This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/26/2012 10:49 am

PART I - COST REPORT STATUS

Provider use only

1. [ ] Electronically filed cost report — Date: 1/26/2012 Time: 10:49 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - 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 IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LUKE'S HOSPITAL for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and 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 identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-269,593	74,693	0	2,520,389	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	15,343	11		3,404	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-254,250	74,705	0	2,523,793	200.00

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 and review the information collection is estimated 673 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 the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/26/2012 10:49 am

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7. Contractor No.
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Encryption Information
ECR: Date: 1/26/2012 Time: 10:49 am
.fJDFFSAGkGoUSFNLxn4.s:R13fvO0
0S78M00fjDtatu5rQa0N38s0yXCGJZ
sJJh27o9YL0zwxCD
PI: Date: 1/26/2012 Time: 10:49 am
rE1GqinymeFRJk1RLRfbTHIF.2UEf3
mwMTC0iOifAfi.xNTJS0CFXLX:0dFk
4ZwD2YcEE00huVWu

(Signed) _____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-269,593	74,693	0	2,520,389	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	15,343	11		3,404	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	-254,250	74,705	0	2,523,793	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:48 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 232 S. WOODS MILL RD.	PO Box:			1.00
2.00	City: CHESTERFIELD	State: MO	Zip Code: 63017	County: SAINT LOUIS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ST. LUKE'S HOSPITAL	260179	41180	1	05/02/1975	N	P	O	3.00
4.00	Subprovider - IPF						N	N	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	SURREY PLACE	265414	41180		01/30/1990	N	P	O	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. LUKE'S HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice	ST. LUKE'S HOSPICE SERVICES	261627	41180		09/01/2010				14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis	ST. LUKE'S RENAL DIALYSIS	262321	41180		01/23/1991				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2010	06/30/2011	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	1,036	0	118	0	1,503	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	25.00

		1.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:48 am

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:48 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.00	36.97	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.00	37.73	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:48 am

		1.00	
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		Y	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	0	0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/26/2012 10:48 am

		1.00	2.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	
		1.00	2.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)			
155.00	Hospital	N	N	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	Subprovider - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 10:48 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A			
		Description	Y/N	Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	12/19/2011		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N			20.00

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N			21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/26/2012 10:48 am

