
47	4700 BLOOD STORING, PROCESSING & TRANS.	151	3,005,488
49	4900 RESPIRATORY THERAPY	-123,236	3,488,210
50	5000 PHYSICAL THERAPY	-29,392	1,803,449
51	5100 OCCUPATIONAL THERAPY	-930	788,120
52	5200 SPEECH PATHOLOGY		315,086
53	5300 ELECTROCARDIOLOGY	-1,275	1,920,845
54	5400 ELECTROENCEPHALOGRAPHY		98,265
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,237,840
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		11,495,131
56	5600 DRUGS CHARGED TO PATIENTS		10,853,504
57	5700 RENAL DIALYSIS		1,564,491
59	3950 SHOCK THERAPY		126,485
59.01	3190 PAIN MANAGEMENT & OP CHEMO		859,420
59.02	3951 DIABETES CARE CENTER	-146,718	620,386
59.03	3021 OP PSYCH		720,338
59.04	3020 CARDIAC REHAB		200,171
59.05	3022 SLEEP LAB		62,863
59.98	3998 HYPERBARIC OXYGEN THERAPY		218,093
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,513,218	6,842,597
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-30	5,065,947
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-29,610,118	211,389,669
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 VISITOR MEALS		
96.02	9602 NON REIMBURSABLE B BLDG		
96.03	9603 NON REIMB NW BUILDING		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.04 9604	NON REIMBURSABLE CHIP		
96.05 9605	NON REIMBURSABLE PFD		
96.06 9606	NON REIMBURSABLE HOSPITAL		
96.07 9607	NON REIMBURSABLE POB I		
96.08 9608	MEALS ON WHEELS		
96.09 9609	CATERING		198,947
96.10 9610	RETAIL PHARMACY		4,892,135
96.11 9611	MARKETING		972,649
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT		552,769
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM		102,209
101	TOTAL	-29,610,118	218,108,378

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-WHSE	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-B BLDG	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-PFD	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-CHIP	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-POB I	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-GRAHAM MOB	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-WHSE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-B BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PFD	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-CHIP	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-POB I	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-GRAHAM MOB	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-NW BUILDING	0307	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	CASHIERING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	MENTAL HEALTH ADMINISTRATION	0660	OTHER ADMINISTRATIVE AND GENERAL
6.04	ADMINISTRATIVE & GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT- POB I	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT NW	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-POB I	1001	HOUSEKEEPING
10.02	HOUSEKEEPING NW	1002	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	C.T. SCAN	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
44.01	G.I. LAB	3340	GASTRO INTESTINAL SERVICES
44.02	VASCULAR LAB	3650	VASCULAR LAB
44.03	LABORATORY-PATHOLOGY	3420	LABORATORY-PATHOLOGICAL
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	SHOCK THERAPY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	PAIN MANAGEMENT & OP CHEMO	3190	CHEMOTHERAPY
59.02	DIABETES CARE CENTER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	OP PSYCH	3021	ACUPUNCTURE
59.04	CARDIAC REHAB	3020	ACUPUNCTURE
59.05	SLEEP LAB	3022	ACUPUNCTURE
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
SPEC PURPOSE COST CE			
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	VISITOR MEALS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	NON REIMBURSABLE B BLDG	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	NON REIMB NW BUILDING	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	NON REIMBURSABLE CHIP	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN

Health Financial Systems MCRIF32  
COST CENTERS USED IN COST REPORT

FOR CHRISTIAN HOSPITAL NORTHEAST

IN LIEU OF FORM CMS-2552-96(7/2009)  
I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.05	NON REIMBURSABLE PFD	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NON REIMBURSABLE HOSPITAL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	NON REIMBURSABLE POB I	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	MEALS ON WHEELS	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	CATERING	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	RETAIL PHARMACY	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	MARKETING	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	PHYSICIAN PRACTICE DEVELOPMENT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
260180

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

PREPARED 5/25/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		OTHER 5
			LINE NO 3	SALARY 4	
1 TO RECLASS CHIEF OF GYNECOLOGY	A	ADULTS & PEDIATRICS	25		15,000
2 TO RECLASS CHIEF OF PSYCHIATRY	B	MENTAL HEALTH ADMINISTRATION	6.03	13,929	15,000
3 TO RECLASS PHARMACEUTICALS	C	DRUGS CHARGED TO PATIENTS	56		10,853,504
4 TO RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		16,759,395
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 TO RECLASS REHAB PROF FEES	E	SUBPROVIDER	31	47,357	
19 TO RECLASS HYPERBARIC OXYGEN	F	HYPERBARIC OXYGEN THERAPY	59.98	82,052	136,041
20 TO RECLASS GI MEDICAL DIRECTOR	G	G.I. LAB	44.01	8,360	
21 TO RECLASS CARDIOTHORACIC SURGEON FEE	H	OPERATING ROOM	37		50,000
22 TO RECLASS POB I EXPENSES	I	OLD CAP REL COSTS-POB I	1.05		50,640
		OLD CAP REL COSTS-POB I	1.05		260,485
		NEW CAP REL COSTS-POB I	3.05		106,200
		ADMINISTRATIVE & GENERAL	6.04		106,164
		OPERATION OF PLANT	8		167,039
27 TO RECLASS PURCHASING VARIANCE	J	MENTAL HEALTH ADMINISTRATION	6.03		45,398
28 TO RECLASS DEPRECIATION EXPENSE	K	OLD CAP REL COSTS-BLDG & FIXT	1		176,634
		OLD CAP REL COSTS-WHSE	1.01		5,482
		OLD CAP REL COSTS-B BLDG	1.02		16,292
		OLD CAP REL COSTS-PFD	1.03		76,958
		OLD CAP REL COSTS-CHIP	1.04		74,529
		OLD CAP REL COSTS-GRAHAM MOB	1.06		43,350
		NEW CAP REL COSTS-BLDG & FIXT	3		5,141,722
		NEW CAP REL COSTS-PFD	3.03		40,380
1 TO RECLASS DEPRECIATION EXPENSE	K	NEW CAP REL COSTS-CHIP	3.04		34,509
2		NEW CAP REL COSTS-GRAHAM MOB	3.06		44,100
3		NEW CAP REL COSTS-NW BUILDING	3.07		166,637
4		NEW CAP REL COSTS-MVBLE EQUIP	4		9,683,321
5 TO RECLASS INTEREST EXPENSE	L	OLD CAP REL COSTS-PFD	1.03		84,603
6		OLD CAP REL COSTS-CHIP	1.04		244,076
7		NEW CAP REL COSTS-BLDG & FIXT	3		153,484
8		NEW CAP REL COSTS-NW BUILDING	3.07		25,280
9		NEW CAP REL COSTS-MVBLE EQUIP	4		266,536
10 TO RECLASS CHIEF OF SURGERY	M	OPERATING ROOM	37		30,000
11 TO RECLASS DR. FEES	N	VASCULAR LAB	44.02		10,417
12 TO RECLASS OBLIGATED CAPITAL	O	OLD CAP REL COSTS-BLDG & FIXT	1		9,507
13 TO RECLASS LAB ADMIN COSTS	P	LABORATORY-PATHOLOGY	44.03	37,659	32,963
		BLOOD STORING, PROCESSING & TRANS.	47	295,326	258,498
15 TO RECLASS REHAB ADMINISTRATION	Q	OCCUPATIONAL THERAPY	51	143,276	10,683
		SPEECH PATHOLOGY	52	54,486	7,827
17 TO RECLASS ADMISSION KITS	R	ADULTS & PEDIATRICS	25		24,890
18		SUBPROVIDER	31		459
19		SUBPROVIDER 2	31.01		1,075
20 TO RECLASS DEPARTMENTAL DEPRECIATION	S	ADMINISTRATIVE & GENERAL	6.04		4,728,134
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE			
			LINE NO	SALARY	OTHER	
	1	2	3	4	5	
1 TO RECLASS DEPARTMENTAL DEPRECIATION	S					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29 TO RECLASS PASTORAL CARE EDUC	T	PARAMED ED PRGM	24	18,142	871	
30 TO RECLASS NORTH REGION SPLIT	U	EMPLOYEE BENEFITS	5	16,997	294,393	
31		ADMITTING	6.01	18,398	2,327	
32		CASHIERING	6.02	50,826	47,877	
33		OPERATION OF PLANT	8	3,379	1,264	
34		MEDICAL RECORDS & LIBRARY	17	14,611	2,938	
35		MARKETING	96.11	3,481	12,681	
1 TO RECLASS NORTH REGION SPLIT	U	PHYSICIAN PRACTICE DEVELOPMENT	96.12	3,672	5,524	
2 TO RECLASS GRAHAM MOB EXPENSES	V	OLD CAP REL COSTS--GRAHAM MOB	1.06		258,903	
3		NEW CAP REL COSTS--GRAHAM MOB	3.06		67,292	
4		ADMINISTRATIVE & GENERAL	6.04		131,149	
5		OPERATION OF PLANT	8		453,806	
6 TO RECLASS INTERNS & RESIDENTS	W	I&R SERVICES--SALARY & FRINGES APPRVD	22	46,762	17,302	
7 TO RECLASS IMPLANT COSTS	X	IMPL. DEV. CHARGED TO PATIENT	55.30		11,495,131	
36 TOTAL RECLASSIFICATIONS				858,713	62,748,670	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS CHIEF OF GYNECOLOGY	A	ADMINISTRATIVE & GENERAL	6.04			15,000	
2 TO RECLASS CHIEF OF PSYCHIATRY	B	ADMINISTRATIVE & GENERAL	6.04		13,929	15,000	
3 TO RECLASS PHARMACEUTICALS	C	PHARMACY	16			10,853,504	
4 TO RECLASS MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25			423,056	
5		INTENSIVE CARE UNIT	26			239,406	
6		CORONARY CARE UNIT	27			70,737	
7		SUBPROVIDER	31			26,528	
8		SUBPROVIDER 2	31.01			2,795	
9		CENTRAL SERVICES & SUPPLY	15			1,673,379	
10		OPERATING ROOM	37			7,541,871	
11		RECOVERY ROOM	38			6,914	
12		ANESTHESIOLOGY	40			193,801	
13		RADIOLOGY-DIAGNOSTIC	41			629,573	
14		ELECTROCARDIOLOGY	53			5,469,638	
15		RESPIRATORY THERAPY	49			15,617	
16		G.I. LAB	44.01			110,609	
17		EMERGENCY	61			355,471	
18 TO RECLASS REHAB PROF FEES	E	ADMINISTRATIVE & GENERAL	6.04		47,357		
19 TO RECLASS HYPERBARIC OXYGEN	F	OPERATING ROOM	37		82,052	136,041	
20 TO RECLASS GI MEDICAL DIRECTOR	G	ADMINISTRATIVE & GENERAL	6.04		8,360		
21 TO RECLASS CARDIOTHORACIC SURGEON FEE	H	ADMINISTRATIVE & GENERAL	6.04			50,000	
22 TO RECLASS POB I EXPENSES	I	PHYSICIANS' PRIVATE OFFICES	98			690,528	9
23							11
24							11
25							
26							
27 TO RECLASS PURCHASING VARIANCE	J	CENTRAL SERVICES & SUPPLY	15			45,398	
28 TO RECLASS DEPRECIATION EXPENSE	K	ADMINISTRATIVE & GENERAL	6.04			15,503,914	9
29							9
30							9
31							9
32							9
33							9
34							9
35							9
1 TO RECLASS DEPRECIATION EXPENSE	K						9
2							9
3							9
4							9
5 TO RECLASS INTEREST EXPENSE	L	ADMINISTRATIVE & GENERAL	6.04			773,979	11
6							11
7							11
8							11
9							11
10 TO RECLASS CHIEF OF SURGERY	M	ADMINISTRATIVE & GENERAL	6.04			30,000	
11 TO RECLASS DR. FEES	N	ADMINISTRATIVE & GENERAL	6.04			10,417	
12 TO RECLASS OBLIGATED CAPITAL	O	NEW CAP REL COSTS--BLDG & FIXT	3			9,507	9
13 TO RECLASS LAB ADMIN COSTS	P	LABORATORY	44		332,985	291,461	
14							
15 TO RECLASS REHAB ADMINISTRATION	Q	PHYSICAL THERAPY	50		197,762	18,510	
16							
17 TO RECLASS ADMISSION KITS	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			26,424	
18							
19							
20 TO RECLASS DEPARTMENTAL DEPRECIATION	S	EMPLOYEE BENEFITS	5			8,638	
21		ADMITTING	6.01			5,904	
22		OPERATION OF PLANT	8			35,351	
23		LAUNDRY & LINEN SERVICE	9			216	
24		HOUSEKEEPING	10			5,743	
25		DIETARY	11			23,099	
26		CAFETERIA	12			17,290	
27		NURSING ADMINISTRATION	14			351,733	
28		CENTRAL SERVICES & SUPPLY	15			30,809	
29		PHARMACY	16			99,115	
30		MEDICAL RECORDS & LIBRARY	17			1,655	
31		ADULTS & PEDIATRICS	25			95,199	
32		INTENSIVE CARE UNIT	26			145,887	
33		CORONARY CARE UNIT	27			105,866	
34		SUBPROVIDER	31			3,854	
35		SUBPROVIDER 2	31.01			3,361	

RECLASSIFICATIONS

PROVIDER NO: 260180	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 CONTD
------------------------	--------------------------------------------	----------------------------------------------

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS DEPARTMENTAL DEPRECIATION	S	OPERATING ROOM	37			504,338	
2		RECOVERY ROOM	38			61,713	
3		ANESTHESIOLOGY	40			100,481	
4		RADIOLOGY--DIAGNOSTIC	41			768,198	
5		C.T. SCAN	41.01			325,236	
6		LABORATORY	44			225,143	
7		G.I. LAB	44.01			210,470	
8		VASCULAR LAB	44.02			30,487	
9		LABORATORY--PATHOLOGY	44.03			43,872	
10		BLOOD STORING, PROCESSING & TRANS.	47			245	
11		RESPIRATORY THERAPY	49			98,959	
12		PHYSICAL THERAPY	50			12,191	
13		OCCUPATIONAL THERAPY	51			114	
14		SPEECH PATHOLOGY	52			6,045	
15		ELECTROCARDIOLOGY	53			767,427	
16		ELECTROENCEPHALOGRAPHY	54			8,564	
17		RENAL DIALYSIS	57			31,803	
18		SHOCK THERAPY	59			2,167	
19		PAIN MANAGEMENT & OP CHEMO	59.01			8,774	
20		DIABETES CARE CENTER	59.02			11,504	
21		OP PSYCH	59.03			14,966	
22		CARDIAC REHAB	59.04			12,035	
23		SLEEP LAB	59.05			4,331	
24		EMERGENCY	61			145,079	
25		AMBULANCE SERVICES	65			396,544	
26		CATERING	96.09			3,459	
27		RETAIL PHARMACY	96.10			128	
28		PHYSICIAN PRACTICE DEVELOPMENT	96.12			141	
29 TO RECLASS PASTORAL CARE EDUC	T	ADMINISTRATIVE & GENERAL	6.04		18,142	871	
30 TO RECLASS NORTH REGION SPLIT	U	ADMINISTRATIVE & GENERAL	6.04		111,364	367,004	
31							
32							
33							
34							
35							
1 TO RECLASS NORTH REGION SPLIT	U						
2 TO RECLASS GRAHAM MOB EXPENSES	V	PHYSICIANS' PRIVATE OFFICES GRAHAM	98.01			911,150	11
3							9
4							
5							
6 TO RECLASS INTERNS & RESIDENTS	W	ADULTS & PEDIATRICS	25		46,762	17,302	
7 TO RECLASS IMPLANT COSTS	X	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			11,495,131	
36 TOTAL RECLASSIFICATIONS					858,713	62,748,670	

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

RECLASS CODE: A  
 EXPLANATION : TO RECLASS CHIEF OF GYNECOLOGY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	15,000
TOTAL RECLASSIFICATIONS FOR CODE A			15,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	15,000	
			15,000

RECLASS CODE: B  
 EXPLANATION : TO RECLASS CHIEF OF PSYCHIATRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MENTAL HEALTH ADMINISTRATION	6.03	28,929
TOTAL RECLASSIFICATIONS FOR CODE B			28,929

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	28,929	
			28,929

RECLASS CODE: C  
 EXPLANATION : TO RECLASS PHARMACEUTICALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	10,853,504
TOTAL RECLASSIFICATIONS FOR CODE C			10,853,504

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	10,853,504	
			10,853,504

RECLASS CODE: D  
 EXPLANATION : TO RECLASS MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	16,759,395
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
TOTAL RECLASSIFICATIONS FOR CODE D			16,759,395

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	423,056	
INTENSIVE CARE UNIT	26	239,406	
CORONARY CARE UNIT	27	70,737	
SUBPROVIDER	31	26,528	
SUBPROVIDER 2	31.01	2,795	
CENTRAL SERVICES & SUPPLY	15	1,673,379	
OPERATING ROOM	37	7,541,871	
RECOVERY ROOM	38	6,914	
ANESTHESIOLOGY	40	193,801	
RADIOLOGY-DIAGNOSTIC	41	629,573	
ELECTROCARDIOLOGY	53	5,469,638	
RESPIRATORY THERAPY	49	15,617	
G.I. LAB	44.01	110,609	
EMERGENCY	61	355,471	
			16,759,395

RECLASS CODE: E  
 EXPLANATION : TO RECLASS REHAB PROF FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	47,357
TOTAL RECLASSIFICATIONS FOR CODE E			47,357

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	47,357	
			47,357

RECLASS CODE: F  
 EXPLANATION : TO RECLASS HYPERBARIC OXYGEN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HYPERBARIC OXYGEN THERAPY	59.98	218,093
TOTAL RECLASSIFICATIONS FOR CODE F			218,093

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	218,093	
			218,093

RECLASS CODE: G  
 EXPLANATION : TO RECLASS GI MEDICAL DIRECTOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	G.I. LAB	44.01	8,360
TOTAL RECLASSIFICATIONS FOR CODE G			8,360

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	8,360	
			8,360

RECLASS CODE: H  
 EXPLANATION : TO RECLASS CARDIOTHORACIC SURGEON FEE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	50,000
TOTAL RECLASSIFICATIONS FOR CODE H			50,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	50,000	
			50,000

RECLASSIFICATIONS

PROVIDER NO: 260180

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

PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : TO RECLASS POB I EXPENSES

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include OLD CAP REL COSTS-POB I, NEW CAP REL COSTS-POB I, ADMINISTRATIVE & GENERAL, OPERATION OF PLANT, and TOTAL RECLASSIFICATIONS FOR CODE I.

RECLASS CODE: J
EXPLANATION : TO RECLASS PURCHASING VARIANCE

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include MENTAL HEALTH ADMINISTRATION and CENTRAL SERVICES & SUPPLY, with a total for code J.

RECLASS CODE: K
EXPLANATION : TO RECLAS DEPRECIATION EXPENSE

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include various OLD and NEW CAP REL COSTS for BLDG & FIXT, WHSE, B BLDG, PFD, CHIP, GRAHAM MOB, and MVBLE EQUIP, with a total for code K.

RECLASS CODE: L
EXPLANATION : TO RECLASS INTEREST EXPENSE

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include OLD and NEW CAP REL COSTS for PFD, CHIP, BLDG & FIXT, NW BUILDING, and MVBLE EQUIP, with a total for code L.

RECLASS CODE: M
EXPLANATION : TO RECLASS CHIEF OF SURGERY

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include OPERATING ROOM and ADMINISTRATIVE & GENERAL, with a total for code M.

RECLASS CODE: N
EXPLANATION : TO RECLASS DR. FEES

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include VASCULAR LAB and ADMINISTRATIVE & GENERAL, with a total for code N.

RECLASS CODE: O
EXPLANATION : TO RECLASS OBLIGATED CAPITAL

Table with columns: INCREASE (LINE, COST CENTER, AMOUNT) and DECREASE (COST CENTER, LINE, AMOUNT). Rows include OLD CAP REL COSTS-BLDG & FIXT and NEW CAP REL COSTS-BLDG & FIXT, with a total for code O.

RECLASSIFICATIONS

PROVIDER NO: 260180	PERIOD: FROM 1/ 1/2010 TO 12/31/2010	PREPARED 5/25/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
------------------------	--------------------------------------------	------------------------------------------------------------

RECLASS CODE: P  
EXPLANATION : TO RECLASS LAB ADMIN COSTS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	LABORATORY-PATHOLOGY	70,622
2.00	BLOOD STORING, PROCESSING & TR	553,824
TOTAL RECLASSIFICATIONS FOR CODE P		624,446

DECREASE		
COST CENTER	LINE	AMOUNT
LABORATORY	44	624,446
		0
		624,446

RECLASS CODE: Q  
EXPLANATION : TO RECLASS REHAB ADMINISTRATION

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	OCCUPATIONAL THERAPY	153,959
2.00	SPEECH PATHOLOGY	62,313
TOTAL RECLASSIFICATIONS FOR CODE Q		216,272

DECREASE		
COST CENTER	LINE	AMOUNT
PHYSICAL THERAPY	50	216,272
		0
		216,272

RECLASS CODE: R  
EXPLANATION : TO RECLASS ADMISSION KITS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	24,890
2.00	SUBPROVIDER	459
3.00	SUBPROVIDER 2	1,075
TOTAL RECLASSIFICATIONS FOR CODE R		26,424

DECREASE		
COST CENTER	LINE	AMOUNT
MEDICAL SUPPLIES CHARGED TO PA	55	26,424
		0
		0
		26,424

RECLASS CODE: S  
EXPLANATION : TO RECLASS DEPARTMENTAL DEPRECIATION

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	4,728,134
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
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
34.00		0
35.00		0
36.00		0
37.00		0
38.00		0
39.00		0
40.00		0
41.00		0
42.00		0
43.00		0

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	8,638
ADMITTING	6.01	5,904
OPERATION OF PLANT	8	35,351
LAUNDRY & LINEN SERVICE	9	216
HOUSEKEEPING	10	5,743
DIETARY	11	23,099
CAFETERIA	12	17,290
NURSING ADMINISTRATION	14	351,733
CENTRAL SERVICES & SUPPLY	15	30,809
PHARMACY	16	99,115
MEDICAL RECORDS & LIBRARY	17	1,655
ADULTS & PEDIATRICS	25	95,199
INTENSIVE CARE UNIT	26	145,887
CORONARY CARE UNIT	27	105,866
SUBPROVIDER	31	3,854
SUBPROVIDER 2	31.01	3,361
OPERATING ROOM	37	504,338
RECOVERY ROOM	38	61,713
ANESTHESIOLOGY	40	100,481
RADIOLOGY-DIAGNOSTIC	41	768,198
C.T. SCAN	41.01	325,236
LABORATORY	44	225,143
G.I. LAB	44.01	210,470
VASCULAR LAB	44.02	30,487
LABORATORY-PATHOLOGY	44.03	43,872
BLOOD STORING, PROCESSING & TR	47	245
RESPIRATORY THERAPY	49	98,959
PHYSICAL THERAPY	50	12,191
OCCUPATIONAL THERAPY	51	114
SPEECH PATHOLOGY	52	6,045
ELECTROCARDIOLOGY	53	767,427
ELECTROENCEPHALOGRAPHY	54	8,564
RENAL DIALYSIS	57	31,803
SHOCK THERAPY	59	2,167
PAIN MANAGEMENT & OP CHEMO	59.01	8,774
DIABETES CARE CENTER	59.02	11,504
OP PSYCH	59.03	14,966
CARDIAC REHAB	59.04	12,035
SLEEP LAB	59.05	4,331
EMERGENCY	61	145,079
AMBULANCE SERVICES	65	396,544
CATERING	96.09	3,459
RETAIL PHARMACY	96.10	128

RECLASSIFICATIONS

PROVIDER NO: 260180

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

PREPARED 5/25/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: S  
EXPLANATION : TO RECLASS DEPARTMENTAL DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
44.00			0
TOTAL RECLASSIFICATIONS FOR CODE S			4,728,134

DECREASE			
COST CENTER	LINE	AMOUNT	
PHYSICIAN PRACTICE DEVELOPMENT	96.12	141	
		4,728,134	

RECLASS CODE: T  
EXPLANATION : TO RECLASS PASTORAL CARE EDUC

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24	19,013
TOTAL RECLASSIFICATIONS FOR CODE T			19,013

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	19,013	
		19,013	

RECLASS CODE: U  
EXPLANATION : TO RECLASS NORTH REGION SPLIT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	311,390
2.00	ADMITTING	6.01	20,725
3.00	CASHIERING	6.02	98,703
4.00	OPERATION OF PLANT	8	4,643
5.00	MEDICAL RECORDS & LIBRARY	17	17,549
6.00	MARKETING	96.11	16,162
7.00	PHYSICIAN PRACTICE DEVELOPMENT	96.12	9,196
TOTAL RECLASSIFICATIONS FOR CODE U			478,368

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.04	478,368	
		0	
		0	
		0	
		0	
		0	
		0	
		478,368	

RECLASS CODE: V  
EXPLANATION : TO RECLASS GRAHAM MOB EXPENSES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	258,903
2.00	NEW CAP REL COSTS-GRAHAM MOB	3.06	67,292
3.00	ADMINISTRATIVE & GENERAL	6.04	131,149
4.00	OPERATION OF PLANT	8	453,806
TOTAL RECLASSIFICATIONS FOR CODE V			911,150

DECREASE			
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES GR	98.01	911,150	
		0	
		0	
		0	
		911,150	

RECLASS CODE: W  
EXPLANATION : TO RECLASS INTERNS & RESIDENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	64,064
TOTAL RECLASSIFICATIONS FOR CODE W			64,064

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	64,064	
		64,064	

RECLASS CODE: X  
EXPLANATION : TO RECLASS IMPLANT COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	11,495,131
TOTAL RECLASSIFICATIONS FOR CODE X			11,495,131

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	11,495,131	
		11,495,131	

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	905,000						905,000	
2	LAND IMPROVEMENTS	1,897,613					2,300	1,895,313	
3	BUILDINGS & FIXTURE	41,055,375						41,055,375	
4	BUILDING IMPROVEMEN	1,954,473					31,911	1,922,562	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	4,907,722					837,405	4,070,317	
7	SUBTOTAL	50,720,183					871,616	49,848,567	
8	RECONCILING ITEMS								
9	TOTAL	50,720,183					871,616	49,848,567	

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	200,000						200,000	
2	LAND IMPROVEMENTS	3,753,121	374,790			374,790	1,335,279	2,792,632	
3	BUILDINGS & FIXTURE	51,660,570	8,435,583			8,435,583	7,952,727	52,143,426	
4	BUILDING IMPROVEMEN	34,205,401	24,309,761			24,309,761	14,899,474	43,615,688	
5	FIXED EQUIPMENT	1,236,856	1,051,644			1,051,644	859,235	1,429,265	
6	MOVABLE EQUIPMENT	67,892,164	47,477,162			47,477,162	42,817,185	72,552,141	
7	SUBTOTAL	158,948,112	81,648,940			81,648,940	67,863,900	172,733,152	
8	RECONCILING ITEMS								
9	TOTAL	158,948,112	81,648,940			81,648,940	67,863,900	172,733,152	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
		LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								
1 OLD CAP REL COSTS-BL								
1 01 OLD CAP REL COSTS-WH								
1 02 OLD CAP REL COSTS-B								
1 03 OLD CAP REL COSTS-PF								
1 04 OLD CAP REL COSTS-CH								
1 05 OLD CAP REL COSTS-PO								
1 06 OLD CAP REL COSTS-GR								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-WH								
3 02 NEW CAP REL COSTS-B								
3 03 NEW CAP REL COSTS-PF								
3 04 NEW CAP REL COSTS-CH								
3 05 NEW CAP REL COSTS-PO								
3 06 NEW CAP REL COSTS-GR								
3 07 NEW CAP REL COSTS-NW								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
*								
1 OLD CAP REL COSTS-BL	186,141						186,141	
1 01 OLD CAP REL COSTS-WH	5,482						5,482	
1 02 OLD CAP REL COSTS-B	16,292						16,292	
1 03 OLD CAP REL COSTS-PF	76,958		81,382				158,340	
1 04 OLD CAP REL COSTS-CH	65,292		244,076				309,368	
1 05 OLD CAP REL COSTS-PO	48,635		260,485				309,120	
1 06 OLD CAP REL COSTS-GR	43,350		258,903				302,253	
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL	5,132,215		147,680				5,279,895	
3 01 NEW CAP REL COSTS-WH								
3 02 NEW CAP REL COSTS-B							40,380	
3 03 NEW CAP REL COSTS-PF	40,380						34,509	
3 04 NEW CAP REL COSTS-CH	34,509						106,200	
3 05 NEW CAP REL COSTS-PO			106,200				111,392	
3 06 NEW CAP REL COSTS-GR	111,392						191,917	
3 07 NEW CAP REL COSTS-NW	166,637		25,280				9,939,739	
4 NEW CAP REL COSTS-MV	9,683,321		256,418				16,991,028	
5 TOTAL	15,610,604		1,380,424					

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
*								
1 OLD CAP REL COSTS-BL								
1 01 OLD CAP REL COSTS-WH								
1 02 OLD CAP REL COSTS-B								
1 03 OLD CAP REL COSTS-PF								
1 04 OLD CAP REL COSTS-CH								
1 05 OLD CAP REL COSTS-PO								
1 06 OLD CAP REL COSTS-GR								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-WH								
3 02 NEW CAP REL COSTS-B								
3 03 NEW CAP REL COSTS-PF								
3 04 NEW CAP REL COSTS-CH								
3 05 NEW CAP REL COSTS-PO								
3 06 NEW CAP REL COSTS-GR								
3 07 NEW CAP REL COSTS-NW								
4 NEW CAP REL COSTS-MV								
5 TOTAL								

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 26-0180  
I

I PERIOD: I PREPARED 5/25/2011  
I FROM 1/ 1/2010 I WORKSHEET A-8  
I TO 12/31/2010 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER 3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	11
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-5,804	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-10,118	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-3,221	OLD CAP REL COSTS-PFD	1.03	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-19,007	ADMINISTRATIVE & GENERAL	6.04	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,229,855			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,122,301			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,197,145	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-179	RADIOLOGY-DIAGNOSTIC	41	
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW--PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PENSION FUNDING	B	269,982	EMPLOYEE BENEFITS	5	
37.01 PSYCH PART B FEES	A	-200,020	MENTAL HEALTH ADMINISTRAT	6.03	
37.02 NON ALLOWABLE ASSOC DUES	A	-22,520	ADMINISTRATIVE & GENERAL	6.04	
37.03 BAD DEBT EXPENSE	A	-18,319,588	ADMINISTRATIVE & GENERAL	6.04	
37.04 BAD DEBT EXPENSE LAB	A	-433,956	LABORATORY	44	
37.05 GYN PART B PHYSICIAN FEES	A	-103,200	ADMINISTRATIVE & GENERAL	6.04	
37.06 OTHER REVENUE P.T.	B	-26,385	PHYSICAL THERAPY	50	
37.07 OTHER REVENUE O.T.	B	-930	OCCUPATIONAL THERAPY	51	
37.08 OTHER REVENUE CHILD CARE CENTER	B	-734,027	ADMINISTRATIVE & GENERAL	6.04	
37.09 INTEREST ON UNNECESSARY BORROWING	A	-858,584	ADMINISTRATIVE & GENERAL	6.04	
37.10 FIN COST ON UNNECESSARY BORROWING	A	-257,475	ADMINISTRATIVE & GENERAL	6.04	
37.11 OTHER REVENUE FITNESS CENTER	B	-18,659	EMPLOYEE BENEFITS	5	
37.12 OTHER REVENUE RADIOLOGY	B	-208	RADIOLOGY-DIAGNOSTIC	41	
37.13 ENTERTAINMENT EXPENSE	A	-11,075	ADMINISTRATIVE & GENERAL	6.04	
37.14 EQUIPMENT RENTAL REVENUE	B	-49,217	ADMINISTRATIVE & GENERAL	6.04	
37.15 RCE DISALLOWANCE	A	-117,823	ADMINISTRATIVE & GENERAL	6.04	
37.16 RCE DISALLOWANCE	A	-1,046	MENTAL HEALTH ADMINISTRAT	6.03	
37.17 MEDICAID TAX ASSESSMENT	A	12,554,856	ADMINISTRATIVE & GENERAL	6.04	
37.18 PART B RADIOLOGY FEES	A	-18,781	RADIOLOGY-DIAGNOSTIC	41	
37.19 MALPRACTICE ADJUSTMENT	A	-479,014	ADMINISTRATIVE & GENERAL	6.04	
37.20 CARDIOTHARACIC PART B FEES	A	-222,847	ADMINISTRATIVE & GENERAL	6.04	
37.21 OTHER REVENUE EMPLOYEE H&W	B	-89	EMPLOYEE BENEFITS	5	
37.22 OTHER REVENUE ADMIN	B	-61,196	ADMINISTRATIVE & GENERAL	6.04	
37.23 OTHER REVENUE LAB PATHOLOGY	B	-1,974	LABORATORY-PATHOLOGY	44.03	
37.24 OTHER REVENUE AMBULANCE	B	-30	AMBULANCE SERVICES	65	
37.25 OTHER REVENUE RESP THERAPY	B	-2,163	RESPIRATORY THERAPY	49	
37.26 OTHER REVENUE PHARMACY	B	-4,560	PHARMACY	16	
37.27 OTHER REVENUE MEDICAL RECORDS	B	-319	MEDICAL RECORDS & LIBRARY	17	
37.28 OTHER REVEBUE DIABETES CENTER	B	-2,195	DIABETES CARE CENTER	59.02	
37.29 OTHER REVENUE SURGERY	B	-2,460	OPERATING ROOM	37	
37.30 NON OPERATING REVENUE ADMIN	B	-14,577	ADMINISTRATIVE & GENERAL	6.04	
37.31 NON OPERATING REVENUE EMPLOYEE H&W	B	-308	EMPLOYEE BENEFITS	5	
37.32 NON OPERATING REVENUE MED RECORDS	B	-13,811	MEDICAL RECORDS & LIBRARY	17	
37.33 NON OPERATING REVENUE CARDIAC CATH	B	-1,275	ELECTROCARDIOLOGY	53	
37.34 NON OPERATING REVENUE RADIOLOGY	B	-8,395	RADIOLOGY-DIAGNOSTIC	41	
37.35 ADVERTISING EXPENSE EMPLOYEE H&W	A	-150	EMPLOYEE BENEFITS	5	
37.36 ADVERTISING EXPENSE ADMIN	A	-212	ADMINISTRATIVE & GENERAL	6.04	
37.37 ADVERTISING EXPENSE SURGERY	A	-460	OPERATING ROOM	37	
37.38 ADVERTISING EXPENSE RADIOLOGY	A	-3,278	RADIOLOGY-DIAGNOSTIC	41	
37.39 ADVERTISING EXPENSE P.T.	A	-3,007	PHYSICAL THERAPY	50	
37.40 ADVERTISING EXPENSE DIABETES CENTER	A	-124,523	DIABETES CARE CENTER	59.02	
38 CHARITABLE CONTRIBUTIONS	A	-10,566	ADMINISTRATIVE & GENERAL	6.04	
39 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-6,160	EMPLOYEE BENEFITS	5	
40 ASBESTOS REMOVAL	A	-72,125	OPERATION OF PLANT	8	
41 INVESTMENT INCOME CHIP	B	-9,237	OLD CAP REL COSTS-CHIP	1.04	9
42 INVESTMENT INCOME POB 1	B	-2,005	OLD CAP REL COSTS-POB I	1.05	9
43 SELF FUNDED INSURANCE	A	-5,626,896	EMPLOYEE BENEFITS	5	
44 OTHER ADJUSTMENTS (SPECIFY)					

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I  
I 26-0180 I  
I

I PERIOD: I PREPARED 5/25/2011  
I FROM 1/ 1/2010 I WORKSHEET A-8  
I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-29,610,118				

(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 subscripents thereof.

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6 4	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	15,239,570	19,404,537	-4,164,967	
2	6 4	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	8,485		8,485	
3	6 4	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	164,305	167,365	-3,060	
4	44	LABORATORY	BARNES JEWISH LAB	184,826	145,910	38,916	
4.01	47	BLOOD STORING, PROCESSING	BARNES JEWISH BLOOD BANK	398	247	151	
4.02	37	OPERATING ROOM	MIDWEST STONE INSTITUTE	6,109	7,935	-1,826	
5		TOTALS		15,603,693	19,725,994	-4,122,301	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	BJC HEALTH SYSTEM	0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 26-0180 I

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

I PREPARED 5/25/2011 I WORKSHEET A-8-2 I 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	CHIEF OF GYNECOLOGY	15,000		15,000	194,500	99	9,257	463
2 25	HOUSESTAFF	887,181	887,181					
3 25	HOSPITALISTS	1,171,775	1,171,775					
4 31	REHAB	47,357		47,357	171,400	676	55,705	2,785
5 37	SURGICAL ASSISTANTS	362,535	362,535					
6 37	CHIEF OF SURGERY	30,000		30,000	204,100	241	23,648	1,182
7 37	CHIEF OF CARDIOTHORACIC S	50,000		50,000	204,100	284	27,867	1,393
8 37	WOUND CARE DIRECTOR	12,000		12,000	204,100	143	14,032	702
9 40	ANESTHESIA	5,004,406	4,974,406	30,000	200,300	153	14,734	737
10 41	RADIOLOGY DIRECTOR	47,000		47,000	231,100	246	27,332	1,367
11 41	RADIATION ONCOLOGY	35,417	35,417					
12 44	LAB	412,330	62,326	350,004	219,500	5,113	539,569	26,978
13 49	PULMONARY	325,764		325,764	171,400	2,484	204,691	10,235
14 44 1	GI LAB	8,360		8,360	171,400	73	6,015	301
15 44 2	VASCULAR LAB	10,417	10,417					
16 59 2	DIABETES CENTER	20,000	20,000					
17 61	ER HOUSESTAFF	1,513,218	1,513,218					
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	9,952,760	9,037,275	915,485		9,512	922,850	46,143

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 26-0180 I

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

I PREPARED 5/25/2011 I WORKSHEET A-8-2 I 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	CHIEF OF GYNECOLGY					9,257	5,743	5,743
2 25	HOUSESTAFF							887,181
3 25	HOSPITALISTS							1,171,775
4 31	REHAB					55,705		
5 37	SURGICAL ASSISTANTS							362,535
6 37	CHIEF OF SURGERY					23,648	6,352	6,352
7 37	CHIEF OF CARDIOTHORACIC S					27,867	22,133	22,133
8 37	WOUND CARE DIRECTOR					14,032		
9 40	ANESTHESIA					14,734	15,266	4,989,672
10 41	RADIOLOGY DIRECTOR					27,332	19,668	19,668
11 41	RADIATION ONCOLOGY							35,417
12 44	LAB					539,569		62,326
13 49	PULMONARY					204,691	121,073	121,073
14 44 1	GI LAB					6,015	2,345	2,345
15 44 2	VASCULAR LAB							10,417
16 59 2	DIABETES CENTER							20,000
17 61	ER HOUSESTAFF							1,513,218
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					922,850	192,580	9,229,855

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-WHSE	21	SQUARE	FEET	ENTERED
1.02	OLD CAP REL COSTS-B BLDG	22	SQUARE	FEET	ENTERED
1.03	OLD CAP REL COSTS-PFD	23	SQUARE	FEET	ENTERED
1.04	OLD CAP REL COSTS-CHIP	24	SQUARE	FEET	ENTERED
1.05	OLD CAP REL COSTS-POB I	25	SQUARE	FEET	ENTERED
1.06	OLD CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-CHIP	24	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	ENTERED
3.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	ENTERED
3.07	NEW CAP REL COSTS-NW BUILDING	30	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMITTING	27	GROSS	REVENUE	ENTERED
6.02	CASHIERING	27	GROSS	REVENUE	ENTERED
6.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIEN	DAYS	ENTERED
6.04	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	28	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	ENTERED
8.02	OPERATION OF PLANT NW	30	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	29	SQUARE	FEET	ENTERED
10.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	ENTERED
10.02	HOUSEKEEPING NW	30	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	ENTERED
16	PHARMACY	14	COSTED	REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	34	PATIENT DAYS		ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-WHSE 1.01	OLD CAP REL C OSTS-B BLDG 1.02	OLD CAP REL C OSTS-PFD 1.03	OLD CAP REL C OSTS-CHIP 1.04	OLD CAP REL C OSTS-POB I 1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	186,141	186,141					
001 01 OLD CAP REL COSTS-WHSE	5,482		5,482				
001 02 OLD CAP REL COSTS-B BLDG	16,292			16,292			
001 03 OLD CAP REL COSTS-PFD	158,340				158,340		
001 04 OLD CAP REL COSTS-CHIP	309,368					309,368	
001 05 OLD CAP REL COSTS-POB I	309,120						309,120
001 06 OLD CAP REL COSTS-GRAHAM	302,253						
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	5,279,895						
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD	40,380						
003 04 NEW CAP REL COSTS-CHIP	34,509						
003 05 NEW CAP REL COSTS-POB I	106,200						
003 06 NEW CAP REL COSTS-GRAHAM	111,392						
003 07 NEW CAP REL COSTS-NW BUIL	191,917						
004 NEW CAP REL COSTS-MVBLE E	9,939,739						
005 EMPLOYEE BENEFITS	12,490,910	386		964	14,657		8,346
006 01 ADMITTING	1,417,705	804			3,041		
006 02 CASHIERING	2,124,036	1,058		46	15,352		
006 03 MENTAL HEALTH ADMINISTRAT	290,581			139			
006 04 ADMINISTRATIVE & GENERAL	36,915,334	17,315	3,093	1,595	88,829	6,305	46,490
008 OPERATION OF PLANT	6,351,096	24,693	334	1,064	19,497	54,811	24,295
008 01 OPERATION OF PLANT- POB I	2,288						
008 02 OPERATION OF PLANT NW	58,875						
009 LAUNDRY & LINEN SERVICE	1,107,294	2,289					
010 HOUSEKEEPING	2,497,251	2,203		102	734	3,180	
010 01 HOUSEKEEPING-POB I	156,088						345
010 02 HOUSEKEEPING NW	46,100						
011 DIETARY	3,087,144	319	2,055		687		
012 CAFETERIA	645,547	1,642		1,297	1,885		
014 NURSING ADMINISTRATION	2,194,645			297			1,261
015 CENTRAL SERVICES & SUPPLY	523,512	2,518					
016 PHARMACY	3,970,451	1,406					
017 MEDICAL RECORDS & LIBRARY	4,333,326	2,210					4,700
018 SOCIAL SERVICE	740,605						
022 I&R SERVICES-SALARY & FRI	64,064						
024 PARAMED ED PRGM	19,013						
025 ADULTS & PEDIATRICS	21,524,900	55,359		274			
026 INTENSIVE CARE UNIT	5,370,202			159			
027 CORONARY CARE UNIT	3,305,757	3,508					
031 SUBPROVIDER	1,162,224	3,279					
031 01 SUBPROVIDER 2	1,382,349	3,787					
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	8,852,043	25,336		58			
040 RECOVERY ROOM	618,084	1,248					
044 ANESTHESIOLOGY	383,265	201					
041 RADIOLOGY-DIAGNOSTIC	6,130,306	3,410		145		177,402	20,092
041 01 C.T. SCAN	798,463					9,224	
044 LABORATORY	8,645,581	2,357		3,693			1,042
044 01 G.I. LAB	1,227,793	777		946			
044 02 VASCULAR LAB	293,823			383			
044 03 LABORATORY-PATHOLOGY	381,257			305			
047 BLOOD STORING, PROCESSING	3,005,488			491			
049 RESPIRATORY THERAPY	3,488,210	1,093		53			
050 PHYSICAL THERAPY	1,803,449	1,658					
051 OCCUPATIONAL THERAPY	788,120	914					
052 SPEECH PATHOLOGY	315,086	623					
053 ELECTROCARDIOLOGY	1,920,845	3,381		796			
054 ELECTROENCEPHALOGRAPHY	98,265			439			
055 MEDICAL SUPPLIES CHARGED	5,237,840						
055 30 IMPL. DEV. CHARGED TO PAT	11,495,131						
056 DRUGS CHARGED TO PATIENTS	10,853,504						
057 RENAL DIALYSIS	1,564,491	686					
059 SHOCK THERAPY	126,485						
059 01 PAIN MANAGEMENT & OP CHEM	859,420	154					3,251
059 02 DIABETES CARE CENTER	620,386						5,632
059 03 OP PSYCH	720,338						
059 04 CARDIAC REHAB	200,171	1,139					
059 05 SLEEP LAB	62,863						
059 98 HYPERBARIC OXYGEN THERAPY	218,093						
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	6,842,597	8,381		1,595			
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	5,065,947			218			
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	211,389,669	178,125	5,482	15,059	144,682	250,922	115,454
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		638					
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 NON REIMB NW BUILDING							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
		0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS								
096	04 NON REIMBURSABLE CHIP						58,446	14,519
096	05 NON REIMBURSABLE PFD					5,595		
096	06 NON REIMBURSABLE HOSPITAL		7,197					
096	07 NON REIMBURSABLE POB I							
096	08 MEALS ON WHEELS							
096	09 CATERING	198,947				291		
096	10 RETAIL PHARMACY	4,892,135						
096	11 MARKETING	972,649	181			3,627		
096	12 PHYSICIAN PRACTICE DEVELO	552,769				4,145		
098	PHYSICIANS' PRIVATE OFFIC							179,147
098	01 PHYSICIANS' PRIVATE OFFIC	102,209						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	218,108,378	186,141	5,482	16,292	158,340	309,368	309,120



COST ALLOCATION -- GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
		OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP	
NONREIMBURS COST CENTERS		1.06	2	3	3.01	3.02	3.03	3.04	
096	04 NON REIMBURSABLE CHIP							6,519	
096	05 NON REIMBURSABLE PFD						1,427		
096	06 NON REIMBURSABLE HOSPITAL			204,156					
096	07 NON REIMBURSABLE POB I								
096	08 MEALS ON WHEELS								
096	09 CATERING						74		
096	10 RETAIL PHARMACY								
096	11 MARKETING			5,131				925	
096	12 PHYSICIAN PRACTICE DEVELO						1,057		
098	PHYSICIANS' PRIVATE OFFIC								
098	01 PHYSICIANS' PRIVATE OFFIC	202,428							
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	302,253		5,279,895			40,380	34,509	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING
	OSTS-POB I	OSTS-GRAHAM	OSTS-NW BUIL	OSTS-MVBLE E	FITS	6.01	6.02
	3.05	3.06	3.07	4	5		
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I	106,200						
003 06 NEW CAP REL COSTS-GRAHAM		111,392					
003 07 NEW CAP REL COSTS-NW BUIL			191,917				
004 NEW CAP REL COSTS-MVBLE E				9,939,739			
005 EMPLOYEE BENEFITS	2,867			8,836	12,541,642		
006 01 ADMITTING			6,012	6,039	194,588	1,651,775	
006 02 CASHIERING					137,458		2,311,876
006 03 MENTAL HEALTH ADMINISTRAT					31,280		
006 04 ADMINISTRATIVE & GENERAL	15,972	5,175	44,036	5,134,839	843,141		
008 OPERATION OF PLANT	8,347	513		35,244	345,428		
008 01 OPERATION OF PLANT- POB I					336		
008 02 OPERATION OF PLANT NW			5,098		2,646		
009 LAUNDRY & LINEN SERVICE			2,305		221		
010 HOUSEKEEPING				5,875	219,964		
010 01 HOUSEKEEPING-POB I	118				16,849		
010 02 HOUSEKEEPING NW			3,152		3,875		
011 DIETARY							
012 CAFETERIA			5,687		17,177		
014 NURSING ADMINISTRATION	433			359,795	271,239		
015 CENTRAL SERVICES & SUPPLY				31,515	58,868		
016 PHARMACY				101,387	423,340		
017 MEDICAL RECORDS & LIBRARY	1,615		2,985	1,693	455,053		
018 SOCIAL SERVICE					107,055		
022 I&R SERVICES-SALARY & FRI						2,841	
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS				97,381	2,717,911	170,856	239,199
025 ADULTS & PEDIATRICS				149,231	672,423	35,010	49,014
026 INTENSIVE CARE UNIT				108,293	405,818	25,310	35,434
027 CORONARY CARE UNIT				3,942	149,728	7,572	10,601
031 SUBPROVIDER				3,438	164,003	8,929	12,500
031 01 SUBPROVIDER 2							
037 ANCILLARY SRVC COST CNTRS				515,898	708,793	82,051	114,872
037 OPERATING ROOM				63,128	86,607	12,400	17,359
038 RECOVERY ROOM				102,784	11,448	16,580	23,212
040 ANESTHESIOLOGY				768,076	638,843	162,268	227,175
041 RADIOLOGY-DIAGNOSTIC	6,903		34,612	332,453	80,664	109,721	153,609
041 01 C.T. SCAN				226,549	697,766	251,745	351,838
044 LABORATORY	358		5,077	215,294	102,920	17,785	24,898
044 01 G.I. LAB				31,186	41,495	13,182	18,454
044 02 VASCULAR LAB				44,878	34,611	8,767	12,274
044 03 LABORATORY-PATHOLOGY				251	92,471	29,118	40,765
047 BLOOD STORING, PROCESSING				99,262	430,281	54,021	75,629
049 RESPIRATORY THERAPY			13,377	12,470	254,202	19,244	26,941
050 PHYSICAL THERAPY		24,846		117	114,244	9,208	12,891
051 OCCUPATIONAL THERAPY		3,032		6,184	43,446	2,835	3,970
052 SPEECH PATHOLOGY		3,224		785,017	233,921	103,186	144,461
053 ELECTROCARDIOLOGY				8,760	13,463	4,551	6,372
054 ELECTROENCEPHALOGRAPHY						83,661	117,126
055 MEDICAL SUPPLIES CHARGED						91,022	127,430
055 30 IMPL. DEV. CHARGED TO PAT						141,423	197,992
056 DRUGS CHARGED TO PATIENTS						16,462	23,047
057 RENAL DIALYSIS				32,532		415	580
059 SHOCK THERAPY				2,217	16,268		
059 01 PAIN MANAGEMENT & OP CHEM	1,117			8,975	85,731	13,512	18,916
059 02 DIABETES CARE CENTER	1,935			11,768	34,905	372	521
059 03 OP PSYCH				15,309	39,230	5,239	7,334
059 04 CARDIAC REHAB				12,311	28,095	1,048	1,467
059 05 SLEEP LAB			13,912		8,716	1,232	1,725
059 98 HYPERBARIC OXYGEN THERAPY					12,850	2,075	2,905
061 OUTPAT SERVICE COST CNTRS			45,844	146,340	722,199	113,512	158,917
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				405,633	625,039	37,463	52,448
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	39,665	36,790	182,097	9,935,926	12,382,052	1,651,775	2,311,876
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				9,820			
096 03 NON REIMB NW BUILDING							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-NW BUIL	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE ADMITTING FITS	CASHIERING	
NONREIMBURS COST CENTERS		3.05	3.06	3.07	4	5	6.01	6.02
096 04	NON REIMBURSABLE CHIP	4,988						
096 05	NON REIMBURSABLE PFD							
096 06	NON REIMBURSABLE HOSPITAL							
096 07	NON REIMBURSABLE POB I							
096 08	MEALS ON WHEELS							
096 09	CATERING				3,538			
096 10	RETAIL PHARMACY				131	83,154		
096 11	MARKETING					32,674		
096 12	PHYSICIAN PRACTICE DEVELO				144	34,467		
098	PHYSICIANS' PRIVATE OFFIC					9,295		
098 01	PHYSICIANS' PRIVATE OFFIC	61,547	74,602					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	106,200	111,392	191,917	9,939,739	12,541,642	1,651,775	2,311,876

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRAT	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE
	6.03	6a.03	6.04	8	8.01	8.02	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT	322,000						
006 04 ADMINISTRATIVE & GENERAL		43,650,652	43,650,652				
008 OPERATION OF PLANT		7,578,204	1,896,127	9,474,331			
008 01 OPERATION OF PLANT- POB I		2,624	657		3,281		
008 02 OPERATION OF PLANT NW		66,619	16,669			83,288	
009 LAUNDRY & LINEN SERVICE		1,177,047	294,507	109,901		1,403	1,582,858
010 HOUSEKEEPING		2,792,346	698,667	138,823			
010 01 HOUSEKEEPING-POB I		173,400	43,386		5		
010 02 HOUSEKEEPING NW		53,127	13,293			1,920	
011 DIETARY		3,123,049	781,412	203,406			
012 CAFETERIA		720,299	180,225	225,494		3,463	
014 NURSING ADMINISTRATION		2,827,670	707,506	27,950	18		
015 CENTRAL SERVICES & SUPPLY		687,848	172,105	120,896			30,012
016 PHARMACY		4,536,470	1,135,061	67,502			
017 MEDICAL RECORDS & LIBRARY		4,864,278	1,217,081	106,106	67	1,818	
018 SOCIAL SERVICE		847,660	212,091				
022 I&R SERVICES-SALARY & FRI		64,064	16,029				
024 PARAMED ED PRGM		21,854	5,468				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	176,298	26,552,418	6,643,559	2,683,323			740,427
026 INTENSIVE CARE UNIT		6,393,247	1,599,642	206,569			100,343
027 CORONARY CARE UNIT		3,983,611	996,731	168,378			78,505
031 SUBPROVIDER		1,430,355	357,886	157,408			38,082
031 01 SUBPROVIDER 2	145,702	1,828,133	457,414	181,806			19,356
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		11,017,709	2,756,719	1,221,752			148,368
038 RECOVERY ROOM		834,227	208,730	59,913			
040 ANESTHESIOLOGY		543,182	135,908	9,633			
041 RADIOLOGY-DIAGNOSTIC		8,285,752	2,073,161	954,930	287	21,078	44,582
041 01 C.T. SCAN		1,485,163	371,600	40,428			38,248
044 LABORATORY		10,252,870	2,565,350	464,074	15	3,092	
044 01 G.I. LAB		1,612,447	403,447	126,369			15,830
044 02 VASCULAR LAB		398,523	99,714	36,098			6,152
044 03 LABORATORY-PATHOLOGY		482,092	120,623	28,631			
047 BLOOD STORING, PROCESSING		3,168,584	792,805	43,250			
049 RESPIRATORY THERAPY		4,192,929	1,049,104	57,480		8,146	341
050 PHYSICAL THERAPY		2,257,258	564,784	79,592			3,769
051 OCCUPATIONAL THERAPY		962,667	240,867	43,858			
052 SPEECH PATHOLOGY		401,780	100,529	29,896			
053 ELECTROCARDIOLOGY		3,287,519	822,564	237,291			22,266
054 ELECTROENCEPHALOGRAPHY		131,850	32,990	41,353			1,193
055 MEDICAL SUPPLIES CHARGED		5,438,627	1,360,788				
055 30 IMPL. DEV. CHARGED TO PAT		11,713,583	2,930,832				
056 DRUGS CHARGED TO PATIENTS		11,192,919	2,800,558				
057 RENAL DIALYSIS		1,656,679	414,514	32,936			
059 SHOCK THERAPY		145,965	36,522				
059 01 PAIN MANAGEMENT & OP CHEM		995,431	249,065	7,371	46		4,122
059 02 DIABETES CARE CENTER		675,519	169,020		80		
059 03 OP PSYCH		787,450	197,026				
059 04 CARDIAC REHAB		276,527	69,189	54,658			
059 05 SLEEP LAB		88,448	22,130			8,472	
059 98 HYPERBARIC OXYGEN THERAPY		235,923	59,030				
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		8,277,117	2,071,001	552,617		27,916	248,403
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		6,186,748	1,547,974	20,506			42,859
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	322,000	210,360,463	41,712,060	8,540,198	518	77,308	1,582,858
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		18,748	4,691	30,650			
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG		1,233	309	116,152			
096 03 NON REIMB NW BUILDING		9,820	2,457			5,980	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRAT	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE
	6.03	6a.03	6.04	8	8.01	8.02	9
NONREIMBURS COST CENTERS							
096 04 NON REIMBURSABLE CHIP		84,472	21,136	256,168	207		
096 05 NON REIMBURSABLE PFD		7,022	1,757	72,489			
096 06 NON REIMBURSABLE HOSPITAL		211,353	52,882	345,514			
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING		202,850	50,755	3,770			
096 10 RETAIL PHARMACY		4,975,420	1,244,890				
096 11 MARKETING		1,015,187	254,008				
096 12 PHYSICIAN PRACTICE DEVELO		592,582	148,269	53,710			
098 PHYSICIANS' PRIVATE OFFIC				55,680			
098 01 PHYSICIANS' PRIVATE OFFIC		629,228	157,438		2,556		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	322,000	218,108,378	43,650,652	9,474,331	3,281	83,288	1,582,858

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING-POB I 10.01	HOUSEKEEPING NW 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUJIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,629,836						
010 01 HOUSEKEEPING-POB I		216,791					
010 02 HOUSEKEEPING NW			68,340				
011 DIETARY	82,358						
012 CAFETERIA	91,301		2,959		4,190,225	1,223,741	
014 NURSING ADMINISTRATION	11,317	1,191				21,205	
015 CENTRAL SERVICES & SUPPLY	48,950					9,002	1,068,813
016 PHARMACY	27,331					27,256	
017 MEDICAL RECORDS & LIBRARY	42,962	4,437		1,554		47,267	
018 SOCIAL SERVICE						9,223	
022 I&R SERVICES-SALARY & FRI						590	
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,086,460				2,882,961	292,025	1,906,338
026 INTENSIVE CARE UNIT	83,638				308,820	49,969	346,767
027 CORONARY CARE UNIT	68,175				226,903	38,586	267,728
031 SUBPROVIDER	63,733				182,679	14,215	98,613
031 01 SUBPROVIDER 2	73,612				201,431	15,779	109,466
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	494,679					56,127	309,548
038 RECOVERY ROOM	24,258					6,698	46,473
040 ANESTHESIOLOGY	3,900					1,753	
041 RADIOLOGY-DIAGNOSTIC	386,645	18,967		18,013		51,801	116
041 01 C.T. SCAN	16,369					6,532	
044 LABORATORY	187,901	983		2,642		77,494	2,132
044 01 G.I. LAB	51,166					8,609	
044 02 VASCULAR LAB	14,616					3,387	
044 03 LABORATORY-PATHOLOGY	11,592					3,915	
047 BLOOD STORING, PROCESSING	17,512					10,424	
049 RESPIRATORY THERAPY	23,273			6,962		34,851	
050 PHYSICAL THERAPY	32,226					24,985	
051 OCCUPATIONAL THERAPY	17,758					10,448	
052 SPEECH PATHOLOGY	12,105					3,302	
053 ELECTROCARDIOLOGY	96,078					18,665	
054 ELECTROENCEPHALOGRAPHY	16,743					1,478	
055 MEDICAL SUPPLIES CHARGED							335,007
055 30 IMPL. DEV. CHARGED TO PAT							731,522
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	13,336					1,204	
059 SHOCK THERAPY						7,311	50,742
059 01 PAIN MANAGEMENT & OP CHEM	2,984		3,069			4,033	27,977
059 02 DIABETES CARE CENTER			5,317			3,948	
059 03 OP PSYCH						2,177	
059 04 CARDIAC REHAB	22,131						
059 05 SLEEP LAB				7,240		1,298	
059 98 HYPERBARIC OXYGEN THERAPY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	223,751			23,859		62,432	433,205
065 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	8,303					77,842	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,357,163	33,964	63,229	3,802,794	1,005,831	3,596,857	1,068,813
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	12,410					204,609	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG	47,029			5,111			
096 03 NON REIMB NW BUILDING							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		HOUSEKEEPING 10	HOUSEKEEPING- POB I 10.01	HOUSEKEEPING NW 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15
NONREIMBURS COST CENTERS								
096 04	NON REIMBURSABLE CHIP	103,721	13,706					
096 05	NON REIMBURSABLE PFD	29,350						
096 06	NON REIMBURSABLE HOSPITAL	34,344						
096 07	NON REIMBURSABLE POB I							
096 08	MEALS ON WHEELS				387,431			
096 09	CATERING	1,527						
096 10	RETAIL PHARMACY					6,314		
096 11	MARKETING					2,697		
096 12	PHYSICIAN PRACTICE DEVELO	21,747				2,239		
098	PHYSICIANS' PRIVATE OFFIC	22,545						
098 01	PHYSICIANS' PRIVATE OFFIC		169,121			2,051		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,629,836	216,791	68,340	4,190,225	1,223,741	3,596,857	1,068,813

COST ALLOCATION -- GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	16	17	18	22	24	25	26
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
010 02 HOUSEKEEPING NW							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	5,793,620						
017 MEDICAL RECORDS & LIBRARY		6,285,570					
018 SOCIAL SERVICE			1,068,974				
022 I&R SERVICES-SALARY & FRI				80,093			
024 PARAMED ED PRGM					27,912		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		650,263	585,263		21,161	44,044,219	
026 INTENSIVE CARE UNIT		133,244			2,267	9,224,506	
027 CORONARY CARE UNIT		96,327			1,665	5,926,609	
031 SUBPROVIDER		28,820			1,341	2,373,132	
031 01 SUBPROVIDER 2		33,982	483,711		1,478	3,406,168	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,818	312,280			80,093	16,401,108	-80,093
038 RECOVERY ROOM		47,192				1,227,491	
040 ANESTHESIOLOGY		63,103				757,479	
041 RADIOLOGY-DIAGNOSTIC		617,577				12,472,909	
041 01 C.T. SCAN		417,587				2,375,927	
044 LABORATORY		957,192				14,513,745	
044 01 G.I. LAB		67,687				2,285,555	
044 02 VASCULAR LAB		50,168				608,658	
044 03 LABORATORY-PATHOLOGY		33,366				680,219	
047 BLOOD STORING, PROCESSING		110,821				4,143,396	
049 RESPIRATORY THERAPY	731	205,598				5,579,415	
050 PHYSICAL THERAPY		73,240				3,035,854	
051 OCCUPATIONAL THERAPY		35,043				1,310,641	
052 SPEECH PATHOLOGY		10,791				558,403	
053 ELECTROCARDIOLOGY		392,718				4,877,101	
054 ELECTROENCEPHALOGRAPHY		17,321				242,928	
055 MEDICAL SUPPLIES CHARGED		318,408				7,452,830	
055 30 IMPL. DEV. CHARGED TO PAT		346,420				15,722,357	
056 DRUGS CHARGED TO PATIENTS	5,764,065	538,242				20,295,784	
057 RENAL DIALYSIS		62,652				2,180,117	
059 SHOCK THERAPY		1,578				185,269	
059 01 PAIN MANAGEMENT & OP CHEM	11,690	51,424				1,383,255	
059 02 DIABETES CARE CENTER		1,415				883,361	
059 03 OP PSYCH		19,937				1,008,361	
059 04 CARDIAC REHAB		3,989				428,671	
059 05 SLEEP LAB		4,691				130,981	
059 98 HYPERBARIC OXYGEN THERAPY		7,898				304,149	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		432,016				12,352,317	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	13,316	142,580				8,040,128	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,793,620	6,285,570	1,068,974	80,093	27,912	206,413,043	-80,093
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						66,499	
096 01 VISITOR MEALS						204,609	
096 02 NON REIMBURSABLE B BLDG						164,723	
096 03 NON REIMB NW BUILDING						23,368	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES- SALARY & FRI 22	PARAMED ED PR 24	GM 25	NONREIMBURS COST CENTERS	I&R COST POST STEP-DOWN 26
096 04 NON REIMBURSABLE CHIP							479,410	
096 05 NON REIMBURSABLE PFD							110,618	
096 06 NON REIMBURSABLE HOSPITAL							644,093	
096 07 NON REIMBURSABLE POB I								
096 08 MEALS ON WHEELS							387,431	
096 09 CATERING							258,902	
096 10 RETAIL PHARMACY							6,226,624	
096 11 MARKETING							1,271,892	
096 12 PHYSICIAN PRACTICE DEVELO							818,547	
098 PHYSICIANS' PRIVATE OFFIC							78,225	
098 01 PHYSICIANS' PRIVATE OFFIC							960,394	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	5,793,620	6,285,570	1,068,974	80,093	27,912	218,108,378		-80,093