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/19/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	406	136,226	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		406	136,226	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00		8.00
9.00	CORONARY CARE UNIT	32.00	16	5,840	0.00		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		440	148,636	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	0	0			16.00
17.00	SUBPROVIDER - IRF	41.00	0	0			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	38	13,870			19.00
20.00	NURSING FACILITY	45.00	0	0			20.00
21.00	OTHER LONG TERM CARE	46.00	102	37,230			21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		580				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
28.03	SUBPROVIDER	42.00					28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	34,987	855	65,489		1.00
2.00	HMO		8,827	0			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	34,987	855	65,489		7.00
8.00	INTENSIVE CARE UNIT	0	2,146	18	3,509		8.00
9.00	CORONARY CARE UNIT	0	2,134	84	3,677		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		79	5,856		13.00
14.00	Total (see instructions)	0	39,267	1,036	78,531		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0		16.00
17.00	SUBPROVIDER - IRF	0	0	0	0		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	10,518	0	10,724		19.00
20.00	NURSING FACILITY	0		0	0		20.00
21.00	OTHER LONG TERM CARE				32,310		21.00
22.00	HOME HEALTH AGENCY	0	16,189	0	25,861		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE		5,836	21	6,244		24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		0	1,611		28.00
28.01	SUBPROVIDER - IPF	0	0	0	0		28.01
28.02	SUBPROVIDER - IRF	0	0	0	0		28.02
28.03	SUBPROVIDER	0	0	0	0		28.03
29.00	Ambulance Trips		0				29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			0	0		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	7,550	1.00
2.00	HMO					1,663	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	37.04	2,431.83	0.00	0	7,550	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.04	43.03	0.00			19.00
20.00	NURSING FACILITY	0.00	0.00	0.00			20.00
21.00	OTHER LONG TERM CARE	0.00	57.20	0.00			21.00
22.00	HOME HEALTH AGENCY	0.00	34.49	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00	HOSPICE	0.00	9.68	0.00			24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	37.08	2,576.23	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
28.03	SUBPROVIDER						28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	182	16,579		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	182	16,579		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	0	0		16.00
17.00	SUBPROVIDER - IRF	0	0		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE		878		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 10:48 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	151,771,578	0	523,802	152,295,380	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	49,563	0	49,563	3.00
4.00	Physician-Part A		2,375,328	0	0	2,375,328	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		14,836,134	0	0	14,836,134	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	2,061,380	0	0	2,061,380	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	1,827,190	0	8,000	1,835,190	9.00
10.00	Excluded area salaries (see instructions)		10,171,977	0	344,682	10,516,659	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,569,572	0	0	1,569,572	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		608,793	0	0	608,793	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		35,428,560	0	0	35,428,560	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0	0	18.00
19.00	Excluded areas		3,057,485	0	0	3,057,485	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		12,201	0	0	12,201	21.00
22.00	Physician Part A		254,566	0	0	254,566	22.00
23.00	Physician Part B		1,710,247	0	0	1,710,247	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		507,435	0	0	507,435	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	993,173	0	0	993,173	26.00
27.00	Administrative & General	5.00	17,470,958	0	-329,002	17,141,956	27.00
28.00	Administrative & General under contract (see inst.)		4,078,186	0	0	4,078,186	28.00
29.00	Maintenance & Repairs	6.00	2,476,331	0	0	2,476,331	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	84,584	0	0	84,584	31.00
32.00	Housekeeping	9.00	2,672,836	0	153,573	2,826,409	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	2,827,192	0	-131,415	2,695,777	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	435,376	0	0	435,376	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,895,849	0	0	1,895,849	38.00
39.00	Central Services and Supply	14.00	1,206,385	0	0	1,206,385	39.00
40.00	Pharmacy	15.00	0	0	0	0	40.00
41.00	Medical Records & Medical Records Library	16.00	1,872,154	0	4,000	1,876,154	41.00
42.00	Social Service	17.00	787,103	0	0	787,103	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/26/2012 10:48 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART II - WAGE DATA				
	SALARIES				
1.00	Total salaries (see instructions)	5,358,551.00	28.42		1.00
2.00	Non-physician anesthetist Part A	0.00	0.00		2.00
3.00	Non-physician anesthetist Part B	820.00	60.44		3.00
4.00	Physician-Part A	18,010.00	131.89		4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00		4.01
5.00	Physician-Part B	143,624.00	103.30		5.00
6.00	Non-physician-Part B	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	86,951.00	23.71		7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00		7.01
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	89,507.00	20.50		9.00
10.00	Excluded area salaries (see instructions)	454,704.00	23.13		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	24,443.00	64.21		11.00
12.00	Management and administrative services	0.00	0.00		12.00
13.00	Contract labor: physician-Part A	8,075.00	75.39		13.00
14.00	Home office salaries & wage-related costs	0.00	0.00		14.00
15.00	Home office: physician Part A	0.00	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00		16.00
	WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24				17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25				18.00
19.00	Excluded areas				19.00
20.00	Non-physician anesthetist Part A				20.00
21.00	Non-physician anesthetist Part B				21.00
22.00	Physician Part A				22.00
23.00	Physician Part B				23.00
24.00	Wage-related costs (RHC/FQHC)				24.00
25.00	Interns & residents (in an approved program)				25.00
	OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	38,344.00	25.90		26.00
27.00	Administrative & General	534,932.00	32.05		27.00
28.00	Administrative & General under contract (see inst.)	72,202.00	56.48		28.00
29.00	Maintenance & Repairs	99,436.00	24.90		29.00
30.00	Operation of Plant	0.00	0.00		30.00
31.00	Laundry & Linen Service	7,586.00	11.15		31.00
32.00	Housekeeping	222,137.00	12.72		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	191,223.00	14.10		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	31,794.00	13.69		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	60,147.00	31.52		38.00
39.00	Central Services and Supply	72,458.00	16.65		39.00
40.00	Pharmacy	0.00	0.00		40.00
41.00	Medical Records & Medical Records Library	95,329.00	19.68		41.00
42.00	Social Service	29,030.00	27.11		42.00
43.00	Other General Service	0.00	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 10:48 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		136,576,922	0	523,802	137,100,724	1.00
2.00	Excluded area salaries (see instructions)		11,999,167	0	352,682	12,351,849	2.00
3.00	Subtotal salaries (line 1 minus line 2)		124,577,755	0	171,120	124,748,875	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,178,365	0	0	2,178,365	4.00
5.00	Subtotal wage-related costs (see inst.)		35,683,126	0	0	35,683,126	5.00
6.00	Total (sum of lines 3 thru 5)		162,439,246	0	171,120	162,610,366	6.00
7.00	Total overhead cost (see instructions)		36,800,127	0	-302,844	36,497,283	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260179