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
001 OLD CAP REL COSTS-BLDG &	
001 01 OLD CAP REL COSTS-WHSE	
001 02 OLD CAP REL COSTS-B BLDG	
001 03 OLD CAP REL COSTS-PFD	
001 04 OLD CAP REL COSTS-CHIP	
001 05 OLD CAP REL COSTS-POB I	
001 06 OLD CAP REL COSTS-GRAHAM	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
003 01 NEW CAP REL COSTS-WHSE	
003 02 NEW CAP REL COSTS-B BLDG	
003 03 NEW CAP REL COSTS-PFD	
003 04 NEW CAP REL COSTS-CHIP	
003 05 NEW CAP REL COSTS-POB I	
003 06 NEW CAP REL COSTS-GRAHAM	
003 07 NEW CAP REL COSTS-NW BUIL	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 ADMITTING	
006 02 CASHIERING	
006 03 MENTAL HEALTH ADMINISTRAT	
006 04 ADMINISTRATIVE & GENERAL	
008 OPERATION OF PLANT	
008 01 OPERATION OF PLANT- POB I	
008 02 OPERATION OF PLANT NW	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
010 01 HOUSEKEEPING-POB I	
010 02 HOUSEKEEPING NW	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
022 I&R SERVICES-SALARY & FRI	
024 PARAMED ED PRGM	
025 INPAT ROUTINE SRVC CNTRS	44,044,219
026 ADULTS & PEDIATRICS	9,224,506
027 INTENSIVE CARE UNIT	5,926,609
031 CORONARY CARE UNIT	2,373,132
031 01 SUBPROVIDER 2	3,406,168
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	16,321,015
038 RECOVERY ROOM	1,227,491
040 ANESTHESIOLOGY	757,479
041 RADIOLOGY-DIAGNOSTIC	12,472,909
041 01 C.T. SCAN	2,375,927
044 LABORATORY	14,513,745
044 01 G.I. LAB	2,285,555
044 02 VASCULAR LAB	608,658
044 03 LABORATORY-PATHOLOGY	680,219
047 BLOOD STORING, PROCESSING	4,143,396
049 RESPIRATORY THERAPY	5,579,415
050 PHYSICAL THERAPY	3,035,854
051 OCCUPATIONAL THERAPY	1,310,641
052 SPEECH PATHOLOGY	558,403
053 ELECTROCARDIOLOGY	4,877,101
054 ELECTROENCEPHALOGRAPHY	242,928
055 MEDICAL SUPPLIES CHARGED	7,452,830
055 30 IMPL. DEV. CHARGED TO PAT	15,722,357
056 DRUGS CHARGED TO PATIENTS	20,295,784
057 RENAL DIALYSIS	2,180,117
059 SHOCK THERAPY	185,269
059 01 PAIN MANAGEMENT & OP CHEM	1,383,255
059 02 DIABETES CARE CENTER	883,361
059 03 OP PSYCH	1,008,361
059 04 CARDIAC REHAB	428,671
059 05 SLEEP LAB	130,981
059 98 HYPERBARIC OXYGEN THERAPY	304,149
OUTPAT SERVICE COST CNTRS	
061 EMERGENCY	12,352,317
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
065 AMBULANCE SERVICES	8,040,128
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	206,332,950
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	66,499
096 01 VISITOR MEALS	204,609
096 02 NON REIMBURSABLE B BLDG	164,723
096 03 NON REIMB NW BUILDING	23,368

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
096 04	NON REIMBURSABLE CHIP	479,410
096 05	NON REIMBURSABLE PFD	110,618
096 06	NON REIMBURSABLE HOSPITAL	644,093
096 07	NON REIMBURSABLE POB I	
096 08	MEALS ON WHEELS	387,431
096 09	CATERING	258,902
096 10	RETAIL PHARMACY	6,226,624
096 11	MARKETING	1,271,892
096 12	PHYSICIAN PRACTICE DEVELO	818,547
098	PHYSICIANS' PRIVATE OFFIC	78,225
098 01	PHYSICIANS' PRIVATE OFFIC	960,394
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	218,028,285

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-WHSE 1.01	OLD CAP REL C OSTS-B BLDG 1.02	OLD CAP REL C OSTS-PFD 1.03	OLD CAP REL C OSTS-CHIP 1.04	OLD CAP REL C OSTS-POB I 1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
003 07 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-NW BUIL							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		386		964	14,657		8,346
006 01 ADMITTING		804			3,041		
006 02 CASHIERING		1,058		46	15,352		
006 03 MENTAL HEALTH ADMINISTRAT				139			
006 04 ADMINISTRATIVE & GENERAL		17,315	3,093	1,595	88,829	6,305	46,490
008 OPERATION OF PLANT		24,693	334	1,064	19,497	54,811	24,295
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE		2,289					
010 HOUSEKEEPING		2,203		102	734	3,180	
010 01 HOUSEKEEPING-POB I							345
010 02 HOUSEKEEPING NW							
011 DIETARY		319	2,055		687		
012 CAFETERIA		1,642		1,297	1,885		
014 NURSING ADMINISTRATION				297			1,261
015 CENTRAL SERVICES & SUPPLY		2,518					
016 PHARMACY		1,406					
017 MEDICAL RECORDS & LIBRARY		2,210					4,700
018 SOCIAL SERVICE							
022 I&R SERVICES--SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS		55,359		274			
026 ADULTS & PEDIATRICS		3,991		159			
027 INTENSIVE CARE UNIT							
031 CORONARY CARE UNIT		3,508					
031 SUBPROVIDER		3,279					
031 01 SUBPROVIDER 2		3,787					
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		25,336		58			
038 RECOVERY ROOM		1,248					
040 ANESTHESIOLOGY		201					
041 RADIOLOGY-DIAGNOSTIC		3,410		145		177,402	20,092
041 01 C.T. SCAN						9,224	
044 LABORATORY		2,357		3,693			1,042
044 01 G.I. LAB		777		946			
044 02 VASCULAR LAB				383			
044 03 LABORATORY-PATHOLOGY				305			
047 BLOOD STORING, PROCESSING				491			
049 RESPIRATORY THERAPY		1,093		53			
050 PHYSICAL THERAPY		1,658					
051 OCCUPATIONAL THERAPY		914					
052 SPEECH PATHOLOGY		623					
053 ELECTROCARDIOLOGY		3,381		796			
054 ELECTROENCEPHALOGRAPHY				439			
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		686					
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM		154					3,251
059 02 DIABETES CARE CENTER							5,632
059 03 OP PSYCH							
059 04 CARDIAC REHAB		1,139					
059 05 SLEEP LAB							
059 98 HYPERBARIC OXYGEN THERAPY							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		8,381		1,595			
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS				218			
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		178,125	5,482	15,059	144,682	250,922	115,454
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		638					
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 NON REIMB NW BUILDING							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05
096 04 NON REIMBURSABLE CHIP						58,446	14,519
096 05 NON REIMBURSABLE PFD					5,595		
096 06 NON REIMBURSABLE HOSPITAL		7,197					
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS						291	
096 09 CATERING							
096 10 RETAIL PHARMACY						3,627	
096 11 MARKETING		181				4,145	
096 12 PHYSICIAN PRACTICE DEVELO							
098 PHYSICIANS' PRIVATE OFFIC							179,147
098 01 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		186,141	5,482	16,292	158,340	309,368	309,120

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	14,041						
008 OPERATION OF PLANT	1,392						
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
010 02 HOUSEKEEPING NW							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 C.T. SCAN							
044 LABORATORY							
044 01 G.I. LAB							
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	67,419						
051 OCCUPATIONAL THERAPY	8,226						
052 SPEECH PATHOLOGY	8,747						
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM							
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB							
059 05 SLEEP LAB							
059 98 HYPERBARIC OXYGEN THERAPY							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	99,825						
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 NON REIMB NW BUILDING							

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
NONREIMBURS COST CENTERS	1.06	2	3	3.01	3.02	3.03	3.04
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING							
096 10 RETAIL PHARMACY							
096 11 MARKETING							
096 12 PHYSICIAN PRACTICE DEVELO							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC	202,428						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	302,253						



COST CENTER DESCRIPTION	NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-NW BUIL	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING
NONREIMBURS COST CENTERS	3.05	3.06	3.07	4	4a	5	6.01
096 04 NON REIMBURSABLE CHIP					72,965		
096 05 NON REIMBURSABLE PFD					5,595		
096 06 NON REIMBURSABLE HOSPITAL					7,197		
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING					291		
096 10 RETAIL PHARMACY						161	
096 11 MARKETING					3,808	63	
096 12 PHYSICIAN PRACTICE DEVELO					4,145	67	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC					381,575	18	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					1,286,996	24,353	4,223

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	CASHIERING	MENTAL HEALTH ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	8	8.01	8.02	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
003 07 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-NW BUIL							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING	16,723						
006 03 MENTAL HEALTH ADMINISTRATIVE & GENERAL		200					
006 04 ADMINISTRATIVE & GENERAL			179,305				
008 OPERATION OF PLANT			7,790	134,547			
008 01 OPERATION OF PLANT- POB I			3		4		
008 02 OPERATION OF PLANT NW			68			73	
009 LAUNDRY & LINEN SERVICE			1,210	1,561		1	5,061
010 HOUSEKEEPING			2,871	1,971			
010 01 HOUSEKEEPING-POB I			178				
010 02 HOUSEKEEPING NW			55			2	
011 DIETARY			3,210	2,889			
012 CAFETERIA			740	3,202		3	
014 NURSING ADMINISTRATION			2,907	397			
015 CENTRAL SERVICES & SUPPLY			707	1,717			96
016 PHARMACY			4,663	959			
017 MEDICAL RECORDS & LIBRARY			5,000	1,507		2	
018 SOCIAL SERVICE			871				
022 I&R SERVICES-SALARY & FRI			66				
024 PARAMED ED PRGM			22				
025 INPAT ROUTINE SRVC CNTRS							2,367
025 ADULTS & PEDIATRICS	1,730	110	27,261	38,104			321
026 INTENSIVE CARE UNIT	355		6,572	2,934			251
027 CORONARY CARE UNIT	256		4,095	2,391			122
031 SUBPROVIDER	77		1,470	2,235			62
031 01 SUBPROVIDER 2	90	90	1,879	2,582			
037 ANCILLARY SRVC COST CNTRS							474
037 OPERATING ROOM	831		11,326	17,350			
038 RECOVERY ROOM	126		858	851			
040 ANESTHESIOLOGY	168		558	137			
041 RADIOLOGY-DIAGNOSTIC	1,643		8,518	13,561		18	143
041 01 C.T. SCAN	1,111		1,527	574			122
044 LABORATORY	2,546		10,540	6,590		3	
044 01 G.I. LAB	180		1,658	1,795			51
044 02 VASCULAR LAB	133		410	513			20
044 03 LABORATORY-PATHOLOGY	89		496	407			
047 BLOOD STORING, PROCESSING	295		3,257	614			
049 RESPIRATORY THERAPY	547		4,310	816		7	1
050 PHYSICAL THERAPY	195		2,320	1,130			12
051 OCCUPATIONAL THERAPY	93		990	623			
052 SPEECH PATHOLOGY	29		413	425			
053 ELECTROCARDIOLOGY	1,045		3,380	3,370			71
054 ELECTROENCEPHALOGRAPHY	46		136	587			4
055 MEDICAL SUPPLIES CHARGED	847		5,591				
055 30 IMPL. DEV. CHARGED TO PAT	922		12,042				
056 DRUGS CHARGED TO PATIENTS	1,432		11,506				
057 RENAL DIALYSIS	167		1,703	468			
059 SHOCK THERAPY	4		150				
059 01 PAIN MANAGEMENT & OP CHEM	137		1,023	105			13
059 02 DIABETES CARE CENTER	4		694				
059 03 OP PSYCH	53		809				
059 04 CARDIAC REHAB	11		284	776			
059 05 SLEEP LAB	12		91			7	
059 98 HYPERBARIC OXYGEN THERAPY	21		243				
061 OUTPAT SERVICE COST CNTRS							794
061 EMERGENCY	1,149		8,509	7,848		25	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	379		6,360	291			137
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	16,723	200	171,340	121,280		68	5,061
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			19	435			
096 01 VISITOR MEALS			1	1,650			
096 02 NON REIMBURSABLE B BLDG			10				
096 03 NON REIMB NW BUILDING						5	

COST CENTER DESCRIPTION	CASHIERING	MENTAL HEALTH ADMINISTRATIVE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	8	8.01	8.02	9
NONREIMBURS COST CENTERS							
096 04 NON REIMBURSABLE CHIP			87	3,638			
096 05 NON REIMBURSABLE PFD			7	1,029			
096 06 NON REIMBURSABLE HOSPITAL			217	4,907			
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING			209	54			
096 10 RETAIL PHARMACY			5,115				
096 11 MARKETING			1,044				
096 12 PHYSICIAN PRACTICE DEVELO			609	763			
098 PHYSICIANS' PRIVATE OFFIC				791			
098 01 PHYSICIANS' PRIVATE OFFIC			647		4		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	16,723	200	179,305	134,547	4	73	5,061

ALLOCATION OF OLD CAPITAL RELATED COSTS

	HOUSEKEEPING 10	HOUSEKEEPING- POB I 10.01	HOUSEKEEPING NW 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 07 OLD CAP REL COSTS-GRAHAM							
003 08 OLD CAP REL COSTS-MVBLE E							
003 09 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUIL							
004 08 NEW CAP REL COSTS-MVBLE E							
005 09 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 05 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 03 LAUNDRY & LINEN SERVICE							
010 04 HOUSEKEEPING	11,488						
010 01 HOUSEKEEPING-POB I		556					
010 02 HOUSEKEEPING NW			65				
011 03 DIETARY	261			9,421			
012 04 CAFETERIA	289		3		9,061		
014 05 NURSING ADMINISTRATION	36	3			157	5,585	
015 06 CENTRAL SERVICES & SUPPLY	155				67		5,374
016 07 PHARMACY	86				202		
017 08 MEDICAL RECORDS & LIBRARY	136	11	1		350		
018 09 SOCIAL SERVICE					68		
022 10 I&R SERVICES-SALARY & FRI					4		
024 11 PARAMED ED PRGM							
025 12 INPAT ROUTINE SRVC CNTRS				6,482	2,162	2,960	
026 13 ADULTS & PEDIATRICS	3,438			694	370	538	
027 14 INTENSIVE CARE UNIT	265			510	286	416	
031 15 CORONARY CARE UNIT	216			411	105	153	
031 01 SUBPROVIDER	202			453	117	170	
031 02 SUBPROVIDER 2	233						
037 16 ANCILLARY SRVC COST CNTRS					416	481	
038 17 OPERATING ROOM	1,566				50	72	
040 18 RECOVERY ROOM	77				13		
041 19 ANESTHESIOLOGY	12				384		1
041 01 RADIOLOGY-DIAGNOSTIC	1,224	49	17		48		
044 02 C.T. SCAN	52		3		574		11
044 03 LABORATORY	595	3			64		
044 01 G.I. LAB	162				25		
044 02 VASCULAR LAB	46				29		
044 03 LABORATORY-PATHOLOGY	37				77		
047 04 BLOOD STORING, PROCESSING	55				258		
049 05 RESPIRATORY THERAPY	74		7		185		
050 06 PHYSICAL THERAPY	102				77		
051 07 OCCUPATIONAL THERAPY	56				24		
052 08 SPEECH PATHOLOGY	38				138		
053 09 ELECTROCARDIOLOGY	304				11		
054 10 ELECTROENCEPHALOGRAPHY	53						1,685
055 11 MEDICAL SUPPLIES CHARGED							3,677
055 30 IMPL. DEV. CHARGED TO PAT							
056 12 DRUGS CHARGED TO PATIENTS							
057 13 RENAL DIALYSIS	42				9		
059 14 SHOCK THERAPY					54	79	
059 01 PAIN MANAGEMENT & OP CHEM	9	8			30	43	
059 02 DIABETES CARE CENTER		14			29		
059 03 OP PSYCH					16		
059 04 CARDIAC REHAB	70						
059 05 SLEEP LAB				7	10		
059 98 HYPERBARIC OXYGEN THERAPY							
061 15 OUTPAT SERVICE COST CNTRS				22	462	673	
062 16 EMERGENCY	708						
065 17 OBSERVATION BEDS (NON-DIS					576		
065 18 OTHER REIMBURS COST CNTRS	26						
065 19 AMBULANCE SERVICES							
095 20 SPEC PURPOSE COST CENTERS	10,625	88	60	8,550	7,447	5,585	5,374
096 21 SUBTOTALS							
096 22 NONREIMBURS COST CENTERS							
096 23 GIFT, FLOWER, COFFEE SHOP	39				1,515		
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG	149			5			
096 03 NON REIMB NW BUILDING							

ALLOCATION OF OLD CAPITAL RELATED COSTS

	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10	10.01	10.02	11	12	14	15
NONREIMBURS COST CENTERS							
096 04 NON REIMBURSABLE CHIP	328	35					
096 05 NON REIMBURSABLE PFD	93						
096 06 NON REIMBURSABLE HOSPITAL	109						
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS				871			
096 09 CATERING	5						
096 10 RETAIL PHARMACY					47		
096 11 MARKETING					20		
096 12 PHYSICIAN PRACTICE DEVELO	69				17		
098 PHYSICIANS' PRIVATE OFFIC	71						
098 01 PHYSICIANS' PRIVATE OFFIC		433			15		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,488	556	65	9,421	9,061	5,585	5,374

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES-SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	16	17	18	22	25	26
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
001 01 OLD CAP REL COSTS-WHSE						
001 02 OLD CAP REL COSTS-B BLDG						
001 03 OLD CAP REL COSTS-PFD						
001 04 OLD CAP REL COSTS-CHIP						
001 05 OLD CAP REL COSTS-POB I						
001 06 OLD CAP REL COSTS-GRAHAM						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-WHSE						
003 02 NEW CAP REL COSTS-B BLDG						
003 03 NEW CAP REL COSTS-PFD						
003 04 NEW CAP REL COSTS-CHIP						
003 05 NEW CAP REL COSTS-POB I						
003 06 NEW CAP REL COSTS-GRAHAM						
003 07 NEW CAP REL COSTS-NW BUIL						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 ADMITTING						
006 02 CASHIERING						
006 03 MENTAL HEALTH ADMINISTRAT						
006 04 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT- POB I						
008 02 OPERATION OF PLANT NW						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-POB I						
010 02 HOUSEKEEPING NW						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	8,138					
017 MEDICAL RECORDS & LIBRARY		14,800				
018 SOCIAL SERVICE			1,147			
022 I&R SERVICES-SALARY & FRI				66		
024 PARAMED ED PRGM					32	
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		1,514		628	148,102	
026 INTENSIVE CARE UNIT		310			17,903	
027 CORONARY CARE UNIT		224			13,005	
031 SUBPROVIDER		67			8,431	
031 01 SUBPROVIDER 2		79		519	10,402	
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	5	727			60,154	
038 RECOVERY ROOM		110			3,591	
040 ANESTHESIOLOGY		147			1,300	
041 RADIOLOGY-DIAGNOSTIC		1,438			229,696	
041 01 C.T. SCAN		972			14,065	
044 LABORATORY		2,394			32,384	
044 01 G.I. LAB		158			6,036	
044 02 VASCULAR LAB		117			1,761	
044 03 LABORATORY-PATHOLOGY		78			1,530	
047 BLOOD STORING, PROCESSING		258			5,301	
049 RESPIRATORY THERAPY	1	479			8,618	
050 PHYSICAL THERAPY		171			73,734	
051 OCCUPATIONAL THERAPY		82			11,306	
052 SPEECH PATHOLOGY		25			10,415	
053 ELECTROCARDIOLOGY		914			14,114	
054 ELECTROENCEPHALOGRAPHY		40			1,354	
055 MEDICAL SUPPLIES CHARGED		741			9,076	
055 30 IMPL. DEV. CHARGED TO PAT		807			17,678	
056 DRUGS CHARGED TO PATIENTS	8,097	1,253			22,646	
057 RENAL DIALYSIS		146			3,254	
059 SHOCK THERAPY		4			200	
059 01 PAIN MANAGEMENT & OP CHEM	16	120			5,169	
059 02 DIABETES CARE CENTER		3			6,489	
059 03 OP PSYCH		46			1,026	
059 04 CARDIAC REHAB		9			2,363	
059 05 SLEEP LAB		11			148	
059 98 HYPERBARIC OXYGEN THERAPY		18			322	
OUTPAT SERVICE COST CNTRS						
061 EMERGENCY		1,006			32,861	
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	19	332			9,646	
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	8,138	14,800	1,147		784,080	
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP					1,131	
096 01 VISITOR MEALS					1,515	
096 02 NON REIMBURSABLE B BLDG					3,033	
096 03 NON REIMB NW BUILDING					20	

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI		SUBTOTAL	POST STEPDOWN ADJUSTMENT
NONREIMBURS COST CENTERS	16	17	18	22		25	26
096 04 NON REIMBURSABLE CHIP						77,053	
096 05 NON REIMBURSABLE PFD						6,724	
096 06 NON REIMBURSABLE HOSPITAL						12,430	
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS						871	
096 09 CATERING						559	
096 10 RETAIL PHARMACY						5,323	
096 11 MARKETING						4,935	
096 12 PHYSICIAN PRACTICE DEVELO						5,670	
098 PHYSICIANS' PRIVATE OFFIC						862	
098 01 PHYSICIANS' PRIVATE OFFIC						382,692	
101 CROSS FOOT ADJUSTMENTS					66	32	98
102 NEGATIVE COST CENTER							
103 TOTAL	8,138	14,800	1,147	66	32	1,286,996	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART II

TOTAL

COST CENTER  
 DESCRIPTION

27

001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS--BLDG &	
001	02 OLD CAP REL COSTS--WHSE	
001	03 OLD CAP REL COSTS--B BLDG	
001	04 OLD CAP REL COSTS--PFD	
001	05 OLD CAP REL COSTS--CHIP	
001	06 OLD CAP REL COSTS--POB I	
002	06 OLD CAP REL COSTS--GRAHAM	
002	OLD CAP REL COSTS--MVBLE E	
003	NEW CAP REL COSTS--BLDG &	
003	01 NEW CAP REL COSTS--WHSE	
003	02 NEW CAP REL COSTS--B BLDG	
003	03 NEW CAP REL COSTS--PFD	
003	04 NEW CAP REL COSTS--CHIP	
003	05 NEW CAP REL COSTS--POB I	
003	06 NEW CAP REL COSTS--GRAHAM	
003	07 NEW CAP REL COSTS--NW BUIL	
004	NEW CAP REL COSTS--MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 ADMITTING	
006	02 CASHIERING	
006	03 MENTAL HEALTH ADMINISTRAT	
006	04 ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
008	01 OPERATION OF PLANT-- POB I	
008	02 OPERATION OF PLANT NW	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
010	01 HOUSEKEEPING--POB I	
010	02 HOUSEKEEPING NW	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES--SALARY & FRI	
024	PARAMED ED PRGM	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	148,102
026	INTENSIVE CARE UNIT	17,903
027	CORONARY CARE UNIT	13,005
031	SUBPROVIDER	8,431
031	01 SUBPROVIDER 2	10,402
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	60,154
038	RECOVERY ROOM	3,591
040	ANESTHESIOLOGY	1,300
041	RADIOLOGY--DIAGNOSTIC	229,696
041	01 C.T. SCAN	14,065
044	LABORATORY	32,384
044	01 G.I. LAB	6,036
044	02 VASCULAR LAB	1,761
044	03 LABORATORY--PATHOLOGY	1,530
047	BLOOD STORING, PROCESSING	5,301
049	RESPIRATORY THERAPY	8,618
050	PHYSICAL THERAPY	73,734
051	OCCUPATIONAL THERAPY	11,306
052	SPEECH PATHOLOGY	10,415
053	ELECTROCARDIOLOGY	14,114
054	ELECTROENCEPHALOGRAPHY	1,354
055	MEDICAL SUPPLIES CHARGED	9,076
055	30 IMPL. DEV. CHARGED TO PAT	17,678
056	DRUGS CHARGED TO PATIENTS	22,646
057	RENAL DIALYSIS	3,254
059	SHOCK THERAPY	200
059	01 PAIN MANAGEMENT & OP CHEM	5,169
059	02 DIABETES CARE CENTER	6,489
059	03 OP PSYCH	1,026
059	04 CARDIAC REHAB	2,363
059	05 SLEEP LAB	148
059	98 HYPERBARIC OXYGEN THERAPY	322
061	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	32,861
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	9,646
065	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	784,080
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	1,131
096	01 VISITOR MEALS	1,515
096	02 NON REIMBURSABLE B BLDG	3,033
096	03 NON REIMB NW BUILDING	20

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART II

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
096 04	NON REIMBURSABLE CHIP	77,053
096 05	NON REIMBURSABLE PFD	6,724
096 06	NON REIMBURSABLE HOSPITAL	12,430
096 07	NON REIMBURSABLE POB I	
096 08	MEALS ON WHEELS	871
096 09	CATERING	559
096 10	RETAIL PHARMACY	5,323
096 11	MARKETING	4,935
096 12	PHYSICIAN PRACTICE DEVELO	5,670
098	PHYSICIANS' PRIVATE OFFIC	862
098 01	PHYSICIANS' PRIVATE OFFIC	382,692
101	CROSS FOOT ADJUSTMENTS	98
102	NEGATIVE COST CENTER	
103	TOTAL	1,286,996

Health Financial Systems MCRIF32 FOR CHRISTIAN HOSPITAL NORTHEAST IN LIEU OF FORM CMS-2552-96(1/2010)CONTD  
 ALLOCATION OF OLD CAPITAL RELATED COSTS PROVIDER NO: 26-0180 PERIOD: FROM 1/ 1/2010 TO 12/31/2010 PREPARED 5/25/2011 WORKSHEET B PART II

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-WHSE	OLD CAP REL COSTS-B BLDG	OLD CAP REL COSTS-PFD	OLD CAP REL COSTS-CHIP	OLD CAP REL COSTS-POB I
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & OSTS							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 NEW CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG & OSTS							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
003 07 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-NW BUIL							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	19,733						
006 01 ADMITTING	11,409						
006 02 CASHIERING	9,565						
006 03 MENTAL HEALTH ADMINISTRAT	2,622						
006 04 ADMINISTRATIVE & GENERAL	1,000,030						
008 OPERATION OF PLANT	14,643						
008 01 OPERATION OF PLANT-- POB I							
008 02 OPERATION OF PLANT NW	1,241						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
010 02 HOUSEKEEPING NW							
011 DIETARY	3,363						
012 CAFETERIA							
014 NURSING ADMINISTRATION	8,490						
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	378,585						
017 MEDICAL RECORDS & LIBRARY	2,966						
018 SOCIAL SERVICE	2,827						
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS	20,495						
026 ADULTS & PEDIATRICS	3,680						
027 INTENSIVE CARE UNIT	519						
031 CORONARY CARE UNIT	444						
031 01 SUBPROVIDER 2	4,307						
037 ANCILLARY SRVC COST CNTRS	9,993						
038 OPERATING ROOM							
040 RECOVERY ROOM							
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	27,293						
041 01 C.T. SCAN							
044 LABORATORY	151,833						
044 01 G.I. LAB	24						
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY	24,682						
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	26,200						
050 PHYSICAL THERAPY	11,504						
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,180						
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,556,211						
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	493						
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM	744						
059 02 DIABETES CARE CENTER	5,708						
059 03 OP PSYCH	4,685						
059 04 CARDIAC REHAB	323						
059 05 SLEEP LAB	480						
059 98 HYPERBARIC OXYGEN THERAPY							
061 OUTPAT SERVICE COST CNTRS	14,215						
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS	4,175						
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS	3,327,662						
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 NON REIMB NW BUILDING							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-WHSE	C OLD CAP REL OSTS-B BLDG	C OLD CAP REL OSTS-PFD	C OLD CAP REL OSTS-CHIP	C OLD CAP REL OSTS-POB I
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING							
096 10 RETAIL PHARMACY	739						
096 11 MARKETING	4,511						
096 12 PHYSICIAN PRACTICE DEVELO	3,188						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,336,100						

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
003 07 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-NW BUIL							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				10,938		3,738	
006 01 ADMITTING				22,810		776	
006 02 CASHIERING				30,011		3,915	
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL				491,131		22,653	703
008 OPERATION OF PLANT				700,404		4,972	6,114
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE				64,938			
010 HOUSEKEEPING				62,495		187	355
010 01 HOUSEKEEPING-POB I							
010 02 HOUSEKEEPING NW							
011 DIETARY				9,041		175	
012 CAFETERIA				46,583		481	
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY				71,435			
016 PHARMACY				39,886			
017 MEDICAL RECORDS & LIBRARY				62,696			
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS				1,570,240			
026 ADULTS & PEDIATRICS				113,217			
027 INTENSIVE CARE UNIT				99,491			
031 CORONARY CARE UNIT				93,009			
031 SUBPROVIDER				107,425			
031 01 SUBPROVIDER 2							
037 ANCILLARY SRVC COST CNTRS				718,658			
038 OPERATING ROOM				35,401			
040 RECOVERY ROOM				5,692			
041 ANESTHESIOLOGY				96,731			19,789
041 RADIOLOGY-DIAGNOSTIC							1,029
041 01 C.T. SCAN				66,864			
044 LABORATORY				22,034			
044 01 G.I. LAB							
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				31,003			
050 PHYSICAL THERAPY				47,029			
051 OCCUPATIONAL THERAPY				25,915			
052 SPEECH PATHOLOGY				17,665			
053 ELECTROCARDIOLOGY				95,912			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				19,461			
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM				4,355			
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB				32,296			
059 05 SLEEP LAB							
059 98 HYPERBARIC OXYGEN THERAPY							
061 OUTPAT SERVICE COST CNTRS				237,732			
062 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS				5,052,498		36,897	27,990
096 SUBTOTALS							
NONREIMBURS COST CENTERS				18,110			
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 NON REIMB NW BUILDING							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
NONREIMBURS COST CENTERS		1.06	2	3	3.01	3.02	3.03	3.04
096	04 NON REIMBURSABLE CHIP							6,519
096	05 NON REIMBURSABLE PFD						1,427	
096	06 NON REIMBURSABLE HOSPITAL			204,156				
096	07 NON REIMBURSABLE POB I							
096	08 MEALS ON WHEELS							
096	09 CATERING						74	
096	10 RETAIL PHARMACY							
096	11 MARKETING			5,131			925	
096	12 PHYSICIAN PRACTICE DEVELO						1,057	
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL			5,279,895			40,380	34,509

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I  
I 26-0180 I  
I I

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

I PREPARED 5/25/2011 I  
I WORKSHEET B I  
I PART III I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	ADMITTING
	OSTS-POB I	OSTS-GRAHAM	OSTS-NW BUIL	OSTS-MVBLE E		FITS	
	3.05	3.06	3.07	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
003 07 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-NW BUIL							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,867			8,836	46,112	46,112	
006 01 ADMITTING			6,012	6,039	47,046	716	47,762
006 02 CASHIERING					43,491	506	
006 03 MENTAL HEALTH ADMINISTRAT					2,622	115	
006 04 ADMINISTRATIVE & GENERAL	15,972	5,175	44,036	5,134,839	6,714,539	3,101	
008 OPERATION OF PLANT	8,347	513		35,244	770,237	1,271	
008 01 OPERATION OF PLANT- POB I						1	
008 02 OPERATION OF PLANT NW			5,098		6,339	10	
009 LAUNDRY & LINEN SERVICE			2,305		67,464		
010 HOUSEKEEPING				221	5,875	68,912	809
010 01 HOUSEKEEPING-POB I	118					118	62
010 02 HOUSEKEEPING NW			3,152			3,152	14
011 DIETARY					23,628	36,207	
012 CAFETERIA			5,687		17,177	69,928	
014 NURSING ADMINISTRATION	433				359,795	368,718	998
015 CENTRAL SERVICES & SUPPLY					31,515	102,950	217
016 PHARMACY					101,387	519,858	1,557
017 MEDICAL RECORDS & LIBRARY	1,615		2,985	1,693	71,955	1,674	394
018 SOCIAL SERVICE					2,827		
022 I&R SERVICES-SALARY & FRI							10
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS					97,381	1,688,116	9,978
025 ADULTS & PEDIATRICS					149,231	266,128	2,473
026 INTENSIVE CARE UNIT					108,293	208,303	1,493
027 CORONARY CARE UNIT					3,942	97,395	551
031 SUBPROVIDER					3,438	115,170	603
031 01 SUBPROVIDER 2							
037 ANCILLARY SRVC COST CNTRS					515,898	1,244,549	2,607
037 OPERATING ROOM					63,128	98,529	319
038 RECOVERY ROOM					102,784	108,476	42
040 ANESTHESIOLOGY					768,076	953,404	2,350
041 RADIOLOGY-DIAGNOSTIC	6,903		34,612		332,453	333,482	297
041 01 C.T. SCAN			5,077		226,549	450,681	2,566
044 LABORATORY	358				215,294	237,352	379
044 01 G.I. LAB					31,186	31,186	153
044 02 VASCULAR LAB					44,878	69,560	127
044 03 LABORATORY-PATHOLOGY					251	251	340
047 BLOOD STORING, PROCESSING			13,377		99,262	169,842	1,583
049 RESPIRATORY THERAPY					12,470	95,849	935
050 PHYSICAL THERAPY		24,846			117	29,064	420
051 OCCUPATIONAL THERAPY		3,032			6,184	27,073	160
052 SPEECH PATHOLOGY		3,224			785,017	885,109	860
053 ELECTROCARDIOLOGY					8,760	8,760	50
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					1,556,211		2,436
055 30 IMPL. DEV. CHARGED TO PAT							2,650
056 DRUGS CHARGED TO PATIENTS							4,117
057 RENAL DIALYSIS					32,532	52,486	479
059 SHOCK THERAPY					2,217	2,217	12
059 01 PAIN MANAGEMENT & OP CHEM	1,117				8,975	15,191	315
059 02 DIABETES CARE CENTER	1,935				11,768	19,411	128
059 03 OP PSYCH					15,309	19,994	144
059 04 CARDIAC REHAB					12,311	44,930	103
059 05 SLEEP LAB			13,912			14,392	32
059 98 HYPERBARIC OXYGEN THERAPY							47
061 OUTPAT SERVICE COST CNTRS			45,844		146,340	444,131	2,656
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS					405,633	409,808	2,299
065 AMBULANCE SERVICES							1,091
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	39,665	36,790	182,097	9,935,926	18,639,525	45,525	47,762
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						18,110	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG			9,820			9,820	
096 03 NON REIMB NW BUILDING							

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-NW BUIL	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE ADMITTING FITS
		3.05	3.06	3.07	4	4a	5 6.01
	NONREIMBURS COST CENTERS						
096	04 NON REIMBURSABLE CHIP	4,988				11,507	
096	05 NON REIMBURSABLE PFD					1,427	
096	06 NON REIMBURSABLE HOSPITAL					204,156	
096	07 NON REIMBURSABLE POB I						
096	08 MEALS ON WHEELS						
096	09 CATERING				3,538	3,612	
096	10 RETAIL PHARMACY				131	870	306
096	11 MARKETING					10,567	120
096	12 PHYSICIAN PRACTICE DEVELO				144	4,389	127
098	PHYSICIANS' PRIVATE OFFIC						
098	01 PHYSICIANS' PRIVATE OFFIC	61,547	74,602			136,149	34
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	106,200	111,392	191,917	9,939,739	19,040,132	46,112 47,762

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CASHIERING	MENTAL HEALTH ADMINISTRAT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LIN EN SERVICE
	6.02	6.03	6.04	8	8.01	8.02	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING	43,997						
006 03 MENTAL HEALTH ADMINISTRAT		2,737					
006 04 ADMINISTRATIVE & GENERAL			6,717,640				
008 OPERATION OF PLANT			291,806	1,063,314			
008 01 OPERATION OF PLANT- POB I			101		102		
008 02 OPERATION OF PLANT NW			2,565			8,914	
009 LAUNDRY & LINEN SERVICE			45,323	12,334		150	125,271
010 HOUSEKEEPING			107,522	15,580			
010 01 HOUSEKEEPING-POB I			6,677				
010 02 HOUSEKEEPING NW			2,046			205	
011 DIETARY			120,256	22,829			
012 CAFETERIA			27,736	25,307		371	
014 NURSING ADMINISTRATION			108,882	3,137	1		2,375
015 CENTRAL SERVICES & SUPPLY			26,486	13,568			
016 PHARMACY			174,681	7,576			
017 MEDICAL RECORDS & LIBRARY			187,304	11,908	2	195	
018 SOCIAL SERVICE			32,640				
022 I&R SERVICES-SALARY & FRI			2,467				
024 PARAMED ED PRGM			842				
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,542	1,499	1,022,398	301,157			58,601
026 INTENSIVE CARE UNIT	931		246,178	23,183			7,941
027 CORONARY CARE UNIT	673		153,393	18,897			6,213
031 SUBPROVIDER	201		55,077	17,666			3,014
031 01 SUBPROVIDER 2	237	1,238	70,394	20,404			1,532
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,181		424,248	137,118			11,742
038 RECOVERY ROOM	330		32,123	6,724			
040 ANESTHESIOLOGY	441		20,916	1,081			
041 RADIOLOGY-DIAGNOSTIC	4,313		319,051	107,173	9	2,256	3,528
041 01 C.T. SCAN	2,917		57,188	4,537			3,027
044 LABORATORY	6,780		394,797	52,084		331	
044 01 G.I. LAB	473		62,089	14,183			1,253
044 02 VASCULAR LAB	350		15,346	4,051			487
044 03 LABORATORY-PATHOLOGY	233		18,563	3,213			
047 BLOOD STORING, PROCESSING	774		122,009	4,854			
049 RESPIRATORY THERAPY	1,436		161,453	6,451		872	27
050 PHYSICAL THERAPY	512		86,918	8,933			298
051 OCCUPATIONAL THERAPY	245		37,068	4,922			
052 SPEECH PATHOLOGY	75		15,471	3,355			
053 ELECTROCARDIOLOGY	2,743		126,589	26,631			1,762
054 ELECTROENCEPHALOGRAPHY	121		5,077	4,641			94
055 MEDICAL SUPPLIES CHARGED	2,224		209,420				
055 30 IMPL. DEV. CHARGED TO PAT	2,420		451,043				
056 DRUGS CHARGED TO PATIENTS	3,759		430,995				
057 RENAL DIALYSIS	438		63,792	3,696			
059 SHOCK THERAPY	11		5,621				
059 01 PAIN MANAGEMENT & OP CHEM	359		38,330	827	1		326
059 02 DIABETES CARE CENTER	10		26,012		2		
059 03 OP PSYCH	139		30,322				
059 04 CARDIAC REHAB	28		10,648	6,134			
059 05 SLEEP LAB	33		3,406			907	
059 98 HYPERBARIC OXYGEN THERAPY	55		9,084				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,017		318,719	62,021		2,987	19,659
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	996		238,227	2,301			3,392
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	43,997	2,737	6,419,299	958,476	15	8,274	125,271
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			722	3,440			
096 01 VISITOR MEALS				47			
096 02 NON REIMBURSABLE B BLDG				13,036			
096 03 NON REIMB NW BUILDING				378		640	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CASHIERING	MENTAL HEALTH ADMINISTRAT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LIN EN SERVICE
NONREIMBURS COST CENTERS	6.02	6.03	6.04	8	8.01	8.02	9
096 04 NON REIMBURSABLE CHIP			3,253	28,750	6		
096 05 NON REIMBURSABLE PFD			270	8,135			
096 06 NON REIMBURSABLE HOSPITAL			8,138	38,777			
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							
096 09 CATERING			7,811	423			
096 10 RETAIL PHARMACY			191,584				
096 11 MARKETING			39,091				
096 12 PHYSICIAN PRACTICE DEVELO			22,818	6,028			
098 PHYSICIANS' PRIVATE OFFIC				6,249			
098 01 PHYSICIANS' PRIVATE OFFIC			24,229		81		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	43,997	2,737	6,717,640	1,063,314	102	8,914	125,271

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10	10.01	10.02	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
003 07 NEW CAP REL COSTS-NW BUIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	192,823						
010 01 HOUSEKEEPING-POB I		6,857					
010 02 HOUSEKEEPING NW			5,417				
011 DIETARY	4,375			183,667			
012 CAFETERIA	4,850		235		128,427		
014 NURSING ADMINISTRATION	601	38				484,600	
015 CENTRAL SERVICES & SUPPLY	2,600						149,141
016 PHARMACY	1,452				2,860		
017 MEDICAL RECORDS & LIBRARY	2,282	140	123		4,960		
018 SOCIAL SERVICE					968		
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM					62		
025 INPAT ROUTINE SRVC CNTRS	57,716			126,367	30,650	256,840	3
026 ADULTS & PEDIATRICS	4,443			13,536	5,244	46,719	
027 INTENSIVE CARE UNIT	3,622			9,946	4,049	36,071	
031 CORONARY CARE UNIT	3,386			8,007	1,492	13,286	
031 SUBPROVIDER	3,910			8,829	1,656	14,748	
031 01 SUBPROVIDER 2							
037 ANCILLARY SRVC COST CNTRS	26,278				5,890	41,705	2
038 OPERATING ROOM	1,289				703	6,261	
040 RECOVERY ROOM	207				184		
041 ANESTHESIOLOGY	20,539	600	1,428		5,436		16
041 RADIOLOGY-DIAGNOSTIC	870				686		
041 01 C.T. SCAN	9,982	31	209		8,133		298
044 LABORATORY	2,718				904		
044 01 G.I. LAB	776				355		
044 02 VASCULAR LAB	616				411		
044 03 LABORATORY-PATHOLOGY	930				1,094		
047 BLOOD STORING, PROCESSING	1,236		552		3,657		
049 RESPIRATORY THERAPY	1,712				2,622		
050 PHYSICAL THERAPY	943				1,096		
051 OCCUPATIONAL THERAPY	643				346		
052 SPEECH PATHOLOGY	5,104				1,959		
053 ELECTROCARDIOLOGY	889				155		
054 ELECTROENCEPHALOGRAPHY							46,747
055 MEDICAL SUPPLIES CHARGED							102,075
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	708				126		
059 SHOCK THERAPY					767	6,836	
059 01 PAIN MANAGEMENT & OP CHEM	159	97			423	3,769	
059 02 DIABETES CARE CENTER		168			414		
059 03 OP PSYCH					229		
059 04 CARDIAC REHAB	1,176						
059 05 SLEEP LAB			574		136		
059 98 HYPERBARIC OXYGEN THERAPY							
061 OUTPAT SERVICE COST CNTRS	11,886		1,891		6,552	58,365	
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS	441				8,169		
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS	178,339	1,074	5,012	166,685	105,558	484,600	149,141
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS	659						
096 GIFT, FLOWER, COFFEE SHOP					21,473		
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG	2,498						
096 03 NON REIMB NW BUILDING			405				

	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10	10.01	10.02	11	12	14		15
NONREIMBURS COST CENTERS								
096 04 NON REIMBURSABLE CHIP	5,510	434						
096 05 NON REIMBURSABLE PFD	1,559							
096 06 NON REIMBURSABLE HOSPITAL	1,824							
096 07 NON REIMBURSABLE POB I								
096 08 MEALS ON WHEELS				16,982				
096 09 CATERING	81							
096 10 RETAIL PHARMACY					663			
096 11 MARKETING					283			
096 12 PHYSICIAN PRACTICE DEVELO	1,155				235			
098 PHYSICIANS' PRIVATE OFFIC	1,198							
098 01 PHYSICIANS' PRIVATE OFFIC		5,349			215			
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	192,823	6,857	5,417	183,667	128,427	484,600		149,141

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B  
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	16	17	18	22	24	25	26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS--BLDG &							
001 02 OLD CAP REL COSTS--WHSE							
001 03 OLD CAP REL COSTS--B BLDG							
001 04 OLD CAP REL COSTS--PFD							
001 05 OLD CAP REL COSTS--CHIP							
001 06 OLD CAP REL COSTS--POB I							
001 06 OLD CAP REL COSTS--GRAHAM							
002 OLD CAP REL COSTS--MVBLE E							
003 NEW CAP REL COSTS--BLDG &							
003 01 NEW CAP REL COSTS--WHSE							
003 02 NEW CAP REL COSTS--B BLDG							
003 03 NEW CAP REL COSTS--PFD							
003 04 NEW CAP REL COSTS--CHIP							
003 05 NEW CAP REL COSTS--POB I							
003 06 NEW CAP REL COSTS--GRAHAM							
003 07 NEW CAP REL COSTS--NW BUIL							
004 NEW CAP REL COSTS--MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT-- POB I							
008 02 OPERATION OF PLANT NW							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING--POB I							
010 02 HOUSEKEEPING NW							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	707,984						
017 MEDICAL RECORDS & LIBRARY		280,543					
018 SOCIAL SERVICE			36,829				
022 I&R SERVICES--SALARY & FRI				2,467			
024 PARAMED ED PRGM					914		
025 INPAT ROUTINE SRVC CNTRS						3,612,058	
026 ADULTS & PEDIATRICS		29,053	20,164			623,748	
027 INTENSIVE CARE UNIT		5,953				447,701	
027 CORONARY CARE UNIT		4,304				201,583	
031 SUBPROVIDER		1,288				257,164	
031 01 SUBPROVIDER 2		1,518	16,665				
037 ANCILLARY SRVC COST CNTRS						1,913,128	
037 OPERATING ROOM	467	13,952				148,747	
038 RECOVERY ROOM		2,108				134,649	
040 ANESTHESIOLOGY		2,819				1,452,419	
041 RADIOLOGY--DIAGNOSTIC		27,592				424,855	
041 01 C.T. SCAN		18,657				975,373	
044 LABORATORY		42,480				322,893	
044 01 G.I. LAB		3,024				55,329	
044 02 VASCULAR LAB		2,241				94,469	
044 03 LABORATORY--PATHOLOGY		1,491				136,051	
047 BLOOD STORING, PROCESSING		4,951				357,957	
049 RESPIRATORY THERAPY	89	9,186				201,611	
050 PHYSICAL THERAPY		3,272				75,592	
051 OCCUPATIONAL THERAPY		1,566				47,688	
052 SPEECH PATHOLOGY		482				1,071,307	
053 ELECTROCARDIOLOGY		17,546				20,694	
054 ELECTROENCEPHALOGRAPHY		774				1,831,264	
055 MEDICAL SUPPLIES CHARGED		14,226				573,666	
055 30 IMPL. DEV. CHARGED TO PAT		15,478				1,167,292	
056 DRUGS CHARGED TO PATIENTS	704,373	24,048				124,398	
057 RENAL DIALYSIS		2,799				8,117	
059 SHOCK THERAPY		70				67,327	
059 01 PAIN MANAGEMENT & OP CHEM	1,428	2,298				49,997	
059 02 DIABETES CARE CENTER		63				52,057	
059 03 OP PSYCH		891				63,457	
059 04 CARDIAC REHAB		178				19,590	
059 05 SLEEP LAB		210				9,735	
059 98 HYPERBARIC OXYGEN THERAPY		353					
061 OUTPAT SERVICE COST CNTRS						954,491	
061 EMERGENCY		19,302					
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS						674,721	
065 AMBULANCE SERVICES	1,627	6,370					
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	707,984	280,543	36,829			18,171,128	
096 NONREIMBURS COST CENTERS						22,931	
096 GIFT, FLOWER, COFFEE SHOP						21,473	
096 01 VISITOR MEALS						15,581	
096 02 NON REIMBURSABLE B BLDG						11,243	
096 03 NON REIMB NW BUILDING							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	16	17	18	22	24	25	26
NONREIMBURS COST CENTERS							
096 04 NON REIMBURSABLE CHIP						49,460	
096 05 NON REIMBURSABLE PFD						11,391	
096 06 NON REIMBURSABLE HOSPITAL						252,895	
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS						16,982	
096 09 CATERING						11,927	
096 10 RETAIL PHARMACY						193,423	
096 11 MARKETING						50,061	
096 12 PHYSICIAN PRACTICE DEVELO						34,752	
098 PHYSICIANS' PRIVATE OFFIC						7,447	
098 01 PHYSICIANS' PRIVATE OFFIC						166,057	
101 CROSS FOOT ADJUSTMENTS				2,467		3,381	
102 NEGATIVE COST CENTER							
103 TOTAL	707,984	280,543	36,829	2,467	914	19,040,132	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:  
I 26-0180  
I

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

I PREPARED 5/25/2011  
I WORKSHEET B  
I PART III

TOTAL

COST CENTER  
DESCRIPTION

27

001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS--BLDG &	
001	02 OLD CAP REL COSTS--WHSE	
001	03 OLD CAP REL COSTS--B BLDG	
001	04 OLD CAP REL COSTS--PFD	
001	05 OLD CAP REL COSTS--CHIP	
001	06 OLD CAP REL COSTS--POB I	
002	06 OLD CAP REL COSTS--GRAHAM	
003	OLD CAP REL COSTS--MVBLE E	
003	01 NEW CAP REL COSTS--BLDG &	
003	02 NEW CAP REL COSTS--WHSE	
003	03 NEW CAP REL COSTS--B BLDG	
003	04 NEW CAP REL COSTS--PFD	
003	05 NEW CAP REL COSTS--CHIP	
003	06 NEW CAP REL COSTS--POB I	
003	07 NEW CAP REL COSTS--GRAHAM	
004	07 NEW CAP REL COSTS--NW BUIL	
004	NEW CAP REL COSTS--MVBLE E	
005	EMPLOYEE BENEFITS	
006	01 ADMITTING	
006	02 CASHIERING	
006	03 MENTAL HEALTH ADMINISTRAT	
006	04 ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
008	01 OPERATION OF PLANT- POB I	
008	02 OPERATION OF PLANT NW	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
010	01 HOUSEKEEPING-POB I	
010	02 HOUSEKEEPING NW	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES--SALARY & FRI	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	3,612,058
026	INTENSIVE CARE UNIT	623,748
027	CORONARY CARE UNIT	447,701
031	SUBPROVIDER	201,583
031	01 SUBPROVIDER 2	257,164
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,913,128
038	RECOVERY ROOM	148,747
040	ANESTHESIOLOGY	134,649
041	RADIOLOGY-DIAGNOSTIC	1,452,419
041	01 C.T. SCAN	424,855
044	LABORATORY	975,373
044	01 G.I. LAB	322,893
044	02 VASCULAR LAB	55,329
044	03 LABORATORY-PATHOLOGY	94,469
047	BLOOD STORING, PROCESSING	136,051
049	RESPIRATORY THERAPY	357,957
050	PHYSICAL THERAPY	201,611
051	OCCUPATIONAL THERAPY	75,592
052	SPEECH PATHOLOGY	47,688
053	ELECTROCARDIOLOGY	1,071,307
054	ELECTROENCEPHALOGRAPHY	20,694
055	MEDICAL SUPPLIES CHARGED	1,831,264
055	30 IMPL. DEV. CHARGED TO PAT	573,666
056	DRUGS CHARGED TO PATIENTS	1,167,292
057	RENAL DIALYSIS	124,398
059	SHOCK THERAPY	8,117
059	01 PAIN MANAGEMENT & OP CHEM	67,327
059	02 DIABETES CARE CENTER	49,997
059	03 OP PSYCH	52,057
059	04 CARDIAC REHAB	63,457
059	05 SLEEP LAB	19,590
059	98 HYPERBARIC OXYGEN THERAPY	9,735
	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	954,491
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	674,721
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	18,171,128
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	22,931
096	01 VISITOR MEALS	21,473
096	02 NON REIMBURSABLE B BLDG	15,581
096	03 NON REIMB NW BUILDING	11,243

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
096 04	NON REIMBURSABLE CHIP	49,460
096 05	NON REIMBURSABLE PFD	11,391
096 06	NON REIMBURSABLE HOSPITAL	252,895
096 07	NON REIMBURSABLE POB I	
096 08	MEALS ON WHEELS	16,982
096 09	CATERING	11,927
096 10	RETAIL PHARMACY	193,423
096 11	MARKETING	50,061
096 12	PHYSICIAN PRACTICE DEVELO	34,752
098	PHYSICIANS' PRIVATE OFFIC	7,447
098 01	PHYSICIANS' PRIVATE OFFIC	166,057
101	CROSS FOOT ADJUSTMENTS	3,381
102	NEGATIVE COST CENTER	
103	TOTAL	19,040,132

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET B-1  
 I I TO 12/31/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP	OSTS-POB I
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	367,344					
001 02 OLD CAP REL COSTS-WHS		19,654				
001 03 OLD CAP REL COSTS-B B			63,100			
001 04 OLD CAP REL COSTS-PFD				84,340		
001 05 OLD CAP REL COSTS-CHI					55,743	
001 06 OLD CAP REL COSTS-POB						78,926
002 OLD CAP REL COSTS-GRV						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-WHS						
003 02 NEW CAP REL COSTS-B B						
003 03 NEW CAP REL COSTS-PFD						
003 04 NEW CAP REL COSTS-CHI						
003 05 NEW CAP REL COSTS-POB						
003 06 NEW CAP REL COSTS-GRV						
003 07 NEW CAP REL COSTS-NW						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	761		3,734	7,807		2,131
006 01 ADMITTING	1,587			1,620		
006 02 CASHIERING	2,088		180	8,177		
006 03 MENTAL HEALTH ADMINIS			540			
006 04 ADMINISTRATIVE & GENE	34,170	11,091	6,178	47,315	1,136	11,870
008 OPERATION OF PLANT	48,730	1,196	4,122	10,385	9,876	6,203
008 01 OPERATION OF PLANT- P						
008 02 OPERATION OF PLANT N						
009 LAUNDRY & LINEN SERVI	4,518					
010 HOUSEKEEPING	4,348		395	391	573	
010 01 HOUSEKEEPING-POB I						88
010 02 HOUSEKEEPING NW						
011 DIETARY	629	7,367		366		
012 CAFETERIA	3,241		5,025	1,004		
014 NURSING ADMINISTRATIO			1,149			322
015 CENTRAL SERVICES & SU	4,970					
016 PHARMACY	2,775					
017 MEDICAL RECORDS & LIB	4,362					1,200
018 SOCIAL SERVICE						
022 I&R SERVICES-SALARY &						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN	109,248		1,063			
026 ADULTS & PEDIATRICS	7,877		615			
027 INTENSIVE CARE UNIT	6,922					
031 CORONARY CARE UNIT	6,471					
031 01 SUBPROVIDER 2	7,474					
037 ANCILLARY SRVC COST C	50,000		226			
038 OPERATING ROOM	2,463					
040 RECOVERY ROOM	396					
041 ANESTHESIOLOGY	6,730		562		31,965	5,130
041 01 RADIOLOGY-DIAGNOSTIC					1,662	
044 C.T. SCAN	4,652		14,297			266
044 LABORATORY	1,533		3,662			
044 01 G.I. LAB			1,484			
044 02 VASCULAR LAB			1,181			
044 03 LABORATORY-PATHOLOGY			1,903			
047 BLOOD STORING, PROCES			206			
049 RESPIRATORY THERAPY	2,157					
050 PHYSICAL THERAPY	3,272					
051 OCCUPATIONAL THERAPY	1,803					
052 SPEECH PATHOLOGY	1,229					
053 ELECTROCARDIOLOGY	6,673		3,082			
054 ELECTROENCEPHALOGRAPH			1,700			
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,354					
059 SHOCK THERAPY						830
059 01 PAIN MANAGEMENT & OP	303					1,438
059 02 DIABETES CARE CENTER						
059 03 OP PSYCH						
059 04 CARDIAC REHAB	2,247					
059 05 SLEEP LAB						
059 98 HYPERBARIC OXYGEN THE						
061 OUTPAT SERVICE COST C	16,540		6,178			
062 EMERGENCY						
065 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C			843			
065 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CEN	351,523	19,654	58,325	77,065	45,212	29,478
096 SUBTOTALS						
NONREIMBURS COST CENT	1,260					
GIFT, FLOWER, COFFEE						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG & )	OSTS-WHSE )	OSTS-B BLDG )	OSTS-PFD )	OSTS-CHIP )	OSTS-POB I )
	(SQUARE FEET	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET )
	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENT						
096 01 VISITOR MEALS			4,775			
096 02 NON REIMBURSABLE B BL						
096 03 NON REIMB NW BUILDING					10,531	3,707
096 04 NON REIMBURSABLE CHIP				2,980		
096 05 NON REIMBURSABLE PFD						
096 06 NON REIMBURSABLE HOSP	14,204					
096 07 NON REIMBURSABLE POB						
096 08 MEALS ON WHEELS				155		
096 09 CATERING						
096 10 RETAIL PHARMACY				1,932		
096 11 MARKETING	357			2,208		
096 12 PHYSICIAN PRACTICE DE						
098 PHYSICIANS' PRIVATE O						45,741
098 01 PHYSICIANS' PRIVATE O						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	186,141	5,482	16,292	158,340	309,368	309,120
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.506721		.258193	1.877401	5.549899	3.916580
(WRKSHT B, PT I)		.278925				
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)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						



COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 26-0180  
I

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

I PREPARED 5/25/2011  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	(SQUARE FEET	F(DOLLAR VALUE	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET
	1.06	2	3	3.01	3.02	3.03	3.04
NONREIMBURS COST CENT							
096 01 VISITOR MEALS					4,775		
096 02 NON REIMBURSABLE B BL							
096 03 NON REIMB NW BUILDING							10,531
096 04 NON REIMBURSABLE CHIP						2,980	
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSP			14,204				
096 07 NON REIMBURSABLE POB							
096 08 MEALS ON WHEELS						155	
096 09 CATERING							
096 10 RETAIL PHARMACY						1,932	
096 11 MARKETING			357			2,208	
096 12 PHYSICIAN PRACTICE DE							
098 PHYSICIANS' PRIVATE O	27,191						
098 01 PHYSICIANS' PRIVATE O							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER						40,380	34,509
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	302,253		5,279,895			.478776	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.444655		14.373162				.619073
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)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING
	OSTS-POB I	OSTS-GRAHAM	OSTS-NW BUIL	OSTS-MVBLE E	FITS	SA(GROSS VENU	RE(GROSS VENU
	(SQUARE FEET	(SQUARE FEET	F(SQUARE FEET	(DOLLAR VALUE	(GROSS LARIES		RE
	3.05	3.06	3.07	4	5	6.01	6.02
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-WHS							
001 03 OLD CAP REL COSTS-B B							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHI							
001 06 OLD CAP REL COSTS-POB							
002 OLD CAP REL COSTS-GRA							
003 OLD CAP REL COSTS-MVB							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-WHS							
003 03 NEW CAP REL COSTS-B B							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHI	78,926						
003 06 NEW CAP REL COSTS-POB		40,600					
003 07 NEW CAP REL COSTS-GRA			45,966				
004 NEW CAP REL COSTS-NW				9,717,011			
004 NEW CAP REL COSTS-MVB				8,638	80,085,458		
005 EMPLOYEE BENEFITS	2,131			5,904	1,242,556	696,852,382	
006 01 ADMITTING			1,440		877,748		696,852,382
006 02 CASHIERING					199,740		
006 03 MENTAL HEALTH ADMINIS					5,383,939		
006 04 ADMINISTRATIVE & GENE	11,870	1,886	10,547	5,019,777	2,205,754		
008 OPERATION OF PLANT	6,203	187		34,454	2,143		
008 01 OPERATION OF PLANT- P			1,221		16,896		
008 02 OPERATION OF PLANT N			552		216		
009 LAUNDRY & LINEN SERVI				5,743	1,404,594		
010 HOUSEKEEPING					107,589		
010 01 HOUSEKEEPING-POB I	88		755		24,743		
010 02 HOUSEKEEPING NW				23,099			
011 DIETARY			1,362	16,792			
012 CAFETERIA				351,733	1,732,015		
014 NURSING ADMINISTRATIO	322			30,809	375,907		
015 CENTRAL SERVICES & SU				99,115	2,703,270		
016 PHARMACY			715	1,655	2,905,773		
017 MEDICAL RECORDS & LIB	1,200				683,608		
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY &					18,142		
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN				95,199	17,355,311	72,091,256	72,091,256
025 ADULTS & PEDIATRICS				145,887	4,293,808	14,772,037	14,772,037
026 INTENSIVE CARE UNIT				105,866	2,591,383	10,679,316	10,679,316
027 CORONARY CARE UNIT				3,854	956,101	3,195,114	3,195,114
031 SUBPROVIDER				3,361	1,047,256	3,767,394	3,767,394
031 01 SUBPROVIDER 2							
037 ANCILLARY SRVC COST C				504,338	4,526,047	34,620,855	34,620,855
037 OPERATING ROOM				61,713	553,036	5,231,899	5,231,899
038 RECOVERY ROOM				100,481	73,104	6,995,891	6,995,891
040 ANESTHESIOLOGY			8,290	750,865	4,079,378	68,467,530	68,467,530
041 RADIOLOGY-DIAGNOSTIC	5,130			325,004	515,083	46,295,690	46,295,690
041 01 C.T. SCAN			1,216	221,473	4,455,635	106,123,056	106,123,056
044 LABORATORY	266			210,470	657,204	7,504,048	7,504,048
044 01 G.I. LAB				30,487	264,967	5,561,867	5,561,867
044 02 VASCULAR LAB				43,872	221,011	3,699,129	3,699,129
044 03 LABORATORY-PATHOLOGY				245	590,478	12,286,095	12,286,095
047 BLOOD STORING, PROCES			3,204	97,038	2,747,592	22,793,597	22,793,597
049 RESPIRATORY THERAPY		9,056		12,191	1,623,226	8,119,767	8,119,767
050 PHYSICAL THERAPY		1,105		114	729,515	3,885,079	3,885,079
051 OCCUPATIONAL THERAPY		1,175		6,045	277,427	1,196,372	1,196,372
052 SPEECH PATHOLOGY				767,427	1,493,719	43,538,606	43,538,606
053 ELECTROCARDIOLOGY				8,564	85,971	1,920,329	1,920,329
054 ELECTROENCEPHALOGRAPH						35,300,182	35,300,182
055 MEDICAL SUPPLIES CHAR						38,405,776	38,405,776
055 30 IMPL. DEV. CHARGED TO						59,672,026	59,672,026
056 DRUGS CHARGED TO PATI						6,945,927	6,945,927
057 RENAL DIALYSIS				31,803		174,899	174,899
059 SHOCK THERAPY				2,167	103,881	5,701,158	5,701,158
059 01 PAIN MANAGEMENT & OP	830			8,774	547,439	156,879	156,879
059 02 DIABETES CARE CENTER	1,438			11,504	222,887	2,210,342	2,210,342
059 03 OP PSYCH				14,966	250,503	442,194	442,194
059 04 CARDIAC REHAB			3,332	12,035	179,404	520,037	520,037
059 05 SLEEP LAB					55,659	875,582	875,582
059 98 HYPERBARIC OXYGEN THE					82,052		
061 OUTPAT SERVICE COST C			10,980	143,061	4,611,654	47,895,365	47,895,365
062 EMERGENCY							
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C					396,544	3,991,234	15,807,088
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	29,478	13,409	43,614	9,713,283	79,066,382	696,852,382	696,852,382
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRAT		ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LIN EN SERVICE
	(PSYCH PATIEN DAYS)	RECONCIL-IATION	( ACCUM. COST	(SQUARE FEET	(SQUARE ) FEET	(SQUARE ) FEET	(POUNDS OF )LAUNDRY
	6.03	6a.04	6.04	8	8.01	8.02	9
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-WHS							
001 03 OLD CAP REL COSTS-B B							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHI							
001 06 OLD CAP REL COSTS-POB							
002 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
003 07 NEW CAP REL COSTS-NW							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINIS	9,472		174,457,726				
006 04 ADMINISTRATIVE & GENE		-43,650,652	7,578,204	389,488	58,722		
008 OPERATION OF PLANT			2,624			32,758	
008 01 OPERATION OF PLANT- P			66,619			552	1,854,398
008 02 OPERATION OF PLANT N			1,177,047	4,518			
009 LAUNDRY & LINEN SERVI			2,792,346	5,707			
010 HOUSEKEEPING			173,400		88		
010 01 HOUSEKEEPING-POB I			53,127			755	
010 02 HOUSEKEEPING NW			3,123,049	8,362		1,362	
011 DIETARY			720,299	9,270			
012 CAFETERIA			2,827,670	1,149	322		
014 NURSING ADMINISTRATIO			687,848	4,970			35,161
015 CENTRAL SERVICES & SU			4,536,470	2,775			
016 PHARMACY			4,864,278	4,362	1,200	715	
017 MEDICAL RECORDS & LIB			847,660				
018 SOCIAL SERVICE			64,064				
022 I&R SERVICES-SALARY &			21,854				
024 PARAMED ED PRGM							867,447
INPAT ROUTINE SRVC CN			26,552,418	110,311			117,557
025 ADULTS & PEDIATRICS	5,186		6,393,247	8,492			91,973
026 INTENSIVE CARE UNIT			3,983,611	6,922			44,615
027 CORONARY CARE UNIT			1,430,355	6,471			22,676
031 SUBPROVIDER			1,828,133	7,474			
031 01 SUBPROVIDER 2	4,286						173,821
ANCILLARY SRVC COST C			11,017,709	50,226			
037 OPERATING ROOM			834,227	2,463			
038 RECOVERY ROOM			543,182	396			
040 ANESTHESIOLOGY			8,285,752	39,257	5,130	8,290	52,230
041 RADIOLOGY-DIAGNOSTIC			1,485,163	1,662			44,810
041 01 C.T. SCAN			10,252,870	19,078	266	1,216	18,546
044 LABORATORY			1,612,447	5,195			7,207
044 01 G.I. LAB			398,523	1,484			
044 02 VASCULAR LAB			482,092	1,177			
044 03 LABORATORY-PATHOLOGY			3,168,584	1,778		3,204	399
047 BLOOD STORING, PROCES			4,192,929	2,363			4,415
049 RESPIRATORY THERAPY			2,257,258	3,272			
050 PHYSICAL THERAPY			962,667	1,803			
051 OCCUPATIONAL THERAPY			401,780	1,229			26,086
052 SPEECH PATHOLOGY			3,287,519	9,755			1,398
053 ELECTROCARDIOLOGY			131,850	1,700			
054 ELECTROENCEPHALOGRAPH			5,438,627				
055 MEDICAL SUPPLIES CHAR			11,713,583				
055 30 IMPL. DEV. CHARGED TO			11,192,919				
056 DRUGS CHARGED TO PATI			1,656,679	1,354			
057 RENAL DIALYSIS			145,965				4,829
059 SHOCK THERAPY			995,431	303		830	
059 01 PAIN MANAGEMENT & OP			675,519			1,438	
059 02 DIABETES CARE CENTER			787,450				
059 03 OP PSYCH			276,527	2,247			3,332
059 04 CARDIAC REHAB			88,448				
059 05 SLEEP LAB			235,923				
059 98 HYPERBARIC OXYGEN THE							
OUTPAT SERVICE COST C			8,277,117	22,718		10,980	291,016
061 EMERGENCY							
062 OBSERVATION BEDS (NON							50,212
OTHER REIMBURS COST C			6,186,748	843			
065 AMBULANCE SERVICES							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	9,472	-43,650,652	166,709,811	351,086	9,274	30,406	1,854,398
NONREIMBURS COST CENT			18,748	1,260			
096 GIFT, FLOWER, COFFEE							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRAT		ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LIN EN SERVICE
	(PSYCH PATIEN DAYS )	RECONCIL- IATION	( ACCUM. COST )	(SQUARE ) FEET	(SQUARE ) FEET	(SQUARE ) FEET	(POUNDS OF ) LAUNDRY )
NONREIMBURS COST CENT	6.03	6a.04	6.04	8	8.01	8.02	9
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL			1,233	4,775			
096 03 NON REIMB NW BUILDING			9,820			2,352	
096 04 NON REIMBURSABLE CHIP			84,472	10,531	3,707		
096 05 NON REIMBURSABLE PFD			7,022	2,980			
096 06 NON REIMBURSABLE HOSP			211,353	14,204			
096 07 NON REIMBURSABLE POB							
096 08 MEALS ON WHEELS							
096 09 CATERING			202,850	155			
096 10 RETAIL PHARMACY			4,975,420				
096 11 MARKETING			1,015,187				
096 12 PHYSICIAN PRACTICE DE			592,582	2,208			
098 PHYSICIANS' PRIVATE O				2,289			
098 01 PHYSICIANS' PRIVATE O			629,228		45,741		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	322,000		43,650,652	9,474,331	3,281	83,288	1,582,858
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	33.994932		.250208	24.325091	.055873	2.542524	.853570
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	200		179,305	134,547	4	73	5,061
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.021115		.001028	.345446	.000068	.002228	.002729
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	2,737		6,717,640	1,063,314	102	8,914	125,271
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.288957		.038506	2.730030	.001737	.272117	.067553

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-POB I (SQUARE FEET)	HOUSEKEEPING-NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED UNITS)	SERVICES (REQ)
	10	10.01	10.02	11	12	14	15	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-WHS								
001 02 OLD CAP REL COSTS-B B								
001 03 OLD CAP REL COSTS-PFD								
001 04 OLD CAP REL COSTS-CHI								
001 05 OLD CAP REL COSTS-POB								
001 06 OLD CAP REL COSTS-GRA								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-WHS								
003 02 NEW CAP REL COSTS-B B								
003 03 NEW CAP REL COSTS-PFD								
003 04 NEW CAP REL COSTS-CHI								
003 05 NEW CAP REL COSTS-POB								
003 06 NEW CAP REL COSTS-GRA								
003 07 NEW CAP REL COSTS-NW								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 ADMITTING								
006 02 CASHIERING								
006 03 MENTAL HEALTH ADMINIS								
006 04 ADMINISTRATIVE & GENE								
008 OPERATION OF PLANT								
008 01 OPERATION OF PLANT- P								
008 02 OPERATION OF PLANT N								
009 LAUNDRY & LINEN SERVI								
010 HOUSEKEEPING	368,546							
010 01 HOUSEKEEPING-POB I		58,634						
010 02 HOUSEKEEPING NW			31,451					
011 DIETARY	8,362			267,476				
012 CAFETERIA	9,270		1,362		414,761			
014 NURSING ADMINISTRATIO	1,149	322			7,187	1,371,406		
015 CENTRAL SERVICES & SU	4,970				3,051		16,795,294	
016 PHARMACY	2,775				9,238			
017 MEDICAL RECORDS & LIB	4,362	1,200	715		16,020			
018 SOCIAL SERVICE					3,126			
022 I&R SERVICES-SALARY &								
024 PARAMED ED PRGM					200			
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	110,311			184,029	98,975	726,847	334	
026 INTENSIVE CARE UNIT	8,492			19,713	16,936	132,215		
027 CORONARY CARE UNIT	6,922			14,484	13,078	102,079		
031 SUBPROVIDER	6,471			11,661	4,818	37,599		
031 01 SUBPROVIDER 2	7,474			12,858	5,348	41,737		
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	50,226				19,023	118,024	239	
038 RECOVERY ROOM	2,463				2,270	17,719		
040 ANESTHESIOLOGY	396				594			
041 RADIOLOGY-DIAGNOSTIC	39,257	5,130	8,290		17,557		1,820	
041 01 C.T. SCAN	1,662				2,214			
044 LABORATORY	19,078	266	1,216		26,265		33,506	
044 01 G.I. LAB	5,195				2,918			
044 02 VASCULAR LAB	1,484				1,148			
044 03 LABORATORY-PATHOLOGY	1,177				1,327			
047 BLOOD STORING, PROCES	1,778				3,533			
049 RESPIRATORY THERAPY	2,363		3,204		11,812			
050 PHYSICAL THERAPY	3,272				8,468			
051 OCCUPATIONAL THERAPY	1,803				3,541			
052 SPEECH PATHOLOGY	1,229				1,119			
053 ELECTROCARDIOLOGY	9,755				6,326			
054 ELECTROENCEPHALOGRAPH	1,700				501			
055 MEDICAL SUPPLIES CHAR							5,264,264	
055 30 IMPL. DEV. CHARGED TO							11,495,131	
056 DRUGS CHARGED TO PATI								
057 RENAL DIALYSIS	1,354							
059 SHOCK THERAPY					408			
059 01 PAIN MANAGEMENT & OP	303	830			2,478	19,347		
059 02 DIABETES CARE CENTER		1,438			1,367	10,667		
059 03 OP PSYCH					1,338			
059 04 CARDIAC REHAB	2,247				738			
059 05 SLEEP LAB			3,332					
059 98 HYPERBARIC OXYGEN THE					440			
061 OUTPAT SERVICE COST C								
061 EMERGENCY	22,718		10,980		21,160	165,172		
062 OBSERVATION BEDS (NON								
062 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	843				26,383			
065 SPEC PURPOSE COST CEN								
095 SUBTOTALS	340,861	9,186	29,099	242,745	340,905	1,371,406	16,795,294	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	1,260							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	REQ
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(MEALS SERVED	(MEALS SERVED	(HOURS OF SERVICE	(COSTED )UISITIONS	)
	10	10.01	10.02	11	12	14	15	
NONREIMBURS COST CENT					69,348			
096 01 VISITOR MEALS								
096 02 NON REIMBURSABLE B BL	4,775							
096 03 NON REIMB NW BUILDING			2,352					
096 04 NON REIMBURSABLE CHIP	10,531	3,707						
096 05 NON REIMBURSABLE PFD	2,980							
096 06 NON REIMBURSABLE HOSP	3,487							
096 07 NON REIMBURSABLE POB				24,731				
096 08 MEALS ON WHEELS								
096 09 CATERING	155				2,140			
096 10 RETAIL PHARMACY					914			
096 11 MARKETING					759			
096 12 PHYSICIAN PRACTICE DE	2,208							
098 PHYSICIANS' PRIVATE O	2,289				695			
098 01 PHYSICIANS' PRIVATE O		45,741						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	3,629,836	216,791	68,340	4,190,225	1,223,741	3,596,857	1,068,813	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		3.697360		15.665798		2.622751	.063638	
(WRKSHT B, PT I)	9.849072		2.172904		2.950473		5,374	
105 COST TO BE ALLOCATED	11,488	556	65	9,421	9,061	5,585		
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER		.009483		.035222		.004072	.000320	
(WRKSHT B, PT II)	.031171		.002067		.021846		149,141	
107 COST TO BE ALLOCATED	192,823	6,857	5,417	183,667	128,427	484,600		
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.116946		.686667		.353360	.008880	
(WRKSHT B, PT III)	.523199		.172236		.309641			

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVICE	SERVIC E	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM
	(COSTED UITIONS	REQ(GROSS )VENUE	RE(TIME ) SPENT	(ASSIGNED ) TIME	(PATIENT DAYS )	
	16	17	18	22	24	
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD						
001 02 OLD CAP REL COSTS-WHS						
001 03 OLD CAP REL COSTS-B B						
001 04 OLD CAP REL COSTS-PFD						
001 05 OLD CAP REL COSTS-CHI						
001 06 OLD CAP REL COSTS-POB						
002 07 OLD CAP REL COSTS-POB						
002 08 OLD CAP REL COSTS-POB						
002 09 OLD CAP REL COSTS-POB						
002 10 OLD CAP REL COSTS-POB						
002 11 OLD CAP REL COSTS-POB						
002 12 OLD CAP REL COSTS-POB						
002 13 OLD CAP REL COSTS-POB						
002 14 OLD CAP REL COSTS-POB						
002 15 OLD CAP REL COSTS-POB						
002 16 OLD CAP REL COSTS-POB						
002 17 OLD CAP REL COSTS-POB						
002 18 OLD CAP REL COSTS-POB						
002 19 OLD CAP REL COSTS-POB						
002 20 OLD CAP REL COSTS-POB						
002 21 OLD CAP REL COSTS-POB						
002 22 OLD CAP REL COSTS-POB						
002 23 OLD CAP REL COSTS-POB						
002 24 OLD CAP REL COSTS-POB						
002 25 OLD CAP REL COSTS-POB						
002 26 OLD CAP REL COSTS-POB						
002 27 OLD CAP REL COSTS-POB						
002 28 OLD CAP REL COSTS-POB						
002 29 OLD CAP REL COSTS-POB						
002 30 OLD CAP REL COSTS-POB						
002 31 OLD CAP REL COSTS-POB						
002 32 OLD CAP REL COSTS-POB						
002 33 OLD CAP REL COSTS-POB						
002 34 OLD CAP REL COSTS-POB						
002 35 OLD CAP REL COSTS-POB						
002 36 OLD CAP REL COSTS-POB						
002 37 OLD CAP REL COSTS-POB						
002 38 OLD CAP REL COSTS-POB						
002 39 OLD CAP REL COSTS-POB						
002 40 OLD CAP REL COSTS-POB						
002 41 OLD CAP REL COSTS-POB						
002 42 OLD CAP REL COSTS-POB						
002 43 OLD CAP REL COSTS-POB						
002 44 OLD CAP REL COSTS-POB						
002 45 OLD CAP REL COSTS-POB						
002 46 OLD CAP REL COSTS-POB						
002 47 OLD CAP REL COSTS-POB						
002 48 OLD CAP REL COSTS-POB						
002 49 OLD CAP REL COSTS-POB						
002 50 OLD CAP REL COSTS-POB						
002 51 OLD CAP REL COSTS-POB						
002 52 OLD CAP REL COSTS-POB						
002 53 OLD CAP REL COSTS-POB						
002 54 OLD CAP REL COSTS-POB						
002 55 OLD CAP REL COSTS-POB						
002 56 OLD CAP REL COSTS-POB						
002 57 OLD CAP REL COSTS-POB						
002 58 OLD CAP REL COSTS-POB						
002 59 OLD CAP REL COSTS-POB						
002 60 OLD CAP REL COSTS-POB						
002 61 OLD CAP REL COSTS-POB						
002 62 OLD CAP REL COSTS-POB						
002 63 OLD CAP REL COSTS-POB						
002 64 OLD CAP REL COSTS-POB						
002 65 OLD CAP REL COSTS-POB						
002 66 OLD CAP REL COSTS-POB						
002 67 OLD CAP REL COSTS-POB						
002 68 OLD CAP REL COSTS-POB						
002 69 OLD CAP REL COSTS-POB						
002 70 OLD CAP REL COSTS-POB						
002 71 OLD CAP REL COSTS-POB						
002 72 OLD CAP REL COSTS-POB						
002 73 OLD CAP REL COSTS-POB						
002 74 OLD CAP REL COSTS-POB						
002 75 OLD CAP REL COSTS-POB						
002 76 OLD CAP REL COSTS-POB						
002 77 OLD CAP REL COSTS-POB						
002 78 OLD CAP REL COSTS-POB						
002 79 OLD CAP REL COSTS-POB						
002 80 OLD CAP REL COSTS-POB						
002 81 OLD CAP REL COSTS-POB						
002 82 OLD CAP REL COSTS-POB						
002 83 OLD CAP REL COSTS-POB						
002 84 OLD CAP REL COSTS-POB						
002 85 OLD CAP REL COSTS-POB						
002 86 OLD CAP REL COSTS-POB						
002 87 OLD CAP REL COSTS-POB						
002 88 OLD CAP REL COSTS-POB						
002 89 OLD CAP REL COSTS-POB						
002 90 OLD CAP REL COSTS-POB						
002 91 OLD CAP REL COSTS-POB						
002 92 OLD CAP REL COSTS-POB						
002 93 OLD CAP REL COSTS-POB						
002 94 OLD CAP REL COSTS-POB						
002 95 OLD CAP REL COSTS-POB						
002 96 OLD CAP REL COSTS-POB						
002 97 OLD CAP REL COSTS-POB						
002 98 OLD CAP REL COSTS-POB						
002 99 OLD CAP REL COSTS-POB						
002 100 OLD CAP REL COSTS-POB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-WHS						
003 02 NEW CAP REL COSTS-B B						
003 03 NEW CAP REL COSTS-PFD						
003 04 NEW CAP REL COSTS-CHI						
003 05 NEW CAP REL COSTS-POB						
003 06 NEW CAP REL COSTS-POB						
003 07 NEW CAP REL COSTS-POB						
003 08 NEW CAP REL COSTS-POB						
003 09 NEW CAP REL COSTS-POB						
003 10 NEW CAP REL COSTS-POB						
003 11 NEW CAP REL COSTS-POB						
003 12 NEW CAP REL COSTS-POB						
003 13 NEW CAP REL COSTS-POB						
003 14 NEW CAP REL COSTS-POB						
003 15 NEW CAP REL COSTS-POB						
003 16 NEW CAP REL COSTS-POB						
003 17 NEW CAP REL COSTS-POB						
003 18 NEW CAP REL COSTS-POB						
003 19 NEW CAP REL COSTS-POB						
003 20 NEW CAP REL COSTS-POB						
003 21 NEW CAP REL COSTS-POB						
003 22 NEW CAP REL COSTS-POB						
003 23 NEW CAP REL COSTS-POB						
003 24 NEW CAP REL COSTS-POB						
003 25 NEW CAP REL COSTS-POB						
003 26 NEW CAP REL COSTS-POB						
003 27 NEW CAP REL COSTS-POB						
003 28 NEW CAP REL COSTS-POB						
003 29 NEW CAP REL COSTS-POB						
003 30 NEW CAP REL COSTS-POB						
003 31 NEW CAP REL COSTS-POB						
003 32 NEW CAP REL COSTS-POB						
003 33 NEW CAP REL COSTS-POB						
003 34 NEW CAP REL COSTS-POB						
003 35 NEW CAP REL COSTS-POB						
003 36 NEW CAP REL COSTS-POB						
003 37 NEW CAP REL COSTS-POB						
003 38 NEW CAP REL COSTS-POB						
003 39 NEW CAP REL COSTS-POB						
003 40 NEW CAP REL COSTS-POB						
003 41 NEW CAP REL COSTS-POB						
003 42 NEW CAP REL COSTS-POB						
003 43 NEW CAP REL COSTS-POB						
003 44 NEW CAP REL COSTS-POB						
003 45 NEW CAP REL COSTS-POB						
003 46 NEW CAP REL COSTS-POB						
003 47 NEW CAP REL COSTS-POB						
003 48 NEW CAP REL COSTS-POB						
003 49 NEW CAP REL COSTS-POB						
003 50 NEW CAP REL COSTS-POB						
003 51 NEW CAP REL COSTS-POB						
003 52 NEW CAP REL COSTS-POB						
003 53 NEW CAP REL COSTS-POB						
003 54 NEW CAP REL COSTS-POB						
003 55 NEW CAP REL COSTS-POB						
003 56 NEW CAP REL COSTS-POB						
003 57 NEW CAP REL COSTS-POB						
003 58 NEW CAP REL COSTS-POB						
003 59 NEW CAP REL COSTS-POB						
003 60 NEW CAP REL COSTS-POB						
003 61 NEW CAP REL COSTS-POB						
003 62 NEW CAP REL COSTS-POB						
003 63 NEW CAP REL COSTS-POB						
003 64 NEW CAP REL COSTS-POB						
003 65 NEW CAP REL COSTS-POB						
003 66 NEW CAP REL COSTS-POB						
003 67 NEW CAP REL COSTS-POB						
003 68 NEW CAP REL COSTS-POB						
003 69 NEW CAP REL COSTS-POB						
003 70 NEW CAP REL COSTS-POB						
003 71 NEW CAP REL COSTS-POB						
003 72 NEW CAP REL COSTS-POB						
003 73 NEW CAP REL COSTS-POB						
003 74 NEW CAP REL COSTS-POB						
003 75 NEW CAP REL COSTS-POB						
003 76 NEW CAP REL COSTS-POB						
003 77 NEW CAP REL COSTS-POB						
003 78 NEW CAP REL COSTS-POB						
003 79 NEW CAP REL COSTS-POB						
003 80 NEW CAP REL COSTS-POB						
003 81 NEW CAP REL COSTS-POB						
003 82 NEW CAP REL COSTS-POB						
003 83 NEW CAP REL COSTS-POB						
003 84 NEW CAP REL COSTS-POB						
003 85 NEW CAP REL COSTS-POB						
003 86 NEW CAP REL COSTS-POB						
003 87 NEW CAP REL COSTS-POB						
003 88 NEW CAP REL COSTS-POB						
003 89 NEW CAP REL COSTS-POB						
003 90 NEW CAP REL COSTS-POB						
003 91 NEW CAP REL COSTS-POB						
003 92 NEW CAP REL COSTS-POB						
003 93 NEW CAP REL COSTS-POB						
003 94 NEW CAP REL COSTS-POB						
003 95 NEW CAP REL COSTS-POB						
003 96 NEW CAP REL COSTS-POB						
003 97 NEW CAP REL COSTS-POB						
003 98 NEW CAP REL COSTS-POB						
003 99 NEW CAP REL COSTS-POB						
003 100 NEW CAP REL COSTS-POB						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 ADMITTING						
006 02 CASHIERING						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM
	(COSTED VISITATIONS)	REQ(GROSS )VENUE	RE(TIME ) SPENT	(ASSIGNED ) TIME	(PATIENT DAYS )
NONREIMBURS COST CENT	16	17	18	22	24
096 01 VISITOR MEALS					
096 02 NON REIMBURSABLE B BL					
096 03 NON REIMB NW BUILDING					
096 04 NON REIMBURSABLE CHIP					
096 05 NON REIMBURSABLE PFD					
096 06 NON REIMBURSABLE HOSP					
096 07 NON REIMBURSABLE POB					
096 08 MEALS ON WHEELS					
096 09 CATERING					
096 10 RETAIL PHARMACY					
096 11 MARKETING					
096 12 PHYSICIAN PRACTICE DE					
098 PHYSICIANS' PRIVATE O					
098 01 PHYSICIANS' PRIVATE O					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	5,793,620	6,285,570	1,068,974	80,093	27,912
(PER WRKSHT B, PART				800.930000	
104 UNIT COST MULTIPLIER		.009020			.344955
(WRKSHT B, PT I)	.531079		106.897400	66	32
105 COST TO BE ALLOCATED	8,138	14,800	1,147		
(PER WRKSHT B, PART				.660000	
106 UNIT COST MULTIPLIER		.000021			.000395
(WRKSHT B, PT II)	.000746		.114700		914
107 COST TO BE ALLOCATED	707,984	280,543	36,829	2,467	
(PER WRKSHT B, PART				24.670000	
108 UNIT COST MULTIPLIER		.000403	3.682900		.011296
(WRKSHT B, PT III)	.064898				

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	44,044,219		44,044,219		44,049,962
25	ADULTS & PEDIATRICS	9,224,506		9,224,506	5,743	9,224,506
26	INTENSIVE CARE UNIT	5,926,609		5,926,609		5,926,609
27	CORONARY CARE UNIT	2,373,132		2,373,132		2,373,132
31	SUBPROVIDER	3,406,168		3,406,168		3,406,168
31	01 SUBPROVIDER 2				28,485	16,349,500
	ANCILLARY SRVC COST CNTRS	16,321,015		16,321,015		1,227,491
37	OPERATING ROOM	1,227,491		1,227,491	15,266	772,745
38	RECOVERY ROOM	757,479		757,479	19,668	12,492,577
40	ANESTHESIOLOGY	12,472,909		12,472,909		2,375,927
41	RADIOLOGY-DIAGNOSTIC	2,375,927		2,375,927		14,513,745
41	01 C.T. SCAN	14,513,745		14,513,745	2,345	2,287,900
44	LABORATORY	2,285,555		2,285,555		608,658
44	01 G.I. LAB	608,658		608,658		680,219
44	02 VASCULAR LAB	680,219		680,219		4,143,396
44	03 LABORATORY-PATHOLOGY	4,143,396		4,143,396	121,073	5,700,488
47	BLOOD STORING, PROCESSING	5,579,415		5,579,415		3,035,854
49	RESPIRATORY THERAPY	3,035,854		3,035,854		1,310,641
50	PHYSICAL THERAPY	1,310,641		1,310,641		558,403
51	OCCUPATIONAL THERAPY	558,403		558,403		4,877,101
52	SPEECH PATHOLOGY	4,877,101		4,877,101		242,928
53	ELECTROCARDIOLOGY	242,928		242,928		7,452,830
54	ELECTROENCEPHALOGRAPHY	7,452,830		7,452,830		15,722,357
55	MEDICAL SUPPLIES CHARGED	15,722,357		15,722,357		20,295,784
55	30 IMPL. DEV. CHARGED TO PAT	20,295,784		20,295,784		2,180,117
56	DRUGS CHARGED TO PATIENTS	2,180,117		2,180,117		185,269
57	RENAL DIALYSIS	185,269		185,269		1,383,255
59	SHOCK THERAPY	1,383,255		1,383,255		883,361
59	01 PAIN MANAGEMENT & OP CHEM	883,361		883,361		1,008,361
59	02 DIABETES CARE CENTER	1,008,361		1,008,361		428,671
59	03 OP PSYCH	428,671		428,671		130,981
59	04 CARDIAC REHAB	130,981		130,981		304,149
59	05 SLEEP LAB	304,149		304,149		
59	98 HYPERBARIC OXYGEN THERAPY					12,352,317
	OUTPAT SERVICE COST CNTRS	12,352,317		12,352,317		763,374
61	EMERGENCY	763,374		763,374		
62	OBSERVATION BEDS (NON-DIS					8,040,128
	OTHER REIMBURS COST CNTRS	8,040,128		8,040,128		207,288,904
65	AMBULANCE SERVICES	207,096,324		207,096,324	192,580	763,374
101	SUBTOTAL	763,374		763,374		
102	LESS OBSERVATION BEDS	206,332,950		206,332,950	192,580	206,525,530
103	TOTAL					

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
25	INPAT ROUTINE SRVC CNTRS	71,216,987		71,216,987			
26	ADULTS & PEDIATRICS	14,772,037		14,772,037			
27	INTENSIVE CARE UNIT	10,679,316		10,679,316			
31	CORONARY CARE UNIT	3,195,114		3,195,114			
31	SUBPROVIDER	3,767,394		3,767,394			
31	01 SUBPROVIDER 2						
37	ANCILLARY SRVC COST CNTRS	19,952,629	14,668,226	34,620,855	.471421	.471421	.472244
38	OPERATING ROOM	2,163,896	3,068,003	5,231,899	.234617	.234617	.234617
40	RECOVERY ROOM	3,999,703	2,996,188	6,995,891	.108275	.108275	.110457
41	ANESTHESIOLOGY	27,355,578	41,111,953	68,467,531	.182173	.182173	.182460
41	RADIOLOGY-DIAGNOSTIC	14,419,021	31,876,669	46,295,690	.051321	.051321	.051321
44	01 C.T. SCAN	55,085,318	51,037,738	106,123,056	.136763	.136763	.136763
44	LABORATORY	3,267,852	4,236,196	7,504,048	.304576	.304576	.304889
44	01 G.I. LAB	3,399,482	2,162,385	5,561,867	.109434	.109434	.109434
44	02 VASCULAR LAB	1,834,425	1,864,704	3,699,129	.183886	.183886	.183886
44	03 LABORATORY-PATHOLOGY	10,962,376	1,323,719	12,286,095	.337243	.337243	.337243
47	BLOOD STORING, PROCESSING	20,690,224	2,103,373	22,793,597	.244780	.244780	.250092
49	RESPIRATORY THERAPY	4,778,760	3,341,007	8,119,767	.373884	.373884	.373884
50	PHYSICAL THERAPY	3,726,724	158,355	3,885,079	.337352	.337352	.337352
51	OCCUPATIONAL THERAPY	1,101,676	94,696	1,196,372	.466747	.466747	.466747
52	SPEECH PATHOLOGY	28,178,876	15,359,730	43,538,606	.112018	.112018	.112018
53	ELECTROCARDIOLOGY	824,013	1,096,316	1,920,329	.126503	.126503	.126503
54	ELECTROENCEPHALOGRAPHY	22,758,282	12,541,900	35,300,182	.211127	.211127	.211127
55	MEDICAL SUPPLIES CHARGED	25,913,121	12,492,654	38,405,775	.409375	.409375	.409375
55	30 IMPL. DEV. CHARGED TO PAT	46,851,483	12,820,543	59,672,026	.340122	.340122	.340122
56	DRUGS CHARGED TO PATIENTS	6,713,943	231,984	6,945,927	.313870	.313870	.313870
57	RENAL DIALYSIS	89,180	85,720	174,900	1.059285	1.059285	1.059285
59	SHOCK THERAPY	70,243	5,630,915	5,701,158	.242627	.242627	.242627
59	01 PAIN MANAGEMENT & OP CHEM		156,879	156,879	5.630843	5.630843	5.630843
59	02 DIABETES CARE CENTER	10,865	2,199,477	2,210,342	.456201	.456201	.456201
59	03 OP PSYCH	290	441,904	442,194	.969418	.969418	.969418
59	04 CARDIAC REHAB		520,037	520,037	.251869	.251869	.251869
59	05 SLEEP LAB	25,061	850,521	875,582	.347368	.347368	.347368
59	98 HYPERBARIC OXYGEN THERAPY						
61	OUTPAT SERVICE COST CNTRS	14,922,263	32,973,102	47,895,365	.257902	.257902	.257902
62	EMERGENCY	133,480	740,789	874,269	.873157	.873157	.873157
62	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS	65,355	15,741,734	15,807,089	.508641	.508641	.508641
101	AMBULANCE SERVICES	422,924,967	273,927,417	696,852,384			
102	SUBTOTAL	422,924,967	273,927,417	696,852,384			
102	LESS OBSERVATION BEDS						
103	TOTAL						