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2012 10:48 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	5,199,358.00	26.37		1.00
2.00	Excluded area salaries (see instructions)	544,211.00	22.70		2.00
3.00	Subtotal salaries (line 1 minus line 2)	4,655,147.00	26.80		3.00
4.00	Subtotal other wages & related costs (see inst.)	32,518.00	66.99		4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	28.60		5.00
6.00	Total (sum of lines 3 thru 5)	4,687,665.00	34.69		6.00
7.00	Total overhead cost (see instructions)	1,454,618.00	25.09		7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2012 10:48 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,212,891	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	5,878,159	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	21,174	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	10,905,447	8.00
9.00	Prescription Drug Plan	3,964,316	9.00
10.00	Dental, Hearing and Vision Plan	929,408	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	180,411	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	497,601	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,049,144	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	10,272,344	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	206,105	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	2,000	22.00
23.00	Tuition Reimbursement	309,560	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	35,428,560	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 260179 Component CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet S-4 Date/Time Prepared: 1/26/2012 10:48 am
		Home Health Agency I	PPS

					1.00		
0.00	County				SAINT LOUIS COUNTY		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	2,407	0	643	3,050	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	906.00	17.00	629.00	1,552.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			6.96	0.00	6.96	5.00
6.00	Direct Nursing Service			16.04	0.00	16.04	6.00
7.00	Nursing Supervisor			0.45	0.00	0.45	7.00
8.00	Physical Therapy Service			6.60	0.46	7.06	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.23	0.06	3.29	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.24	0.00	0.24	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.21	0.00	0.21	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.47	0.00	1.47	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	6,601	582	198	188	7,569	21.00
22.00	Skilled Nursing Visit Charges	1,156,575	101,675	34,650	32,900	1,325,800	22.00
23.00	Physical Therapy Visits	5,458	6	144	121	5,729	23.00
24.00	Physical Therapy Visit Charges	953,750	1,050	25,200	21,175	1,001,175	24.00
25.00	Occupational Therapy Visits	1,888	8	24	70	1,990	25.00
26.00	Occupational Therapy Visit Charges	329,875	1,400	4,200	12,250	347,725	26.00
27.00	Speech Pathology Visits	114	0	1	1	116	27.00
28.00	Speech Pathology Visit Charges	19,950	0	175	175	20,300	28.00
29.00	Medical Social Service Visits	93	2	2	6	103	29.00
30.00	Medical Social Service Visit Charges	16,275	350	350	1,050	18,025	30.00
31.00	Home Health Aide Visits	608	45	3	26	682	31.00
32.00	Home Health Aide Visit Charges	45,526	3,375	225	1,950	51,076	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,762	643	372	412	16,189	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,521,951	107,850	64,800	69,500	2,764,101	35.00
36.00	Total Number of Episodes (standard/non outlier)	921		141	35	1,097	36.00
37.00	Total Number of Outlier Episodes		13		1	14	37.00
38.00	Total Non-Routine Medical Supply Charges	52,039	7,221	1,825	1,420	62,505	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-5 | Date/Time Prepared: 1/26/2012 10:48 am

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	1	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	260	0				5.00
6.00	Number of stations	6	0	0	0		6.00
7.00	Treatment capacity per day per station	2	0				7.00
8.00	Utilization (see instructions)	6.51	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
	TRANSPLANT INFORMATION						
11.00	Number of patients on transplant list	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
	EPOETIN						
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	10,499					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	9,862					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
	ARANESP						
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
					MCP	INITIAL METHOD	
					1.00	2.00	
	PHYSICIAN PAYMENT METHOD						
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-5 | Date/Time Prepared: 1/26/2012 10:48 am