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:  
I 26-0180  
I

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

I PREPARED 5/25/2011  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	44,044,219		44,044,219	5,743	44,049,962
26	INTENSIVE CARE UNIT	9,224,506		9,224,506		9,224,506
27	CORONARY CARE UNIT	5,926,609		5,926,609		5,926,609
31	SUBPROVIDER	2,373,132		2,373,132		2,373,132
31 01	SUBPROVIDER 2	3,406,168		3,406,168		3,406,168
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	16,321,015		16,321,015	28,485	16,349,500
38	RECOVERY ROOM	1,227,491		1,227,491		1,227,491
40	ANESTHESIOLOGY	757,479		757,479	15,266	772,745
41	RADIOLOGY-DIAGNOSTIC	12,472,909		12,472,909	19,668	12,492,577
41 01	C.T. SCAN	2,375,927		2,375,927		2,375,927
44	LABORATORY	14,513,745		14,513,745		14,513,745
44 01	G.I. LAB	2,285,555		2,285,555	2,345	2,287,900
44 02	VASCULAR LAB	608,658		608,658		608,658
44 03	LABORATORY-PATHOLOGY	680,219		680,219		680,219
47	BLOOD STORING, PROCESSING	4,143,396		4,143,396		4,143,396
49	RESPIRATORY THERAPY	5,579,415		5,579,415	121,073	5,700,488
50	PHYSICAL THERAPY	3,035,854		3,035,854		3,035,854
51	OCCUPATIONAL THERAPY	1,310,641		1,310,641		1,310,641
52	SPEECH PATHOLOGY	558,403		558,403		558,403
53	ELECTROCARDIOLOGY	4,877,101		4,877,101		4,877,101
54	ELECTROENCEPHALOGRAPHY	242,928		242,928		242,928
55	MEDICAL SUPPLIES CHARGED	7,452,830		7,452,830		7,452,830
55 30	IMPL. DEV. CHARGED TO PAT	15,722,357		15,722,357		15,722,357
56	DRUGS CHARGED TO PATIENTS	20,295,784		20,295,784		20,295,784
57	RENAL DIALYSIS	2,180,117		2,180,117		2,180,117
59	SHOCK THERAPY	185,269		185,269		185,269
59 01	PAIN MANAGEMENT & OP CHEM	1,383,255		1,383,255		1,383,255
59 02	DIABETES CARE CENTER	883,361		883,361		883,361
59 03	OP PSYCH	1,008,361		1,008,361		1,008,361
59 04	CARDIAC REHAB	428,671		428,671		428,671
59 05	SLEEP LAB	130,981		130,981		130,981
59 98	HYPERBARIC OXYGEN THERAPY	304,149		304,149		304,149
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	12,352,317		12,352,317		12,352,317
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	763,374		763,374		763,374
65	AMBULANCE SERVICES	8,040,128		8,040,128		8,040,128
101	SUBTOTAL	207,096,324		207,096,324	192,580	207,288,904
102	LESS OBSERVATION BEDS	763,374		763,374		763,374
103	TOTAL	206,332,950		206,332,950	192,580	206,525,530

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS	71,216,987		71,216,987			
	ADULTS & PEDIATRICS	14,772,037		14,772,037			
26	INTENSIVE CARE UNIT	10,679,316		10,679,316			
27	CORONARY CARE UNIT	3,195,114		3,195,114			
31	SUBPROVIDER	3,767,394		3,767,394			
31	01 SUBPROVIDER 2						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,952,629	14,668,226	34,620,855	.471421	.471421	.472244
	RECOVERY ROOM	2,163,896	3,068,003	5,231,899	.234617	.234617	.234617
38	RECOVERY ROOM	3,999,703	2,996,188	6,995,891	.108275	.108275	.110457
40	ANESTHESIOLOGY	27,355,578	41,111,953	68,467,531	.182173	.182173	.182460
41	RADIOLOGY-DIAGNOSTIC	14,419,021	31,876,669	46,295,690	.051321	.051321	.051321
41	01 C.T. SCAN	55,085,318	51,037,738	106,123,056	.136763	.136763	.136763
44	LABORATORY	3,267,852	4,236,196	7,504,048	.304576	.304576	.304889
44	01 G.I. LAB	3,399,482	2,162,385	5,561,867	.109434	.109434	.109434
44	02 VASCULAR LAB	1,834,425	1,864,704	3,699,129	.183886	.183886	.183886
44	03 LABORATORY-PATHOLOGY	10,962,376	1,323,719	12,286,095	.337243	.337243	.337243
47	BLOOD STORING, PROCESSING	20,690,224	2,103,373	22,793,597	.244780	.244780	.250092
49	RESPIRATORY THERAPY	4,778,760	3,341,007	8,119,767	.373884	.373884	.373884
50	PHYSICAL THERAPY	3,726,724	158,355	3,885,079	.337352	.337352	.337352
51	OCCUPATIONAL THERAPY	1,101,676	94,696	1,196,372	.466747	.466747	.466747
52	SPEECH PATHOLOGY	28,178,876	15,359,730	43,538,606	.112018	.112018	.112018
53	ELECTROCARDIOLOGY	824,013	1,096,316	1,920,329	.126503	.126503	.126503
54	ELECTROENCEPHALOGRAPHY	22,758,282	12,541,900	35,300,182	.211127	.211127	.211127
55	MEDICAL SUPPLIES CHARGED	25,913,121	12,492,654	38,405,775	.409375	.409375	.409375
55	30 IMPL. DEV. CHARGED TO PAT	46,851,483	12,820,543	59,672,026	.340122	.340122	.340122
56	DRUGS CHARGED TO PATIENTS	6,713,943	231,984	6,945,927	.313870	.313870	.313870
57	RENAL DIALYSIS	89,180	85,720	174,900	1.059285	1.059285	1.059285
59	SHOCK THERAPY	70,243	5,630,915	5,701,158	.242627	.242627	.242627
59	01 PAIN MANAGEMENT & OP CHEM		156,879	156,879	5.630843	5.630843	5.630843
59	02 DIABETES CARE CENTER	10,865	2,199,477	2,210,342	.456201	.456201	.456201
59	03 OP PSYCH	290	441,904	442,194	.969418	.969418	.969418
59	04 CARDIAC REHAB		520,037	520,037	.251869	.251869	.251869
59	05 SLEEP LAB	25,061	850,521	875,582	.347368	.347368	.347368
59	98 HYPERBARIC OXYGEN THERAPY						
61	OUTPAT SERVICE COST CNTRS	14,922,263	32,973,102	47,895,365	.257902	.257902	.257902
62	EMERGENCY	133,480	740,789	874,269	.873157	.873157	.873157
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS	65,355	15,741,734	15,807,089	.508641	.508641	.508641
65	AMBULANCE SERVICES	422,924,967	273,927,417	696,852,384			
101	SUBTOTAL						
102	LESS OBSERVATION BEDS						
103	TOTAL	422,924,967	273,927,417	696,852,384			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	16,321,015	1,973,282	14,347,733			16,321,015
38	RECOVERY ROOM	1,227,491	152,338	1,075,153			1,227,491
40	ANESTHESIOLOGY	757,479	135,949	621,530			757,479
41	RADIOLOGY-DIAGNOSTIC	12,472,909	1,682,115	10,790,794			12,472,909
41 01	C.T. SCAN	2,375,927	438,920	1,937,007			2,375,927
44	LABORATORY	14,513,745	1,007,757	13,505,988			14,513,745
44 01	G.I. LAB	2,285,555	328,929	1,956,626			2,285,555
44 02	VASCULAR LAB	608,658	57,090	551,568			608,658
44 03	LABORATORY-PATHOLOGY	680,219	95,999	584,220			680,219
47	BLOOD STORING, PROCESSING	4,143,396	141,352	4,002,044			4,143,396
49	RESPIRATORY THERAPY	5,579,415	366,575	5,212,840			5,579,415
50	PHYSICAL THERAPY	3,035,854	275,345	2,760,509			3,035,854
51	OCCUPATIONAL THERAPY	1,310,641	86,898	1,223,743			1,310,641
52	SPEECH PATHOLOGY	558,403	58,103	500,300			558,403
53	ELECTROCARDIOLOGY	4,877,101	1,085,421	3,791,680			4,877,101
54	ELECTROENCEPHALOGRAPHY	242,928	22,048	220,880			242,928
55	MEDICAL SUPPLIES CHARGED	7,452,830	1,840,340	5,612,490			7,452,830
55 30	IMPL. DEV. CHARGED TO PAT	15,722,357	591,344	15,131,013			15,722,357
56	DRUGS CHARGED TO PATIENTS	20,295,784	1,189,938	19,105,846			20,295,784
57	RENAL DIALYSIS	2,180,117	127,652	2,052,465			2,180,117
59	SHOCK THERAPY	185,269	8,317	176,952			185,269
59 01	PAIN MANAGEMENT & OP CHEM	1,383,255	72,496	1,310,759			1,383,255
59 02	DIABETES CARE CENTER	883,361	56,486	826,875			883,361
59 03	OP PSYCH	1,008,361	53,083	955,278			1,008,361
59 04	CARDIAC REHAB	428,671	65,820	362,851			428,671
59 05	SLEEP LAB	130,981	19,738	111,243			130,981
59 98	HYPERBARIC OXYGEN THERAPY	304,149	10,057	294,092			304,149
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,352,317	987,352	11,364,965			12,352,317
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	763,374	65,162	698,212			763,374
65	AMBULANCE SERVICES	8,040,128	684,367	7,355,761			8,040,128
101	SUBTOTAL	142,121,690	13,680,273	128,441,417			142,121,690
102	LESS OBSERVATION BEDS	763,374	65,162	698,212			763,374
103	TOTAL	141,358,316	13,615,111	127,743,205			141,358,316

Health Financial Systems MCRIF32 FOR CHRISTIAN HOSPITAL NORTHEAST  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET C  
 I I TO 12/31/2010 I PART II

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	34,620,855	.471421	.471421
38	RECOVERY ROOM	5,231,899	.234617	.234617
40	ANESTHESIOLOGY	6,995,891	.108275	.108275
41	RADIOLOGY-DIAGNOSTIC	68,467,531	.182173	.182173
41	01 C.T. SCAN	46,295,690	.051321	.051321
44	LABORATORY	106,123,056	.136763	.136763
44	01 G.I. LAB	7,504,048	.304576	.304576
44	02 VASCULAR LAB	5,561,867	.109434	.109434
44	03 LABORATORY-PATHOLOGY	3,699,129	.183886	.183886
47	BLOOD STORING, PROCESSING	12,286,095	.337243	.337243
49	RESPIRATORY THERAPY	22,793,597	.244780	.244780
50	PHYSICAL THERAPY	8,119,767	.373884	.373884
51	OCCUPATIONAL THERAPY	3,885,079	.337352	.337352
52	SPEECH PATHOLOGY	1,196,372	.466747	.466747
53	ELECTROCARDIOLOGY	43,538,606	.112018	.112018
54	ELECTROENCEPHALOGRAPHY	1,920,329	.126503	.126503
55	MEDICAL SUPPLIES CHARGED	35,300,182	.211127	.211127
55	30 IMPL. DEV. CHARGED TO PAT	38,405,775	.409375	.409375
56	DRUGS CHARGED TO PATIENTS	59,672,026	.340122	.340122
57	RENAL DIALYSIS	6,945,927	.313870	.313870
59	SHOCK THERAPY	174,900	1.059285	1.059285
59	01 PAIN MANAGEMENT & OP CHEM	5,701,158	.242627	.242627
59	02 DIABETES CARE CENTER	156,879	5.630843	5.630843
59	03 OP PSYCH	2,210,342	.456201	.456201
59	04 CARDIAC REHAB	442,194	.969418	.969418
59	05 SLEEP LAB	520,037	.251869	.251869
59	98 HYPERBARIC OXYGEN THERAPY	875,582	.347368	.347368
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	47,895,365	.257902	.257902
62	OBSERVATION BEDS (NON-DIS	874,269	.873157	.873157
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,807,089	.508641	.508641
101	SUBTOTAL	593,221,536		
102	LESS OBSERVATION BEDS	874,269		
103	TOTAL	592,347,267		

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,321,015	1,973,282	14,347,733	197,328	832,169	15,291,518
38	RECOVERY ROOM	1,227,491	152,338	1,075,153	15,234	62,359	1,149,898
40	ANESTHESIOLOGY	757,479	135,949	621,530	13,595	36,049	707,835
41	RADIOLOGY-DIAGNOSTIC	12,472,909	1,682,115	10,790,794	168,212	625,866	11,678,831
41 01	C.T. SCAN	2,375,927	438,920	1,937,007	43,892	112,346	2,219,689
44	LABORATORY	14,513,745	1,007,757	13,505,988	100,776	783,347	13,629,622
44 01	G.I. LAB	2,285,555	328,929	1,956,626	32,893	113,484	2,139,178
44 02	VASCULAR LAB	608,658	57,090	551,568	5,709	31,991	570,958
44 03	LABORATORY-PATHOLOGY	680,219	95,999	584,220	9,600	33,885	636,734
47	BLOOD STORING, PROCESSING	4,143,396	141,352	4,002,044	14,135	232,119	3,897,142
49	RESPIRATORY THERAPY	5,579,415	366,575	5,212,840	36,658	302,345	5,240,412
50	PHYSICAL THERAPY	3,035,854	275,345	2,760,509	27,535	160,110	2,848,209
51	OCCUPATIONAL THERAPY	1,310,641	86,898	1,223,743	8,690	70,977	1,230,974
52	SPEECH PATHOLOGY	558,403	58,103	500,300	5,810	29,017	523,576
53	ELECTROCARDIOLOGY	4,877,101	1,085,421	3,791,680	108,542	219,917	4,548,642
54	ELECTROENCEPHALOGRAPHY	242,928	22,048	220,880	2,205	12,811	227,912
55	MEDICAL SUPPLIES CHARGED	7,452,830	1,840,340	5,612,490	184,034	325,524	6,943,272
55 30	IMPL. DEV. CHARGED TO PAT	15,722,357	591,344	15,131,013	59,134	877,599	14,785,624
56	DRUGS CHARGED TO PATIENTS	20,295,784	1,189,938	19,105,846	118,994	1,108,139	19,068,651
57	RENAL DIALYSIS	2,180,117	127,652	2,052,465	12,765	119,043	2,048,309
59	SHOCK THERAPY	185,269	8,317	176,952	832	10,263	174,174
59 01	PAIN MANAGEMENT & OP CHEM	1,383,255	72,496	1,310,759	7,250	76,024	1,299,981
59 02	DIABETES CARE CENTER	883,361	56,486	826,875	5,649	47,959	829,753
59 03	OP PSYCH	1,008,361	53,083	955,278	5,308	55,406	947,647
59 04	CARDIAC REHAB	428,671	65,820	362,851	6,582	21,045	401,044
59 05	SLEEP LAB	130,981	19,738	111,243	1,974	6,452	122,555
59 98	HYPERBARIC OXYGEN THERAPY	304,149	10,057	294,092	1,006	17,057	286,086
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,352,317	987,352	11,364,965	98,735	659,168	11,594,414
62	OBSERVATION BEDS (NON-DIS)	763,374	65,162	698,212	6,516	40,496	716,362
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	8,040,128	684,367	7,355,761	68,437	426,634	7,545,057
101	SUBTOTAL	142,121,690	13,680,273	128,441,417	1,368,030	7,449,601	133,304,059
102	LESS OBSERVATION BEDS	763,374	65,162	698,212	6,516	40,496	716,362
103	TOTAL	141,358,316	13,615,111	127,743,205	1,361,514	7,409,105	132,587,697

Health Financial Systems MCRIF32  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

FOR CHRISTIAN HOSPITAL NORTHEAST  
 I PROVIDER NO:  
 I 26-0180  
 I

\*\*NOT A CMS WORKSHEET \*\*  
 I PERIOD:  
 I FROM 1/ 1/2010  
 I TO 12/31/2010  
 I

(09/2000)  
 PREPARED 5/25/2011  
 WORKSHEET C  
 PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT TO CHRG	COST RATIO	I/P PT	B COST RATIO
		7	8			9
37	ANCILLARY SRVC COST CNTRS	34,620,855	.441685			.465722
38	OPERATING ROOM	5,231,899	.219786			.231705
40	RECOVERY ROOM	6,995,891	.101179			.106332
41	ANESTHESIOLOGY	68,467,531	.170575			.179716
41	RADIOLOGY-DIAGNOSTIC	46,295,690	.047946			.050373
41	01 C.T. SCAN	106,123,056	.128432			.135814
44	LABORATORY	7,504,048	.285070			.300193
44	01 G.I. LAB	5,561,867	.102656			.108408
44	02 VASCULAR LAB	3,699,129	.172131			.181291
44	03 LABORATORY-PATHOLOGY	12,286,095	.317199			.336092
47	BLOOD STORING, PROCESSING	22,793,597	.229907			.243172
49	RESPIRATORY THERAPY	8,119,767	.350775			.370493
50	PHYSICAL THERAPY	3,885,079	.316847			.335116
51	OCCUPATIONAL THERAPY	1,196,372	.437636			.461891
52	SPEECH PATHOLOGY	43,538,606	.104474			.109525
53	ELECTROCARDIOLOGY	1,920,329	.118684			.125355
54	ELECTROENCEPHALOGRAPHY	35,300,182	.196692			.205914
55	MEDICAL SUPPLIES CHARGED	38,405,775	.384984			.407835
55	30 IMPL. DEV. CHARGED TO PAT	59,672,026	.319558			.338128
56	DRUGS CHARGED TO PATIENTS	6,945,927	.294894			.312032
57	RENAL DIALYSIS	174,900	.995849			1.054528
59	SHOCK THERAPY	5,701,158	.228021			.241355
59	01 PAIN MANAGEMENT & OP CHEM	156,879	5.289127			5.594834
59	02 DIABETES CARE CENTER	2,210,342	.428733			.453800
59	03 OP PSYCH	442,194	.906941			.954534
59	04 CARDIAC REHAB	520,037	.235666			.248073
59	05 SLEEP LAB	875,582	.326738			.346219
59	98 HYPERBARIC OXYGEN THERAPY					.255841
61	OUTPAT SERVICE COST CNTRS	47,895,365	.242078			.865704
62	EMERGENCY	874,269	.819384			
62	OBSERVATION BEDS (NON-DIS					.504311
65	OTHER REIMBURS COST CNTRS	15,807,089	.477321			
101	AMBULANCE SERVICES	593,221,536				
102	SUBTOTAL	874,269				
103	LESS OBSERVATION BEDS	592,347,267				
	TOTAL					

Health Financial Systems

MCRIF32

FOR CHRISTIAN HOSPITAL NORTHEAST

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I I TO 12/31/2010 I

I PREPARED 5/25/2011  
I WORKSHEET D  
I PART I

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS	148,102		148,102	3,612,058		3,612,058
25	ADULTS & PEDIATRICS	17,903		17,903	623,748		623,748
26	INTENSIVE CARE UNIT	13,005		13,005	447,701		447,701
27	CORONARY CARE UNIT	8,431		8,431	201,583		201,583
31	SUBPROVIDER	10,402		10,402	257,164		257,164
31	01 SUBPROVIDER 2	197,843		197,843	5,142,254		5,142,254
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I 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	61,628	30,134	2.40	72,322	58.61	1,766,154
26	INTENSIVE CARE UNIT	6,571	2,368	2.72	6,441	94.92	224,771
27	CORONARY CARE UNIT	4,828	3,533	2.69	9,504	92.73	327,615
31	SUBPROVIDER	3,887	2,837	2.17	6,156	51.86	147,127
31 01	SUBPROVIDER 2	4,286	2,306	2.43	5,604	60.00	138,360
101	TOTAL	81,200	41,178		100,027		2,604,027

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 26-0180 I I

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	60,154	1,913,128	34,620,855	12,516,163	.001738	21,753
40	RECOVERY ROOM	3,591	148,747	5,231,899	820,696	.000686	563
41	ANESTHESIOLOGY	1,300	134,649	6,995,891	1,553,988	.000186	289
41	RADIOLOGY-DIAGNOSTIC	229,696	1,452,419	68,467,531	12,695,617	.003355	42,594
41	01 C.T. SCAN	14,065	424,855	46,295,690	9,534,378	.000304	2,898
44	LABORATORY	32,384	975,373	106,123,056	29,777,793	.000305	9,082
44	01 G.I. LAB	6,036	322,893	7,504,048	1,176,410	.000804	946
44	02 VASCULAR LAB	1,761	55,329	5,561,867	2,004,298	.000317	635
44	03 LABORATORY-PATHOLOGY	1,530	94,469	3,699,129	877,291	.000414	363
47	BLOOD STORING, PROCESSING	5,301	136,051	12,286,095	4,628,316	.000431	1,995
49	RESPIRATORY THERAPY	8,618	357,957	22,793,597	11,204,187	.000378	4,235
50	PHYSICAL THERAPY	73,734	201,611	8,119,767	1,803,221	.009081	16,375
51	OCCUPATIONAL THERAPY	11,306	75,592	3,885,079	1,186,828	.002910	3,454
52	SPEECH PATHOLOGY	10,415	47,688	1,196,372	391,272	.008705	3,406
53	ELECTROCARDIOLOGY	14,114	1,071,307	43,538,606	11,667,048	.000324	3,780
54	ELECTROENCEPHALOGRAPHY	1,354	20,694	1,920,329	388,012	.000705	274
55	MEDICAL SUPPLIES CHARGED	9,076	1,831,264	35,300,182	14,051,167	.000257	3,611
55	30 IMPL. DEV. CHARGED TO PAT	17,678	573,666	38,405,775	11,616,073	.000460	5,343
56	DRUGS CHARGED TO PATIENTS	22,646	1,167,292	59,672,026	25,286,711	.000380	9,609
57	RENAL DIALYSIS	3,254	124,398	6,945,927	4,298,206	.000468	2,012
59	SHOCK THERAPY	200	8,117	174,900	19,136	.001144	22
59	01 PAIN MANAGEMENT & OP CHEM	5,169	67,327	5,701,158	22,678	.000907	21
59	02 DIABETES CARE CENTER	6,489	49,997	156,879		.041363	
59	03 OP PSYCH	1,026	52,057	2,210,342	7,888	.000464	4
59	04 CARDIAC REHAB	2,363	63,457	442,194	290	.005344	2
59	05 SLEEP LAB	148	19,590	520,037		.000285	
59	98 HYPERBARIC OXYGEN THERAPY	322	9,735	875,582	24,868	.000368	9
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	32,861	954,491	47,895,365	5,373,167	.000686	3,686
62	OBSERVATION BEDS (NON-DIS	2,566	62,596	874,269	82,325	.002935	242
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	579,157	12,416,749	577,414,447	163,008,027		137,203

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 26-0180 I PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO 8	COSTS
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.055259		691,631
38	RECOVERY ROOM	.028431		23,333
40	ANESTHESIOLOGY	.019247		29,910
41	RADIOLOGY-DIAGNOSTIC	.021213		269,312
41 01	C.T. SCAN	.009177		87,497
44	LABORATORY	.009191		273,688
44 01	G.I. LAB	.043029		50,620
44 02	VASCULAR LAB	.009948		19,939
44 03	LABORATORY-PATHOLOGY	.025538		22,404
47	BLOOD STORING, PROCESSING	.011074		51,254
49	RESPIRATORY THERAPY	.015704		175,951
50	PHYSICAL THERAPY	.024830		44,774
51	OCCUPATIONAL THERAPY	.019457		23,092
52	SPEECH PATHOLOGY	.039861		15,596
53	ELECTROCARDIOLOGY	.024606		287,079
54	ELECTROENCEPHALOGRAPHY	.010776		4,181
55	MEDICAL SUPPLIES CHARGED	.051877		728,932
55 30	IMPL. DEV. CHARGED TO PAT	.014937		173,509
56	DRUGS CHARGED TO PATIENTS	.019562		494,659
57	RENAL DIALYSIS	.017909		76,977
59	SHOCK THERAPY	.046409		888
59 01	PAIN MANAGEMENT & OP CHEM	.011809		268
59 02	DIABETES CARE CENTER	.318698		
59 03	OP PSYCH	.023552		186
59 04	CARDIAC REHAB	.143505		42
59 05	SLEEP LAB	.037670		
59 98	HYPERBARIC OXYGEN THERAPY	.011118		276
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.019929		107,082
62	OBSERVATION BEDS (NON-DIS	.071598		5,894
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			3,658,974

Health Financial Systems MCRIF32

FOR CHRISTIAN HOSPITAL NORTHEAST

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO:  
I 26-0180  
I

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

I PREPARED 5/25/2011  
I WORKSHEET D  
I 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
	INPAT ROUTINE SRVC CNTRS			21,161			21,161
25	ADULTS & PEDIATRICS			2,267			2,267
26	INTENSIVE CARE UNIT			1,665			1,665
27	CORONARY CARE UNIT			1,341			1,341
31	SUBPROVIDER			1,478			1,478
31 01	SUBPROVIDER 2			27,912			27,912
101	TOTAL						

Health Financial Systems MCRIF32

FOR CHRISTIAN HOSPITAL NORTHEAST

IN LIEU OF FORM CMS-2552-96(11/1998)

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
I I TO 12/31/2010 I PART III

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

WKST A	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	INPAT PROG
LINE NO.		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	61,628	.34	30,134	10,246
26	INTENSIVE CARE UNIT	6,571	.35	2,368	829
27	CORONARY CARE UNIT	4,828	.34	3,533	1,201
31	SUBPROVIDER	3,887	.34	2,837	965
31 01	SUBPROVIDER 2	4,286	.34	2,306	784
101	TOTAL	81,200		41,178	14,025

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
59 05	SLEEP LAB						
59 98	HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS				366		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				366		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			34,620,855			12,516,163	
38	OPERATING ROOM			5,231,899			820,696	
40	RECOVERY ROOM			6,995,891			1,553,988	
41	ANESTHESIOLOGY			68,467,531			12,695,617	
41 01	RADIOLOGY-DIAGNOSTIC			46,295,690			9,534,378	
44	C.T. SCAN			106,123,056			29,777,793	
44 01	LABORATORY			7,504,048			1,176,410	
44 02	G.I. LAB			5,561,867			2,004,298	
44 03	VASCULAR LAB			3,699,129			877,291	
47	LABORATORY-PATHOLOGY			12,286,095			4,628,316	
49	BLOOD STORING, PROCESSING			22,793,597			11,204,187	
50	RESPIRATORY THERAPY			8,119,767			1,803,221	
51	PHYSICAL THERAPY			3,885,079			1,186,828	
52	OCCUPATIONAL THERAPY			1,196,372			391,272	
53	SPEECH PATHOLOGY			43,538,606			11,667,048	
54	ELECTROCARDIOLOGY			1,920,329			388,012	
55	ELECTROENCEPHALOGRAPHY			35,300,182			14,051,167	
55 30	MEDICAL SUPPLIES CHARGED			38,405,775			11,616,073	
56	IMPL. DEV. CHARGED TO PAT			59,672,026			25,286,711	
57	DRUGS CHARGED TO PATIENTS			6,945,927			4,298,206	
59	RENAL DIALYSIS			174,900			19,136	
59 01	SHOCK THERAPY			5,701,158			22,678	
59 02	PAIN MANAGEMENT & OP CHEM			156,879				
59 03	DIABETES CARE CENTER			2,210,342			7,888	
59 04	OP PSYCH			442,194			290	
59 05	CARDIAC REHAB			520,037				
59 98	SLEEP LAB			875,582			24,868	
61	HYPERBARIC OXYGEN THERAPY			47,895,365			5,373,167	
62	OUTPAT SERVICE COST CNTRS	366	366	874,269	.000419	.000419	82,325	34
65	EMERGENCY							
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS AMBULANCE SERVICES TOTAL	366	366	577,414,447			163,008,027	34

Health Financial Systems MCRIF32  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

FOR CHRISTIAN HOSPITAL NORTHEAST

I PROVIDER NO:  
 I 26-0180  
 I COMPONENT NO:  
 I 26-0180

IN LIEU OF FORM CMS-2552-96(07/2009) CONTD  
 I PERIOD:  
 I FROM 1/ 1/2010 I PREPARED 5/25/2011  
 I TO 12/31/2010 I WORKSHEET D  
 I PART IV

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL			PPS	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		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 9
	ANCILLARY SRVC COST CNTRS	8,227,427					
37	OPERATING ROOM	1,071,683					
38	RECOVERY ROOM	1,021,193					
40	ANESTHESIOLOGY	11,583,391					
41	RADIOLOGY-DIAGNOSTIC	7,274,690					
41	01 C.T. SCAN	198,250					
44	LABORATORY	1,113,027					
44	01 G.I. LAB	884,603					
44	02 VASCULAR LAB	1,041,809					
44	03 LABORATORY-PATHOLOGY	300,652					
47	BLOOD STORING, PROCESSING	813,576					
49	RESPIRATORY THERAPY	623					
50	PHYSICAL THERAPY	1,143					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	4,156,765					
53	ELECTROCARDIOLOGY	335,654					
54	ELECTROENCEPHALOGRAPHY	3,974,345					
55	MEDICAL SUPPLIES CHARGED	6,616,897					
55	30 IMPL. DEV. CHARGED TO PAT	10,183,233					
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS	32,448					
59	SHOCK THERAPY	739,887					
59	01 PAIN MANAGEMENT & OP CHEM	37					
59	02 DIABETES CARE CENTER	1,181,907					
59	03 OP PSYCH	199,479					
59	04 CARDIAC REHAB	93,773					
59	05 SLEEP LAB	416,814					
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS	4,599,562			44		
61	EMERGENCY	104,343					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS				44		
65	AMBULANCE SERVICES	66,167,211					
101	TOTAL						

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	.471421	.471421			
38 RECOVERY ROOM	.234617	.234617			
40 ANESTHESIOLOGY	.108275	.108275			
41 RADIOLOGY-DIAGNOSTIC	.182173	.182173			
41 01 C.T. SCAN	.051321	.051321			
44 LABORATORY	.136763	.136763			
44 01 G.I. LAB	.304576	.304576			
44 02 VASCULAR LAB	.109434	.109434			
44 03 LABORATORY-PATHOLOGY	.183886	.183886			
47 BLOOD STORING, PROCESSING & TRANS.	.337243	.337243			
49 RESPIRATORY THERAPY	.244780	.244780			
50 PHYSICAL THERAPY	.373884	.373884			
51 OCCUPATIONAL THERAPY	.337352	.337352			
52 SPEECH PATHOLOGY	.466747	.466747			
53 ELECTROCARDIOLOGY	.112018	.112018			
54 ELECTROENCEPHALOGRAPHY	.126503	.126503			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.211127	.211127			
55 30 IMPL. DEV. CHARGED TO PATIENT	.409375	.409375			
56 DRUGS CHARGED TO PATIENTS	.340122	.340122			
57 RENAL DIALYSIS	.313870	.313870			
59 SHOCK THERAPY	1.059285	1.059285			
59 01 PAIN MANAGEMENT & OP CHEMO	.242627	.242627			
59 02 DIABETES CARE CENTER	5.630843	5.630843			
59 03 OP PSYCH	.456201	.456201			
59 04 CARDIAC REHAB	.969418	.969418			
59 05 SLEEP LAB	.251869	.251869			
59 98 HYPERBARIC OXYGEN THERAPY	.347368	.347368			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.257902	.257902			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.873157	.873157			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.508641	.508641			
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)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	5	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		8,227,427			
38 RECOVERY ROOM		1,071,683			
40 ANESTHESIOLOGY		1,021,193			
41 RADIOLOGY-DIAGNOSTIC		11,583,391			
41 01 C.T. SCAN		7,274,690			
44 LABORATORY		198,250			
44 01 G.I. LAB		1,113,027			
44 02 VASCULAR LAB		884,603			
44 03 LABORATORY-PATHOLOGY		1,041,809			
47 BLOOD STORING, PROCESSING & TRANS.		300,652			
49 RESPIRATORY THERAPY		813,576			
50 PHYSICAL THERAPY		623			
51 OCCUPATIONAL THERAPY		1,143			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		4,156,765			
54 ELECTROENCEPHALOGRAPHY		335,654			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,974,345			
55 30 IMPL. DEV. CHARGED TO PATIENT		6,616,897			
56 DRUGS CHARGED TO PATIENTS		10,183,233	5,639		
57 RENAL DIALYSIS					
59 SHOCK THERAPY		32,448			
59 01 PAIN MANAGEMENT & OP CHEMO		739,887			
59 02 DIABETES CARE CENTER		37			
59 03 OP PSYCH		1,181,907			
59 04 CARDIAC REHAB		199,479			
59 05 SLEEP LAB		93,773			
59 98 HYPERBARIC OXYGEN THERAPY		416,814			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		4,599,562			
62 OBSERVATION BEDS (NON-DISTINCT PART)		104,343			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		66,167,211	5,639		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		66,167,211	5,639		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,878,582	
38 RECOVERY ROOM				251,435	
40 ANESTHESIOLOGY				110,570	
41 RADIOLOGY-DIAGNOSTIC				2,110,181	
41 01 C.T. SCAN				373,344	
44 LABORATORY				27,113	
44 01 G.I. LAB				339,001	
44 02 VASCULAR LAB				96,806	
44 03 LABORATORY-PATHOLOGY				191,574	
47 BLOOD STORING, PROCESSING & TRANS.				101,393	
49 RESPIRATORY THERAPY				199,147	
50 PHYSICAL THERAPY				233	
51 OCCUPATIONAL THERAPY				386	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				465,633	
54 ELECTROENCEPHALOGRAPHY				42,461	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				839,092	
55 30 IMPL. DEV. CHARGED TO PATIENT				2,708,792	
56 DRUGS CHARGED TO PATIENTS				3,463,542	1,918
57 RENAL DIALYSIS					
59 SHOCK THERAPY				34,372	
59 01 PAIN MANAGEMENT & OP CHEMO				179,517	
59 02 DIABETES CARE CENTER				208	
59 03 OP PSYCH				539,187	
59 04 CARDIAC REHAB				193,379	
59 05 SLEEP LAB				23,619	
59 98 HYPERBARIC OXYGEN THERAPY				144,788	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				1,186,236	
62 OBSERVATION BEDS (NON-DISTINCT PART)				91,108	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				17,591,699	1,918
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				17,591,699	1,918

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-0180 I

WORKSHEET D  
 PART V

TITLE XVIII, PART B

HOSPITAL

PPS Services  
 1/1 to FYE

Hospital I/P  
 Part B Charges

Hospital I/P  
 Part B Costs

9.03

10

11

Cost Center Description

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 C.T. SCAN
- 44 LABORATORY
- 44 01 G.I. LAB
- 44 02 VASCULAR LAB
- 44 03 LABORATORY-PATHOLOGY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 SHOCK THERAPY
- 59 01 PAIN MANAGEMENT & OP CHEMO
- 59 02 DIABETES CARE CENTER
- 59 03 OP PSYCH
- 59 04 CARDIAC REHAB
- 59 05 SLEEP LAB
- 59 98 HYPERBARIC OXYGEN THERAPY
- 61 OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- 104 PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART II  
 I 26-T180 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	60,154	1,913,128	34,620,855	52,151	.001738	91
38	RECOVERY ROOM	3,591	148,747	5,231,899	8,073	.000686	6
40	ANESTHESIOLOGY	1,300	134,649	6,995,891	5,639	.000186	1
41	RADIOLOGY-DIAGNOSTIC	229,696	1,452,419	68,467,531	168,705	.003355	566
41 01	C.T. SCAN	14,065	424,855	46,295,690	83,900	.000304	26
44	LABORATORY	32,384	975,373	106,123,056	644,654	.000305	197
44 01	G.I. LAB	6,036	322,893	7,504,048	3,695	.000804	3
44 02	VASCULAR LAB	1,761	55,329	5,561,867	50,059	.000317	16
44 03	LABORATORY-PATHOLOGY	1,530	94,469	3,699,129	6,490	.000414	3
47	BLOOD STORING, PROCESSING	5,301	136,051	12,286,095	42,700	.000431	18
49	RESPIRATORY THERAPY	8,618	357,957	22,793,597	252,855	.000378	96
50	PHYSICAL THERAPY	73,734	201,611	8,119,767	1,224,120	.009081	11,116
51	OCCUPATIONAL THERAPY	11,306	75,592	3,885,079	1,266,991	.002910	3,687
52	SPEECH PATHOLOGY	10,415	47,688	1,196,372	297,779	.008705	2,592
53	ELECTROCARDIOLOGY	14,114	1,071,307	43,538,606	44,796	.000324	15
54	ELECTROENCEPHALOGRAPHY	1,354	20,694	1,920,329	10,012	.000705	7
55	MEDICAL SUPPLIES CHARGED	9,076	1,831,264	35,300,182	222,380	.000257	57
55 30	IMPL. DEV. CHARGED TO PAT	17,678	573,666	38,405,775		.000460	
56	DRUGS CHARGED TO PATIENTS	22,646	1,167,292	59,672,026	768,436	.000380	292
57	RENAL DIALYSIS	3,254	124,398	6,945,927	207,021	.000468	97
59	SHOCK THERAPY	200	8,117	174,900		.001144	
59 01	PAIN MANAGEMENT & OP CHEM	5,169	67,327	5,701,158	173	.000907	
59 02	DIABETES CARE CENTER	6,489	49,997	156,879		.041363	
59 03	OP PSYCH	1,026	52,057	2,210,342		.000464	
59 04	CARDIAC REHAB	2,363	63,457	442,194		.005344	
59 05	SLEEP LAB	148	19,590	520,037		.000285	
59 98	HYPERBARIC OXYGEN THERAPY	322	9,735	875,582		.000368	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	32,861	954,491	47,895,365	2,034	.000686	1
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,566	62,596	874,269		.002935	
65	AMBULANCE SERVICES						
101	TOTAL	579,157	12,416,749	577,414,447	5,362,663		18,887

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-T180 I

WORKSHEET D  
 PART II

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS		.055259	2,882
37	OPERATING ROOM		.028431	230
38	RECOVERY ROOM		.019247	109
40	ANESTHESIOLOGY		.021213	3,579
41	RADIOLOGY-DIAGNOSTIC		.009177	770
41	01 C.T. SCAN		.009191	5,925
44	LABORATORY		.043029	159
44	01 G.I. LAB		.009948	498
44	02 VASCULAR LAB		.025538	166
44	03 LABORATORY-PATHOLOGY		.011074	473
47	BLOOD STORING, PROCESSING		.015704	3,971
49	RESPIRATORY THERAPY		.024830	30,395
50	PHYSICAL THERAPY		.019457	24,652
51	OCCUPATIONAL THERAPY		.039861	11,870
52	SPEECH PATHOLOGY		.024606	1,102
53	ELECTROCARDIOLOGY		.010776	108
54	ELECTROENCEPHALOGRAPHY		.051877	11,536
55	MEDICAL SUPPLIES CHARGED		.014937	
55	30 IMPL. DEV. CHARGED TO PAT		.019562	15,032
56	DRUGS CHARGED TO PATIENTS		.017909	3,708
57	RENAL DIALYSIS		.046409	
59	SHOCK THERAPY		.011809	2
59	01 PAIN MANAGEMENT & OP CHEM		.318698	
59	02 DIABETES CARE CENTER		.023552	
59	03 OP PSYCH		.143505	
59	04 CARDIAC REHAB		.037670	
59	05 SLEEP LAB		.011118	
59	98 HYPERBARIC OXYGEN THERAPY			
61	OUTPAT SERVICE COST CNTRS		.019929	41
61	EMERGENCY		.071598	
62	OBSERVATION BEDS (NON-DIS			
62	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			117,208
101	TOTAL			



SUBPROVIDER 1

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P 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
	ANCILLARY SRVC COST CNTRS			34,620,855			52,151	
37	OPERATING ROOM			5,231,899			8,073	
38	RECOVERY ROOM			6,995,891			5,639	
40	ANESTHESIOLOGY			68,467,531			168,705	
41	RADIOLOGY-DIAGNOSTIC			46,295,690			83,900	
41 01	C.T. SCAN			106,123,056			644,654	
44	LABORATORY			7,504,048			3,695	
44 01	G.I. LAB			5,561,867			50,059	
44 02	VASCULAR LAB			3,699,129			6,490	
44 03	LABORATORY-PATHOLOGY			12,286,095			42,700	
47	BLOOD STORING, PROCESSING			22,793,597			252,855	
49	RESPIRATORY THERAPY			8,119,767			1,224,120	
50	PHYSICAL THERAPY			3,885,079			1,266,991	
51	OCCUPATIONAL THERAPY			1,196,372			297,779	
52	SPEECH PATHOLOGY			43,538,606			44,796	
53	ELECTROCARDIOLOGY			1,920,329			10,012	
54	ELECTROENCEPHALOGRAPHY			35,300,182			222,380	
55	MEDICAL SUPPLIES CHARGED			38,405,775			768,436	
55 30	IMPL. DEV. CHARGED TO PAT			59,672,026			207,021	
56	DRUGS CHARGED TO PATIENTS			6,945,927			173	
57	RENAL DIALYSIS			174,900				
59	SHOCK THERAPY			5,701,158				
59 01	PAIN MANAGEMENT & OP CHEM			156,879				
59 02	DIABETES CARE CENTER			2,210,342				
59 03	OP PSYCH			442,194				
59 04	CARDIAC REHAB			520,037				
59 05	SLEEP LAB			875,582				
59 98	HYPERBARIC OXYGEN THERAPY						2,034	
61	EMERGENCY	366		47,895,365	.000419	.000419		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	366	366	874,269				
65	AMBULANCE SERVICES	366	366	577,414,447			5,362,663	
101	TOTAL							

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 C.T. SCAN						
44	LABORATORY						
44	01 G.I. LAB						
44	02 VASCULAR LAB						
44	03 LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59	01 PAIN MANAGEMENT & OP CHEM						
59	02 DIABETES CARE CENTER						
59	03 OP PSYCH						
59	04 CARDIAC REHAB						
59	05 SLEEP LAB						
59	98 HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS			34,620,855	10,991	.001738	19
37	OPERATING ROOM	60,154	1,913,128	5,231,899	438	.000686	
38	RECOVERY ROOM	3,591	148,747	6,995,891	2,525	.000186	376
40	ANESTHESIOLOGY	1,300	134,649	68,467,531	111,972	.003355	30
41	RADIOLOGY-DIAGNOSTIC	229,696	1,452,419	46,295,690	97,077	.000304	124
41	01 C.T. SCAN	14,065	424,855	106,123,056	405,063	.000305	2
44	LABORATORY	32,384	975,373	7,504,048	2,265	.000804	4
44	01 G.I. LAB	6,036	322,893	5,561,867	14,127	.000317	2
44	02 VASCULAR LAB	1,761	55,329	3,699,129	6,014	.000414	
44	03 LABORATORY-PATHOLOGY	1,530	94,469	12,286,095		.000431	21
47	BLOOD STORING, PROCESSING	5,301	136,051	22,793,597	54,987	.000378	452
49	RESPIRATORY THERAPY	8,618	357,957	8,119,767	49,730	.009081	99
50	PHYSICAL THERAPY	73,734	201,611	3,885,079	34,104	.002910	13
51	OCCUPATIONAL THERAPY	11,306	75,592	1,196,372	1,531	.008705	21
52	SPEECH PATHOLOGY	10,415	47,688	43,538,606	66,207	.000324	9
53	ELECTROCARDIOLOGY	14,114	1,071,307	1,920,329	12,488	.000705	12
54	ELECTROENCEPHALOGRAPHY	1,354	20,694	35,300,182	48,295	.000257	
55	MEDICAL SUPPLIES CHARGED	9,076	1,831,264	38,405,775		.000460	
55	30 IMPL. DEV. CHARGED TO PAT	17,678	573,666	59,672,026	321,409	.000380	122
56	DRUGS CHARGED TO PATIENTS	22,646	1,167,292	6,945,927	5,484	.000468	3
57	RENAL DIALYSIS	3,254	124,398	174,900	42,042	.001144	48
59	SHOCK THERAPY	200	8,117	5,701,158	233	.000907	
59	01 PAIN MANAGEMENT & OP CHEM	5,169	67,327	156,879		.041363	
59	02 DIABETES CARE CENTER	6,489	49,997	2,210,342		.000464	
59	03 OP PSYCH	1,026	52,057	442,194		.005344	
59	04 CARDIAC REHAB	2,363	63,457	520,037		.000285	
59	05 SLEEP LAB	148	19,590	875,582		.000368	
59	98 HYPERBARIC OXYGEN THERAPY	322	9,735		183,947	.000686	126
61	OUTPAT SERVICE COST CNTRS			47,895,365		.002935	
62	EMERGENCY	32,861	954,491	874,269			
62	OBSERVATION BEDS (NON-DIS	2,566	62,596				
65	OTHER REIMBURS COST CNTRS				1,470,929		1,483
101	AMBULANCE SERVICES						
	TOTAL	579,157	12,416,749	577,414,447			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-S180 I

PPS

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS		.055259	607
	OPERATING ROOM		.028431	12
38	RECOVERY ROOM		.019247	49
40	ANESTHESIOLOGY		.021213	2,375
41	RADIOLOGY-DIAGNOSTIC		.009177	891
41	01 C.T. SCAN		.009191	3,723
44	LABORATORY		.043029	97
44	01 G.I. LAB		.009948	141
44	02 VASCULAR LAB		.025538	154
44	03 LABORATORY-PATHOLOGY		.011074	
47	BLOOD STORING, PROCESSING		.015704	864
49	RESPIRATORY THERAPY		.024830	1,235
50	PHYSICAL THERAPY		.019457	664
51	OCCUPATIONAL THERAPY		.039861	61
52	SPEECH PATHOLOGY		.024606	1,629
53	ELECTROCARDIOLOGY		.010776	135
54	ELECTROENCEPHALOGRAPHY		.051877	2,505
55	MEDICAL SUPPLIES CHARGED		.014937	
55	30 IMPL. DEV. CHARGED TO PAT		.019562	6,287
56	DRUGS CHARGED TO PATIENTS		.017909	98
57	RENAL DIALYSIS		.046409	1,951
59	SHOCK THERAPY		.011809	3
59	01 PAIN MANAGEMENT & OP CHEM		.318698	
59	02 DIABETES CARE CENTER		.023552	
59	03 OP PSYCH		.143505	
59	04 CARDIAC REHAB		.037670	
59	05 SLEEP LAB		.011118	
59	98 HYPERBARIC OXYGEN THERAPY			
	OUTPAT SERVICE COST CNTRS		.019929	3,666
61	EMERGENCY		.071598	
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			27,147
101	TOTAL			

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
59 05	SLEEP LAB						
59 98	HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS				366		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				366		

Health Financial Systems MCRIF32  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

FOR CHRISTIAN HOSPITAL NORTHEAST

IN LIEU OF FORM CMS-2552-96(07/2009) CONTD  
 I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2010 I PART IV  
 I 26-S180 I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	PPS		INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
					RATIO OF COST TO CHARGES 5	RATIO OF O/P COST TO CHARGES 5.01		
	ANCILLARY SRVC COST CNTRS			34,620,855			10,991	
37	OPERATING ROOM			5,231,899			438	
38	RECOVERY ROOM			6,995,891			2,525	
40	ANESTHESIOLOGY			68,467,531			111,972	
41	RADIOLOGY-DIAGNOSTIC			46,295,690			97,077	
41	01 C.T. SCAN			106,123,056			405,063	
44	LABORATORY			7,504,048			2,265	
44	01 G.I. LAB			5,561,867			14,127	
44	02 VASCULAR LAB			3,699,129			6,014	
44	03 LABORATORY-PATHOLOGY			12,286,095			54,987	
47	BLOOD STORING, PROCESSING			22,793,597			49,730	
49	RESPIRATORY THERAPY			8,119,767			34,104	
50	PHYSICAL THERAPY			3,885,079			1,531	
51	OCCUPATIONAL THERAPY			1,196,372			66,207	
52	SPEECH PATHOLOGY			43,538,606			12,488	
53	ELECTROCARDIOLOGY			1,920,329			48,295	
54	ELECTROENCEPHALOGRAPHY			35,300,182			321,409	
55	MEDICAL SUPPLIES CHARGED			38,405,775			5,484	
55	30 IMPL. DEV. CHARGED TO PAT			59,672,026			42,042	
56	DRUGS CHARGED TO PATIENTS			6,945,927			233	
57	RENAL DIALYSIS			174,900				
59	SHOCK THERAPY			5,701,158				
59	01 PAIN MANAGEMENT & OP CHEM			156,879				
59	02 DIABETES CARE CENTER			2,210,342				
59	03 OP PSYCH			442,194				
59	04 CARDIAC REHAB			520,037				
59	05 SLEEP LAB			875,582			183,947	
59	98 HYPERBARIC OXYGEN THERAPY							
61	OUTPAT SERVICE COST CNTRS			47,895,365				
61	EMERGENCY	366		874,269	.000419	.000419		
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	366		577,414,447			1,470,929	
101	TOTAL							

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
59 05	SLEEP LAB						
59 98	HYPERBARIC OXYGEN THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	148,102		148,102	3,612,058		3,612,058
26	ADULTS & PEDIATRICS	17,903		17,903	623,748		623,748
27	INTENSIVE CARE UNIT	13,005		13,005	447,701		447,701
31	CORONARY CARE UNIT	8,431		8,431	201,583		201,583
31 01	SUBPROVIDER 2	10,402		10,402	257,164		257,164
101	TOTAL	197,843		197,843	5,142,254		5,142,254



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-0180 I

I WORKSHEET D  
 I PART II  
 I

PPS

TITLE XIX		HOSPITAL		TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	CAPITAL COSTS
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2					3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	60,154	1,913,128	34,620,855	1,488,194	.001738	2,586
38	RECOVERY ROOM	3,591	148,747	5,231,899	166,163	.000686	114
40	ANESTHESIOLOGY	1,300	134,649	6,995,891	350,004	.000186	65
41	RADIOLOGY-DIAGNOSTIC	229,696	1,452,419	68,467,531	3,665,665	.003355	12,298
41 01	C.T. SCAN	14,065	424,855	46,295,690	2,667,982	.000304	811
44	LABORATORY	32,384	975,373	106,123,056	6,529,312	.000305	1,991
44 01	G.I. LAB	6,036	322,893	7,504,048	373,603	.000804	300
44 02	VASCULAR LAB	1,761	55,329	5,561,867	405,459	.000317	129
44 03	LABORATORY-PATHOLOGY	1,530	94,469	3,699,129	203,152	.000414	84
47	BLOOD STORING, PROCESSING	5,301	136,051	12,286,095	1,178,386	.000431	508
49	RESPIRATORY THERAPY	8,618	357,957	22,793,597	2,493,614	.000378	943
50	PHYSICAL THERAPY	73,734	201,611	8,119,767	325,555	.009081	2,956
51	OCCUPATIONAL THERAPY	11,306	75,592	3,885,079	232,179	.002910	676
52	SPEECH PATHOLOGY	10,415	47,688	1,196,372	76,351	.008705	665
53	ELECTROCARDIOLOGY	14,114	1,071,307	43,538,606	2,827,096	.000324	916
54	ELECTROENCEPHALOGRAPHY	1,354	20,694	1,920,329	105,571	.000705	74
55	MEDICAL SUPPLIES CHARGED	9,076	1,831,264	35,300,182	1,001,737	.000257	257
55 30	IMPL. DEV. CHARGED TO PAT	17,678	573,666	38,405,775		.000460	
56	DRUGS CHARGED TO PATIENTS	22,646	1,167,292	59,672,026	5,507,625	.000380	2,093
57	RENAL DIALYSIS	3,254	124,398	6,945,927	564,852	.000468	264
59	SHOCK THERAPY	200	8,117	174,900		.001144	
59 01	PAIN MANAGEMENT & OP CHEM	5,169	67,327	5,701,158	2,039	.000907	2
59 02	DIABETES CARE CENTER	6,489	49,997	156,879		.041363	
59 03	OP PSYCH	1,026	52,057	2,210,342		.000464	
59 04	CARDIAC REHAB	2,363	63,457	442,194		.005344	
59 05	SLEEP LAB	148	19,590	520,037		.000285	
59 98	HYPERBARIC OXYGEN THERAPY	322	9,735	875,582		.000368	
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	32,861	954,491	47,895,365	2,065,947	.000686	1,417
62	OBSERVATION BEDS (NON-DIS	2,566	62,596	874,269		.002935	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						29,149
101	TOTAL	579,157	12,416,749	577,414,447	32,230,486		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-0180 I

PPS

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS	.055259	82,236
37	OPERATING ROOM	.028431	4,724
38	RECOVERY ROOM	.019247	6,737
40	ANESTHESIOLOGY	.021213	77,760
41	RADIOLOGY-DIAGNOSTIC	.009177	24,484
41	01 C.T. SCAN	.009191	60,011
44	LABORATORY	.043029	16,076
44	01 G.I. LAB	.009948	4,034
44	02 VASCULAR LAB	.025538	5,188
44	03 LABORATORY-PATHOLOGY	.011074	13,049
47	BLOOD STORING, PROCESSING	.015704	39,160
49	RESPIRATORY THERAPY	.024830	8,084
50	PHYSICAL THERAPY	.019457	4,518
51	OCCUPATIONAL THERAPY	.039861	3,043
52	SPEECH PATHOLOGY	.024606	69,564
53	ELECTROCARDIOLOGY	.010776	1,138
54	ELECTROENCEPHALOGRAPHY	.051877	51,967
55	MEDICAL SUPPLIES CHARGED	.014937	
55	30 IMPL. DEV. CHARGED TO PAT	.019562	107,740
56	DRUGS CHARGED TO PATIENTS	.017909	10,116
57	RENAL DIALYSIS	.046409	
59	SHOCK THERAPY	.011809	24
59	01 PAIN MANAGEMENT & OP CHEM	.318698	
59	02 DIABETES CARE CENTER	.023552	
59	03 OP PSYCH	.143505	
59	04 CARDIAC REHAB	.037670	
59	05 SLEEP LAB	.011118	
59	98 HYPERBARIC OXYGEN THERAPY		
	OUTPAT SERVICE COST CNTRS	.019929	41,172
61	EMERGENCY	.071598	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		630,825
101	TOTAL		

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
I I TO 12/31/2010 I PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	SWING BED ADJ AMOUNT	TOTAL COSTS
		1	2	2.01	2.02	3	4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS			21,161			21,161
26	INTENSIVE CARE UNIT			2,267			2,267
27	CORONARY CARE UNIT			1,665			1,665
31	SUBPROVIDER			1,341			1,341
31	01 SUBPROVIDER 2			1,478			1,478
101	TOTAL			27,912			27,912

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET D  
 I I TO 12/31/2010 I 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	61,628	.34	9,875	3,358
26	INTENSIVE CARE UNIT	6,571	.35	823	288
27	CORONARY CARE UNIT	4,828	.34	640	218
31	SUBPROVIDER	3,887	.34	183	62
31 01	SUBPROVIDER 2	4,286	.34	634	216
101	TOTAL	81,200		12,155	4,142

Health Financial Systems MCRIF32  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

FOR CHRISTIAN HOSPITAL NORTHEAST

IN LIEU OF FORM CMS-2552-96(07/2009)

PREPARED 5/25/2011  
 WORKSHEET D  
 PART IV

PROVIDER NO: I 26-0180  
 COMPONENT NO: I 26-0180  
 PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010  
 PPS

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL NONPHYSICIAN ANESTHETIST 1	1.01
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
40	RECOVERY ROOM		
41	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41	01 C.T. SCAN		
44	LABORATORY		
44	01 G.I. LAB		
44	02 VASCULAR LAB		
44	03 LABORATORY-PATHOLOGY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	SHOCK THERAPY		
59	01 PAIN MANAGEMENT & OP CHEM		
59	02 DIABETES CARE CENTER		
59	03 OP PSYCH		
59	04 CARDIAC REHAB		
59	05 SLEEP LAB		
59	98 HYPERBARIC OXYGEN THERAPY		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
65	OTHER REIMBURS COST CNTRS		
101	AMBULANCE SERVICES		
	TOTAL		

MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
2	2.01	2.02	2.03

366

366

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			34,620,855			1,488,194	
38	RECOVERY ROOM			5,231,899			166,163	
40	ANESTHESIOLOGY			6,995,891			350,004	
41	RADIOLOGY-DIAGNOSTIC			68,467,531			3,665,665	
41 01	C.T. SCAN			46,295,690			2,667,982	
44	LABORATORY			106,123,056			6,529,312	
44 01	G.I. LAB			7,504,048			373,603	
44 02	VASCULAR LAB			5,561,867			405,459	
44 03	LABORATORY-PATHOLOGY			3,699,129			203,152	
47	BLOOD STORING, PROCESSING			12,286,095			1,178,386	
49	RESPIRATORY THERAPY			22,793,597			2,493,614	
50	PHYSICAL THERAPY			8,119,767			325,555	
51	OCCUPATIONAL THERAPY			3,885,079			232,179	
52	SPEECH PATHOLOGY			1,196,372			76,351	
53	ELECTROCARDIOLOGY			43,538,606			2,827,096	
54	ELECTROENCEPHALOGRAPHY			1,920,329			105,571	
55	MEDICAL SUPPLIES CHARGED			35,300,182			1,001,737	
55 30	IMPL. DEV. CHARGED TO PAT			38,405,775				
56	DRUGS CHARGED TO PATIENTS			59,672,026			5,507,625	
57	RENAL DIALYSIS			6,945,927			564,852	
59	SHOCK THERAPY			174,900				
59 01	PAIN MANAGEMENT & OP CHEM			5,701,158			2,039	
59 02	DIABETES CARE CENTER			156,879				
59 03	OP PSYCH			2,210,342				
59 04	CARDIAC REHAB			442,194				
59 05	SLEEP LAB			520,037				
59 98	HYPERBARIC OXYGEN THERAPY			875,582				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			47,895,365			2,065,947	
62	OBSERVATION BEDS (NON-DIS	366	366	874,269	.000419	.000419		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	366	366	577,414,447			32,230,486	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL				COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		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		
	TITLE XIX						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,147,419					
38	RECOVERY ROOM	152,109					
40	ANESTHESIOLOGY	174,959					
41	RADIOLOGY-DIAGNOSTIC	2,779,678					
41	01 C.T. SCAN	2,166,287					
44	LABORATORY						
44	01 G.I. LAB	250,168					
44	02 VASCULAR LAB	127,676					
44	03 LABORATORY-PATHOLOGY	116,022					
47	BLOOD STORING, PROCESSING	72,722					
49	RESPIRATORY THERAPY	174,623					
50	PHYSICAL THERAPY	316,430					
51	OCCUPATIONAL THERAPY	5,521					
52	SPEECH PATHOLOGY	13,477					
53	ELECTROCARDIOLOGY	800,850					
54	ELECTROENCEPHALOGRAPHY	42,151					
55	MEDICAL SUPPLIES CHARGED	16,317					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	2,258,161					
57	RENAL DIALYSIS	4,992					
59	SHOCK THERAPY	103,123					
59	01 PAIN MANAGEMENT & OP CHEM	3,104					
59	02 DIABETES CARE CENTER						
59	03 OP PSYCH	25,872					
59	04 CARDIAC REHAB	63,719					
59	05 SLEEP LAB						
59	98 HYPERBARIC OXYGEN THERAPY						
61	EMERGENCY	3,774,137					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	14,589,517					
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0180  
COMPONENT NO: 26-0180  
PERIOD: FROM 1/1/2010 TO 12/31/2010

TITLE XIX - O/P

HOSPITAL

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
Cost Center Description					1,147,419
(A) ANCILLARY SRVC COST CNTRS	.441685				152,109
37 OPERATING ROOM	.219786				174,959
38 RECOVERY ROOM	.101179				2,779,678
40 ANESTHESIOLOGY	.170575				2,166,287
41 RADIOLOGY-DIAGNOSTIC	.047946				250,168
41 01 C.T. SCAN	.128432				127,676
44 LABORATORY	.285070				116,022
44 01 G.I. LAB	.102656				72,722
44 02 VASCULAR LAB	.172131				174,623
44 03 LABORATORY-PATHOLOGY	.317199				316,430
47 BLOOD STORING, PROCESSING & TRANS.	.229907				5,521
49 RESPIRATORY THERAPY	.350775				13,477
50 PHYSICAL THERAPY	.316847				800,850
51 OCCUPATIONAL THERAPY	.437636				42,151
52 SPEECH PATHOLOGY	.104474				16,317
53 ELECTROCARDIOLOGY	.118684				
54 ELECTROENCEPHALOGRAPHY	.196692				2,258,161
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.384984				4,992
55 30 IMPL. DEV. CHARGED TO PATIENT	.319558				103,123
56 DRUGS CHARGED TO PATIENTS	.294894				3,104
57 RENAL DIALYSIS	.995849				
59 SHOCK THERAPY	.228021				25,872
59 01 PAIN MANAGEMENT & OP CHEMO	5.289127				63,719
59 02 DIABETES CARE CENTER	.428733				
59 03 OP PSYCH	.906941				
59 04 CARDIAC REHAB	.235666				3,774,137
59 05 SLEEP LAB	.326738				
59 98 HYPERBARIC OXYGEN THERAPY					
61 OUTPAT SERVICE COST CNTRS	.242078				
61 EMERGENCY	.819384				
62 OBSERVATION BEDS (NON-DISTINCT PART)					14,589,517
62 OTHER REIMBURS COST CNTRS	.477321				
65 AMBULANCE SERVICES					
101 SUBTOTAL					14,589,517
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0180  
 COMPONENT NO: 26-0180  
 PERIOD: FROM 1/1/2010 TO 12/31/2010