		Home			
		Hemodialysis	CAPD / CCPD		
		5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	0		1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00		2.00
3.00	Average patient dialysis time including setup				3.00
4.00	CAPD exchanges per day		0.00		4.00
5.00	Number of days in year dialysis furnished				5.00
6.00	Number of stations				6.00
7.00	Treatment capacity per day per station				7.00
8.00	Utilization (see instructions)				8.00
9.00	Average times dialyzers re-used				9.00
10.00	Percentage of patients re-using dialyzers				10.00
	TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list				11.00
12.00	Number of patients transplanted during the cost reporting period				12.00
	EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.				13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program				14.00
15.00	Number of EPO units furnished relating to the renal dialysis department				15.00
16.00	Number of EPO units furnished relating to the home dialysis department				16.00
	ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.				17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program				18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department				19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department				20.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/26/2012 10:48 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	46	0	46	3.00
4.00		RUL	337	0	337	4.00
5.00		RVX	80	0	80	5.00
6.00		RVL	190	0	190	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	413	0	413	9.00
10.00		RML	387	0	387	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	154	0	154	12.00
13.00		RUB	1,317	0	1,317	13.00
14.00		RUA	115	0	115	14.00
15.00		RVC	411	0	411	15.00
16.00		RVB	1,978	0	1,978	16.00
17.00		RVA	418	0	418	17.00
18.00		RHC	756	0	756	18.00
19.00		RHB	2,107	0	2,107	19.00
20.00		RHA	416	0	416	20.00
21.00		RMC	226	0	226	21.00
22.00		RMB	702	0	702	22.00
23.00		RMA	89	0	89	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	2	0	2	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	30	0	30	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	4	0	4	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	10	0	10	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	44	0	44	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	19	0	19	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	7	0	7	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	22	0	22	48.00
49.00		CC2	15	0	15	49.00
50.00		CC1	44	0	44	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	34	0	34	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	39	0	39	54.00
55.00		SE3	7	0	7	55.00
56.00		SE2	2	0	2	56.00
57.00		SE1	11	0	11	57.00
58.00		SSC	44	0	44	58.00
59.00		SSB	15	0	15	59.00
60.00		SSA	6	0	6	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 | Date/Time Prepared: 1/26/2012 10:48 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	17	0	17	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	4	0	4	199.00
200.00	TOTAL		10,518	0	10,518	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 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. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	1,827,190	86.05	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,123,458			207.00

		1.00	
1.00	Wage Index Factor	0.0000	1.00

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	186.11	186.11	0	266.82	3.00
4.00		RUL	164.57	164.57	0	260.04	4.00
5.00		RVX	141.03	141.03	0	241.42	5.00
6.00		RVL	131.67	131.67	0	214.30	6.00
7.00		RHX	119.31	119.31	0	221.85	7.00
8.00		RHL	116.50	116.50	0	195.70	8.00
9.00		RMX	135.32	135.32	0	205.09	9.00
10.00		RML	124.55	124.55	0	187.66	10.00
11.00		RLX	96.17	96.17	0	182.17	11.00
12.00		RUC	159.42	159.42	0	194.65	12.00
13.00		RUB	146.31	146.31	0	194.65	13.00
14.00		RUA	139.76	139.76	0	157.36	14.00
15.00		RVC	126.99	126.99	0	169.25	15.00
16.00		RVB	120.90	120.90	0	143.58	16.00
17.00		RVA	109.67	109.67	0	143.10	17.00
18.00		RHC	109.95	109.95	0	149.69	18.00
19.00		RHB	105.26	105.26	0	133.22	19.00
20.00		RHA	98.24	98.24	0	115.30	20.00
21.00		RMC	101.14	101.14	0	133.41	21.00
22.00		RMB	98.33	98.33	0	123.73	22.00
23.00		RMA	96.46	96.46	0	99.51	23.00
24.00		RLB	88.68	88.68	0	132.28	24.00
25.00		RLA	76.04	76.04	0	80.95	25.00
26.00		ES3	202.92	202.92	0	202.92	26.00
27.00		ES2	158.84	158.84	0	158.84	27.00
28.00		ES1	141.89	141.89	0	141.89	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 | Date/Time Prepared: 1/26/2012 10:48 am