WORKSHEET D PART V

TITLE XIX - O/P	HOSPITAL	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
		5.01	5.02	5.03	6	7

Cost Center Description

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 C.T. SCAN
- 44 LABORATORY
- 44 01 G.I. LAB
- 44 02 VASCULAR LAB
- 44 03 LABORATORY-PATHOLOGY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 SHOCK THERAPY
- 59 01 PAIN MANAGEMENT & OP CHEMO
- 59 02 DIABETES CARE CENTER
- 59 03 OP PSYCH
- 59 04 CARDIAC REHAB
- 59 05 SLEEP LAB
- 59 98 HYPERBARIC OXYGEN THERAPY
- 61 OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- 104 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

TITLE XIX - O/P	HOSPITAL	All other	PPS Services FYB to 12/31	Non-PPS Services	PPS services 1/1 to FYE
	Other Outpatient Diagnostic				
	8	9	9.01	9.02	9.03
Cost Center Description					
(A)	ANCILLARY SRVC COST CNTRS	506,798			
37	OPERATING ROOM	33,431			
38	RECOVERY ROOM	17,702			
40	ANESTHESIOLOGY	474,144			
41	RADIOLOGY-DIAGNOSTIC	103,865			
41 01	C.T. SCAN	71,315			
44	LABORATORY	13,107			
44 01	G.I. LAB	19,971			
44 02	VASCULAR LAB	23,067			
44 03	LABORATORY-PATHOLOGY	40,147			
47	BLOOD STORING, PROCESSING & TRANS.	110,996			
49	RESPIRATORY THERAPY	1,749			
50	PHYSICAL THERAPY	5,898			
51	OCCUPATIONAL THERAPY	83,668			
52	SPEECH PATHOLOGY	5,003			
53	ELECTROCARDIOLOGY	3,209			
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	721,613			
55 30	IMPL. DEV. CHARGED TO PATIENT				
56	DRUGS CHARGED TO PATIENTS	4,971			
57	RENAL DIALYSIS	23,514			
59	SHOCK THERAPY	16,417			
59 01	PAIN MANAGEMENT & OP CHEMO				
59 02	DIABETES CARE CENTER	23,464			
59 03	OP PSYCH	15,016			
59 04	CARDIAC REHAB				
59 05	SLEEP LAB				
59 98	HYPERBARIC OXYGEN THERAPY	913,636			
61	EMERGENCY				
62	OBSERVATION BEDS (NON-DISTINCT PART)				
	OTHER REIMBURS COST CNTRS	3,232,701			
65	AMBULANCE SERVICES				
101	SUBTOTAL				
102	CRNA CHARGES				
103	LESS PBP CLINIC LAB SVCS-	3,232,701			
104	PROGRAM ONLY CHARGES				
	NET CHARGES				

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

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	61,628
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	61,628
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	61,628
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	
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)	30,134
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	44,049,962
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
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)	44,049,962
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	72,137,775
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	72,137,775
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	.610637
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,170.54
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	44,049,962
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

HOSPITAL

PPS

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
					714.77
					21,538,879
38					
39					
40					21,538,879
41					
42					
					3,324,246
					4,336,934
43					
44					
45					1
46					40,036,099
47					69,236,158
48					
49					
					2,419,083
					3,796,211
					6,215,294
50					63,020,864
51					
52					
53					

PASS THROUGH COST ADJUSTMENTS

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 1,068  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 714.77  
 85 OBSERVATION BED COST 763,374

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	148,102	44,049,962	.003362	763,374	2,566
87 NEW CAPITAL-RELATED COST	3,612,058	44,049,962	.081999	763,374	62,596
88 NON PHYSICIAN ANESTHETIST		44,049,962		763,374	
89 MEDICAL EDUCATION		44,049,962		763,374	
89.01 MEDICAL EDUCATION - ALLIED HEA	21,161	44,049,962	.000480	763,374	366
89.02 MEDICAL EDUCATION - ALL OTHER		44,049,962		763,374	

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 26-T180 I

TITLE XVIII PART A

SUBPROVIDER I

PPS

1

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,887
	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,887
1	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
2	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
3	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
4	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
6	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)	
8	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	2,837
10	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
11	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
12	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
13	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
14	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
	NURSERY DAYS (TITLE V OR XIX ONLY)	
SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	2,373,132
24	DECEMBER 31 OF THE COST REPORTING PERIOD	
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
28	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
29	REPORTING PERIOD	
30	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
31	REPORTING PERIOD	
32	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	2,373,132
33	REPORTING PERIOD	
34	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
35	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	
36		
37		
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,196,114
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,196,114
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	.742505
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	822.26
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	2,373,132
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	
	COST DIFFERENTIAL	

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	610.53
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,732,074
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,732,074

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	154,248
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	136,095
52	TOTAL PROGRAM EXCLUDABLE COST	290,343
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	3,081,794

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 26-T180 I

WORKSHEET D-1  
PART III

TITLE XVIII PART A

SUBPROVIDER I

PPS

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

610.53

- 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	8,431	2,373,132	.003553		
87 NEW CAPITAL-RELATED COST	201,583	2,373,132	.084944		
88 NON PHYSICIAN ANESTHETIST		2,373,132			
89 MEDICAL EDUCATION	1,341	2,373,132	.000565		
89.01 MEDICAL EDUCATION - ALLIED HEA		2,373,132			
89.02 MEDICAL EDUCATION - ALL OTHER		2,373,132			

TITLE XVIII PART A

SUBPROVIDER II

PPS

1

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,286
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,286
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)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
8	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
10	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	2,306
12	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
13	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
14	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	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)	
	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	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)	
	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	3,406,168
24	DECEMBER 31 OF THE COST REPORTING PERIOD	
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
28	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
29	REPORTING PERIOD	
30	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
31	REPORTING PERIOD	
32	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	3,406,168
33	REPORTING PERIOD	
34	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
35	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	
36		
37		

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,767,394
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,767,394
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	.904118
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	879.00
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	PRIVATE ROOM COST DIFFERENTIAL	3,406,168
36	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	
37	COST DIFFERENTIAL	

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-5180 I

TITLE XVIII PART A SUBPROVIDER II PPS 1  
 PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				794.72	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				1,832,624	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				1,832,624	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5

42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				1
46	SURGICAL INTENSIVE CARE UNIT				356,552
47	OTHER SPECIAL CARE				2,189,176

48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				144,748
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				28,630
52	TOTAL PROGRAM EXCLUDABLE COST				173,378
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				2,015,798

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ONLY 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

PART IV - COMPUTATION OF OBSERVATION BED COST 794.72

- 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	10,402	3,406,168	.003054		
87 NEW CAPITAL-RELATED COST	257,164	3,406,168	.075500		
88 NON PHYSICIAN ANESTHETIST		3,406,168			
89 MEDICAL EDUCATION	1,478	3,406,168	.000434		
89.01 MEDICAL EDUCATION - ALLIED HEA		3,406,168			
89.02 MEDICAL EDUCATION - ALL OTHER		3,406,168			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS		36,610,730	
25	ADULTS & PEDIATRICS		5,264,626	
26	INTENSIVE CARE UNIT		7,931,951	
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.472244	12,516,163	5,910,683
38	RECOVERY ROOM	.234617	820,696	192,549
40	ANESTHESIOLOGY	.110457	1,553,988	171,649
41	RADIOLOGY-DIAGNOSTIC	.182460	12,695,617	2,316,442
41 01	C.T. SCAN	.051321	9,534,378	489,314
44	LABORATORY	.136763	29,777,793	4,072,500
44 01	G.I. LAB	.304889	1,176,410	358,674
44 02	VASCULAR LAB	.109434	2,004,298	219,338
44 03	LABORATORY-PATHOLOGY	.183886	877,291	161,322
47	BLOOD STORING, PROCESSING & TRANS.	.337243	4,628,316	1,560,867
49	RESPIRATORY THERAPY	.250092	11,204,187	2,802,078
50	PHYSICAL THERAPY	.373884	1,803,221	674,195
51	OCCUPATIONAL THERAPY	.337352	1,186,828	400,379
52	SPEECH PATHOLOGY	.466747	391,272	182,625
53	ELECTROCARDIOLOGY	.112018	11,667,048	1,306,919
54	ELECTROENCEPHALOGRAPHY	.126503	388,012	49,085
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.211127	14,051,167	2,966,581
55 30	IMPL. DEV. CHARGED TO PATIENT	.409375	11,616,073	4,755,330
56	DRUGS CHARGED TO PATIENTS	.340122	25,286,711	8,600,567
57	RENAL DIALYSIS	.313870	4,298,206	1,349,078
59	SHOCK THERAPY	1.059285	19,136	20,270
59 01	PAIN MANAGEMENT & OP CHEMO	.242627	22,678	5,502
59 02	DIABETES CARE CENTER	5.630843		
59 03	OP PSYCH	.456201	7,888	3,599
59 04	CARDIAC REHAB	.969418	290	281
59 05	SLEEP LAB	.251869		
59 98	HYPERBARIC OXYGEN THERAPY	.347368	24,868	8,638
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.257902	5,373,167	1,385,751
62	OBSERVATION BEDS (NON-DISTINCT PART)	.873157	82,325	71,883
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES		163,008,027	40,036,099
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		163,008,027	
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 26-T180 I

PPS

SUBPROVIDER 1

TITLE XVIII, PART A

WKST A  
LINE NO.

COST CENTER DESCRIPTION

RATIO COST  
TO CHARGES  
1

INPATIENT  
CHARGES  
2

INPATIENT  
COST  
3

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT		2,323,668	
31	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS	.472244	52,151	24,628
38	OPERATING ROOM	.234617	8,073	1,894
40	RECOVERY ROOM	.110457	5,639	623
41	ANESTHESIOLOGY	.182460	168,705	30,782
41	RADIOLOGY-DIAGNOSTIC	.051321	83,900	4,306
41	01 C.T. SCAN	.136763	644,654	88,165
44	LABORATORY	.304889	3,695	1,127
44	01 G.I. LAB	.109434	50,059	5,478
44	02 VASCULAR LAB	.183886	6,490	1,193
44	03 LABORATORY-PATHOLOGY	.337243	42,700	14,400
47	BLOOD STORING, PROCESSING & TRANS.	.250092	252,855	63,237
49	RESPIRATORY THERAPY	.373884	1,224,120	457,679
50	PHYSICAL THERAPY	.337352	1,266,991	427,422
51	OCCUPATIONAL THERAPY	.466747	297,779	138,987
52	SPEECH PATHOLOGY	.112018	44,796	5,018
53	ELECTROCARDIOLOGY	.126503	10,012	1,267
54	ELECTROENCEPHALOGRAPHY	.211127	222,380	46,950
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.409375		261,362
55	30 IMPL. DEV. CHARGED TO PATIENT	.340122	768,436	64,978
56	DRUGS CHARGED TO PATIENTS	.313870	207,021	
57	RENAL DIALYSIS	1.059285		42
59	SHOCK THERAPY	.242627	173	
59	01 PAIN MANAGEMENT & OP CHEMO	5.630843		
59	02 DIABETES CARE CENTER	.456201		
59	03 OP PSYCH	.969418		
59	04 CARDIAC REHAB	.251869		
59	05 SLEEP LAB	.347368		
59	98 HYPERBARIC OXYGEN THERAPY		2,034	525
61	EMERGENCY	.257902		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.873157		
65	OTHER REIMBURS COST CNTRS		5,362,663	1,640,063
101	AMBULANCE SERVICES			
101	TOTAL		5,362,663	
102	LESS PBP CLINIC LABORATORY SERVICES -			
102	PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD:  
 I 26-0180 I FROM 1/ 1/2010  
 I COMPONENT NO: I TO 12/31/2010  
 I 26-S180 I

I WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		2,021,214	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.472244	10,991	5,190
38	RECOVERY ROOM	.234617	438	103
40	ANESTHESIOLOGY	.110457	2,525	279
41	RADIOLOGY-DIAGNOSTIC	.182460	111,972	20,430
41 01	C.T. SCAN	.051321	97,077	4,982
44	LABORATORY	.136763	405,063	55,398
44 01	G.I. LAB	.304889	2,265	691
44 02	VASCULAR LAB	.109434	14,127	1,546
44 03	LABORATORY-PATHOLOGY	.183886	6,014	1,106
47	BLOOD STORING, PROCESSING & TRANS.	.337243		
49	RESPIRATORY THERAPY	.250092	54,987	13,752
50	PHYSICAL THERAPY	.373884	49,730	18,593
51	OCCUPATIONAL THERAPY	.337352	34,104	11,505
52	SPEECH PATHOLOGY	.466747	1,531	715
53	ELECTROCARDIOLOGY	.112018	66,207	7,416
54	ELECTROENCEPHALOGRAPHY	.126503	12,488	1,580
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.211127	48,295	10,196
55 30	IMPL. DEV. CHARGED TO PATIENT	.409375		
56	DRUGS CHARGED TO PATIENTS	.340122	321,409	109,318
57	RENAL DIALYSIS	.313870	5,484	1,721
59	SHOCK THERAPY	1.059285	42,042	44,534
59 01	PAIN MANAGEMENT & OP CHEMO	.242627	233	57
59 02	DIABETES CARE CENTER	5.630843		
59 03	OP PSYCH	.456201		
59 04	CARDIAC REHAB	.969418		
59 05	SLEEP LAB	.251869		
59 98	HYPERBARIC OXYGEN THERAPY	.347368		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.257902	183,947	47,440
62	OBSERVATION BEDS (NON-DISTINCT PART)	.873157		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,470,929	356,552
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,470,929	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 26-0180 I

PPS

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
			7,556,953	
25	INPAT ROUTINE SRVC CNTRS		1,738,147	
26	ADULTS & PEDIATRICS		1,373,477	
27	INTENSIVE CARE UNIT			
31	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS	.472244	1,488,194	702,791
38	OPERATING ROOM	.234617	166,163	38,985
40	RECOVERY ROOM	.110457	350,004	38,660
41	ANESTHESIOLOGY	.182460	3,665,665	668,837
41	RADIOLOGY-DIAGNOSTIC	.051321	2,667,982	136,924
41	01 C.T. SCAN	.136763	6,529,312	892,968
44	LABORATORY	.304889	373,603	113,907
44	01 G.I. LAB	.109434	405,459	44,371
44	02 VASCULAR LAB	.183886	203,152	37,357
44	03 LABORATORY-PATHOLOGY	.337243	1,178,386	397,402
47	BLOOD STORING, PROCESSING & TRANS.	.250092	2,493,614	623,633
49	RESPIRATORY THERAPY	.373884	325,555	121,720
50	PHYSICAL THERAPY	.337352	232,179	78,326
51	OCCUPATIONAL THERAPY	.466747	76,351	35,637
52	SPEECH PATHOLOGY	.112018	2,827,096	316,686
53	ELECTROCARDIOLOGY	.126503	105,571	13,355
54	ELECTROENCEPHALOGRAPHY	.211127	1,001,737	211,494
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.409375		1,873,264
55	30 IMPL. DEV. CHARGED TO PATIENT	.340122	5,507,625	177,290
56	DRUGS CHARGED TO PATIENTS	.313870	564,852	
57	RENAL DIALYSIS	1.059285		495
59	SHOCK THERAPY	.242627	2,039	
59	01 PAIN MANAGEMENT & OP CHEMO	5.630843		
59	02 DIABETES CARE CENTER	.456201		
59	03 OP PSYCH	.969418		
59	04 CARDIAC REHAB	.251869		
59	05 SLEEP LAB	.347368		
59	98 HYPERBARIC OXYGEN THERAPY	.257902	2,065,947	532,812
61	EMERGENCY	.873157		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
65	OTHER REIMBURS COST CNTRS		32,230,486	7,056,914
101	AMBULANCE SERVICES			
102	TOTAL		32,230,486	
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		122,478	
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.471421	10,792	5,088
38	RECOVERY ROOM	.234617	1,202	282
40	ANESTHESIOLOGY	.108275	2,669	289
41	RADIOLOGY-DIAGNOSTIC	.182173	49,657	9,046
41 01	C.T. SCAN	.051321	10,042	515
44	LABORATORY	.136763	33,025	4,517
44 01	G.I. LAB	.304576		
44 02	VASCULAR LAB	.109434	5,229	572
44 03	LABORATORY-PATHOLOGY	.183886		
47	BLOOD STORING, PROCESSING & TRANS.	.337243	541	182
49	RESPIRATORY THERAPY	.244780	5,402	1,322
50	PHYSICAL THERAPY	.373884	77,659	29,035
51	OCCUPATIONAL THERAPY	.337352	72,248	24,373
52	SPEECH PATHOLOGY	.466747	24,595	11,480
53	ELECTROCARDIOLOGY	.112018	14,848	1,663
54	ELECTROENCEPHALOGRAPHY	.126503	1,640	207
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.211127	21,442	4,527
55 30	IMPL. DEV. CHARGED TO PATIENT	.409375		
56	DRUGS CHARGED TO PATIENTS	.340122	35,391	12,037
57	RENAL DIALYSIS	.313870		
59	SHOCK THERAPY	1.059285		
59 01	PAIN MANAGEMENT & OP CHEMO	.242627		
59 02	DIABETES CARE CENTER	5.630843		
59 03	OP PSYCH	.456201		
59 04	CARDIAC REHAB	.969418		
59 05	SLEEP LAB	.251869		
59 98	HYPERBARIC OXYGEN THERAPY	.347368		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.257902	7,795	2,010
62	OBSERVATION BEDS (NON-DISTINCT PART)	.873157		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		374,177	107,145
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		374,177	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 26-S180 I  
OTHER

SUBPROVIDER 2

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT		419,283	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS	.471421	6,862	3,235
38	OPERATING ROOM	.234617	818	192
38	RECOVERY ROOM	.108275	3,721	403
40	ANESTHESIOLOGY	.182173	37,846	6,895
41	RADIOLOGY-DIAGNOSTIC	.051321	16,974	871
41	01 C.T. SCAN	.136763	150,296	20,555
44	LABORATORY	.304576	10,903	3,321
44	01 G.I. LAB	.109434	3,023	331
44	02 VASCULAR LAB	.183886	1,486	273
44	03 LABORATORY-PATHOLOGY	.337243	9,658	2,364
47	BLOOD STORING, PROCESSING & TRANS.	.244780	3,822	1,429
49	RESPIRATORY THERAPY	.373884	1,671	564
50	PHYSICAL THERAPY	.337352		
51	OCCUPATIONAL THERAPY	.466747	24,260	2,718
52	SPEECH PATHOLOGY	.112018		
53	ELECTROCARDIOLOGY	.126503	4,134	873
54	ELECTROENCEPHALOGRAPHY	.211127		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.409375		
55	30 IMPL. DEV. CHARGED TO PATIENT	.340122	71,652	24,370
56	DRUGS CHARGED TO PATIENTS	.313870	8,226	2,582
57	RENAL DIALYSIS	.313870	4,576	4,847
59	SHOCK THERAPY	1.059285		
59	01 PAIN MANAGEMENT & OP CHEMO	.242627		
59	02 DIABETES CARE CENTER	5.630843		
59	03 OP PSYCH	.456201		
59	04 CARDIAC REHAB	.969418		
59	05 SLEEP LAB	.251869		
59	98 HYPERBARIC OXYGEN THERAPY	.347368		
61	EMERGENCY	.257902	80,263	20,700
62	OBSERVATION BEDS (NON-DISTINCT PART)	.873157		
65	OTHER REIMBURS COST CNTRS		440,191	96,523
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -		440,191	
103	PROGRAM ONLY CHARGES			
	NET CHARGES			



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD:  
I 26-0180 I FROM 1/ 1/2010 I  
I COMPONENT NO: I TO 12/31/2010 I  
I 26-0180 I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
	794	
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	13.54	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	5,996	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	1.078805	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	405.45	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	347,296	
5.06 TOTAL ADDITIONAL PAYMENT	56,992,431	
6 SUBTOTAL (SEE INSTRUCTIONS)		
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)	56,992,431	
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	4,451,012	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	23,791	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	12,276	
12 NET ORGAN ACQUISITION COST	34	
13 COST OF TEACHING PHYSICIANS	61,479,544	
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	8,209	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	61,471,335	
16 TOTAL	4,072,752	
17 PRIMARY PAYER PAYMENTS	555,212	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,387,461	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,671,223	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,839,708	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	58,514,594	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL		
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT	58,514,594	
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	57,814,973	
26 AMOUNT DUE PROVIDER		
27 SEQUESTRATION ADJUSTMENT	699,621	
28 INTERIM PAYMENTS	2,047,000	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
50 ----- FI ONLY -----		
51 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
52 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
53 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
54 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
55 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,918
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	17,591,655
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,703,551
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	44
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,918
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	5,639
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	5,639
	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)	5,639
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,721
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,918
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,703,595
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,130,767
19	SUBTOTAL (SEE INSTRUCTIONS)	11,574,746
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	5,594
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,580,340
24	PRIMARY PAYER PAYMENTS	7,256
25	SUBTOTAL	11,573,084
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,573,084
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	11,573,084
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,566,436
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	6,648
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL  
 DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4
	57,763,973		11,566,436
	NONE		NONE

- 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	7/20/2010	51,000	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROVIDER	.49			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
			51,000	NONE
			57,814,973	11,566,436

SUBTOTAL  
 4 TOTAL INTERIM PAYMENTS

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
			NONE	NONE
			699,621	6,648

- 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)
- 7 TOTAL MEDICARE PROGRAM LIABILITY

SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
			58,514,594	11,573,084

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



TITLE XVIII SUBPROVIDER 2

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		1,516,756		NONE
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		
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,516,756		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			784	
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
			1,517,540	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	3,312,842
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	.0694
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	172,732
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	35,709
1.05	OUTLIER PAYMENTS	3,521,283
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	10.649315
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	3,521,283
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,521,283
5	PRIMARY PAYER PAYMENTS	7,700
6	SUBTOTAL	3,513,583
7	DEDUCTIBLES	30,963
8	SUBTOTAL	3,482,620
9	COINSURANCE	
10	SUBTOTAL	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,482,620
12	SUBTOTAL	965
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	3,483,585
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	3,476,741
19	INTERIM PAYMENTS	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	6,844
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	1,653,047
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	47,961
1.09	NET IPF PPS OUTLIER PAYMENTS	23,392
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	11.742466
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	1,724,400
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	1,724,400
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	1,724,400
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	
5	PRIMARY PAYER PAYMENTS	1,724,400
6	SUBTOTAL	50,600
7	DEDUCTIBLES	1,673,800
8	SUBTOTAL	157,044
9	COINSURANCE	1,516,756
10	SUBTOTAL	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,516,756
12	SUBTOTAL	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	784
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	1,517,540
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	1,516,756
19	INTERIM PAYMENTS	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	784
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

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		2.47
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		-1.50
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	-1.50	.97
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		.99
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		.97
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.65
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		.65
3.10	SEE INSTRUCTIONS		.64
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		.64
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		.67
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		.62
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	.64
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)		.64
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,611.06
3.18	SEE INSTRUCTIONS		50,311
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		50,311

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		41,178
5	TOTAL INPATIENT DAYS		80,132
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.513877
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	25,854	25,854
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		6,549
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		80,132
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.		3,531
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		6,945,927

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		74,797,471
PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	8,209
13	ORGAN ACQUISITION COSTS	74,789,262
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	17,593,617
PART B REASONABLE COST		7,256
17	REASONABLE COST	17,586,361
18	PRIMARY PAYER PAYMENTS	92,375,623
19	TOTAL PART B REASONABLE COST	.809621
20	TOTAL REASONABLE COST	.190379
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		29,385
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)	23,791
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,594
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	

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		2.47
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		-1.50
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	-1.50	.97
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		.99
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		.97
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.65
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		.65
3.10	SEE INSTRUCTIONS		.64
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		.64
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		.67
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		.62
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	.64
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)		.64
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,611.06
3.18	SEE INSTRUCTIONS		50,311
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		50,311

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		12,155
5	TOTAL INPATIENT DAYS		80,132
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.151687
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,632	7,632
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		992
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		80,132
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.		535
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

Health Financial Systems MCRIF32 FOR CHRISTIAN HOSPITAL NORTHEAST  
DIRECT GRADUATE MEDICAL EDUCATION (GME) I  
& ESRD OUTPATIENT DIRECT MEDICAL I  
EDUCATION COSTS I

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 26-0180 I FROM 1/1/2010 I WORKSHEET E-3  
I TO 12/31/2010 I PART IV

- 9 TITLE XIX 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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
1 CURRENT ASSETS	-548,463			
2 CASH ON HAND AND IN BANKS				
3 TEMPORARY INVESTMENTS				
4 NOTES RECEIVABLE	75,974,924			
5 ACCOUNTS RECEIVABLE	15,133,786			
6 OTHER RECEIVABLES	-45,224,899			
7 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	3,838,835			
8 INVENTORY	690,708			
9 PREPAID EXPENSES				
10 OTHER CURRENT ASSETS				
11 DUE FROM OTHER FUNDS	49,864,891			
12 TOTAL CURRENT ASSETS				
13 FIXED ASSETS	2,233,921			
14 LAND				
15 12.01 LAND IMPROVEMENTS	6,256,843			
16 13.01 LESS ACCUMULATED DEPRECIATION	-5,300,592			
17 14 BUILDINGS	113,459,305			
18 14.01 LESS ACCUMULATED DEPRECIATION	-49,929,313			
19 15 LEASEHOLD IMPROVEMENTS	152,838			
20 15.01 LESS ACCUMULATED DEPRECIATION	-152,838			
21 16 FIXED EQUIPMENT	73,116,971			
22 16.01 LESS ACCUMULATED DEPRECIATION	-56,015,404			
23 17 AUTOMOBILES AND TRUCKS				
24 17.01 LESS ACCUMULATED DEPRECIATION	82,686,788			
25 18 MAJOR MOVABLE EQUIPMENT	-67,719,751			
26 18.01 LESS ACCUMULATED DEPRECIATION				
27 19 MINOR EQUIPMENT DEPRECIABLE				
28 19.01 LESS ACCUMULATED DEPRECIATION				
29 20 MINOR EQUIPMENT-NONDEPRECIABLE	98,788,768			
30 21 TOTAL FIXED ASSETS				
31 OTHER ASSETS				
32 22 INVESTMENTS				
33 23 DEPOSITS ON LEASES				
34 24 DUE FROM OWNERS/OFFICERS	202,756,254			
35 25 OTHER ASSETS	202,756,254			
36 26 TOTAL OTHER ASSETS	351,409,913			
37 27 TOTAL ASSETS				

BALANCE SHEET

I  
I  
IPROVIDER NO:  
26-0180

I PERIOD:

I FROM 1/ 1/2010

I TO 12/31/2010

I  
I  
I

WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,447,858			
29 SALARIES, WAGES & FEES PAYABLE	12,355,462			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,625,637			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	309,512,100			
36 TOTAL CURRENT LIABILITIES	327,941,057			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	36,819,572			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	400,000			
42 TOTAL LONG-TERM LIABILITIES	37,219,572			
43 TOTAL LIABILITIES	365,160,629			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-13,750,716			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-13,750,716			
52 TOTAL LIABILITIES AND FUND BALANCES	351,409,913			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		-26,231,097		
2 OF PERIOD				
3 NET INCOME (LOSS)		-35,278,103		
4 TOTAL		-61,509,200		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CHNW NET INCOME	49,841,675			
7				
8				
9				
10 TOTAL ADDITIONS		49,841,675		
11 SUBTOTAL		-11,667,525		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 ADJUSTMENT	2,083,191			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		2,083,191		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-13,750,716		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	72,137,775		72,137,775
2 00 SUBPROVIDER	3,195,114		3,195,114
2 01 SUBPROVIDER 2	3,767,394		3,767,394
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	79,100,283		79,100,283
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,772,037		14,772,037
11 00 CORONARY CARE UNIT	10,679,316		10,679,316
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	25,451,353		25,451,353
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	104,551,636		104,551,636
17 00 ANCILLARY SERVICES	323,254,115	276,223,147	599,477,262
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	66,155	16,195,760	16,261,915
24 00			
25 00 TOTAL PATIENT REVENUES	427,871,906	292,418,907	720,290,813

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		247,718,496	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 POB I & GRAHAM MOB EXPENSES	1,862,263		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,862,263	
40 00 TOTAL OPERATING EXPENSES		245,856,233	

DESCRIPTION	
1 TOTAL PATIENT REVENUES	720,290,813
2 LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	533,549,621
3 NET PATIENT REVENUES	186,741,192
4 LESS: TOTAL OPERATING EXPENSES	245,856,233
5 NET INCOME FROM SERVICE TO PATIENTS	-59,115,041
6 OTHER INCOME	
7 CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	22,824,024
8 INCOME FROM INVESTMENTS	
9 REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
10 REVENUE FROM TELEVISION AND RADIO SERVICE	
11 PURCHASE DISCOUNTS	
12 REBATES AND REFUNDS OF EXPENSES	
13 PARKING LOT RECEIPTS	
14 REVENUE FROM LAUNDRY AND LINEN SERVICE	1,987,137
15 REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
16 REVENUE FROM RENTAL OF LIVING QUARTERS	
17 REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	
18 TO OTHER THAN PATIENTS	
19 REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
20 REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
21 TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
22 REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
23 RENTAL OF VENDING MACHINES	
24 RENTAL OF HOSPITAL SPACE	
25 GOVERNMENTAL APPROPRIATIONS	6,923,888
26 MISCELLANEOUS REVENUE	31,735,049
27 TOTAL OTHER INCOME	-27,379,992
28 TOTAL	
29 OTHER EXPENSES	7,898,111
30 NON HOSPITAL ENTITIES OPERATING LOSS	
31 TOTAL OTHER EXPENSES	7,898,111
NET INCOME (OR LOSS) FOR THE PERIOD	-35,278,103

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I  
 I 26-0180 I FROM 1/ 1/2010 I  
 I COMPONENT NO: I TO 12/31/2010 I  
 I 26-0180 I  
 FULLY PROSPECTIVE METHOD

WORKSHEET L  
 PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	3,959,602
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	271,653
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	199.29
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	
	IN THE COST REPORTING PERIOD	1.02
4 .01	NUMBER OF INTERNS AND RESIDENTS	
	(SEE INSTRUCTIONS)	.14
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5,543
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	9.05
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	
	MEDICARE PART A PATIENT DAYS	16.95
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	
	DAYS REPORTED ON S-3, PART I	26.00
5 .02	SUM OF 5 AND 5.01	5.41
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	214,214
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	4,451,012
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	.000000
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	
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	.00
4	APPLICABLE EXCEPTION PERCENTAGE	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	.00
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	
	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)	

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 26-0180 I FROM 1/ 1/2010 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV  
 I 26-0180 I I

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

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)	