		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
29.00		HE2	137.04	137.04	0	137.04	29.00
30.00		HE1	113.80	113.80	0	113.80	30.00
31.00		HD2	128.33	128.33	0	128.33	31.00
32.00		HD1	107.02	107.02	0	107.02	32.00
33.00		HC2	121.06	121.06	0	121.06	33.00
34.00		HC1	101.20	101.20	0	101.20	34.00
35.00		HB2	119.61	119.61	0	119.61	35.00
36.00		HB1	100.24	100.24	0	100.24	36.00
37.00		LE2	124.45	124.45	0	124.45	37.00
38.00		LE1	104.11	104.11	0	104.11	38.00
39.00		LD2	119.61	119.61	0	119.61	39.00
40.00		LD1	100.24	100.24	0	100.24	40.00
41.00		LC2	105.08	105.08	0	105.08	41.00
42.00		LC1	88.61	88.61	0	88.61	42.00
43.00		LB2	99.75	99.75	0	99.75	43.00
44.00		LB1	84.74	84.74	0	84.74	44.00
45.00		CE2	110.89	110.89	0	110.89	45.00
46.00		CE1	102.17	102.17	0	102.17	46.00
47.00		CD2	105.08	105.08	0	105.08	47.00
48.00		CD1	96.36	96.36	0	96.36	48.00
49.00		CC2	81.44	81.44	0	92.00	49.00
50.00		CC1	74.89	74.89	0	85.22	50.00
51.00		CB2	71.14	71.14	0	85.22	51.00
52.00		CB1	67.86	67.86	0	78.93	52.00
53.00		CA2	67.40	67.40	0	72.14	53.00
54.00		CA1	63.65	63.65	0	67.30	54.00
55.00		SE3	109.06	109.06	0	0.00	55.00
56.00		SE2	93.15	93.15	0	0.00	56.00
57.00		SE1	83.31	83.31	0	0.00	57.00
58.00		SSC	81.91	81.91	0	0.00	58.00
59.00		SSB	77.70	77.70	0	0.00	59.00
60.00		SSA	76.29	76.29	0	0.00	60.00
61.00		IB2	60.84	60.84	0	0.00	61.00
62.00		IB1	59.90	59.90	0	0.00	62.00
63.00		IA2	55.22	55.22	0	0.00	63.00
64.00		IA1	53.35	53.35	0	0.00	64.00
65.00		BB2	60.37	60.37	0	76.50	65.00
66.00		BB1	58.97	58.97	0	73.11	66.00
67.00		BA2	54.76	54.76	0	63.42	67.00
68.00		BA1	51.01	51.01	0	60.52	68.00
69.00		PE2	65.52	65.52	0	102.17	69.00
70.00		PE1	64.59	64.59	0	97.33	70.00
71.00		PD2	62.25	62.25	0	96.36	71.00
72.00		PD1	61.31	61.31	0	91.52	72.00
73.00		PC2	59.44	59.44	0	82.80	73.00
74.00		PC1	58.97	58.97	0	78.93	74.00
75.00		PB2	52.88	52.88	0	70.21	75.00
76.00		PB1	51.95	51.95	0	67.30	76.00
77.00		PA2	51.48	51.48	0	58.10	77.00
78.00		PA1	50.07	50.07	0	55.68	78.00
199.00		AAA	50.07	50.07	0	0.00	199.00
200.00	TOTAL				0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/26/2012 10:48 am

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
3.00		266.82	0	0		3.00
4.00		260.04	0	0		4.00
5.00		241.42	0	0		5.00
6.00		214.30	0	0		6.00
7.00		221.85	0	0		7.00
8.00		195.70	0	0		8.00
9.00		205.09	0	0		9.00
10.00		187.66	0	0		10.00
11.00		182.17	0	0		11.00
12.00		194.65	0	0		12.00
13.00		194.65	0	0		13.00
14.00		157.36	0	0		14.00
15.00		169.25	0	0		15.00
16.00		143.58	0	0		16.00
17.00		143.10	0	0		17.00
18.00		149.69	0	0		18.00
19.00		133.22	0	0		19.00
20.00		115.30	0	0		20.00
21.00		133.41	0	0		21.00
22.00		123.73	0	0		22.00
23.00		99.51	0	0		23.00
24.00		132.28	0	0		24.00
25.00		80.95	0	0		25.00
26.00		202.92	0	0		26.00
27.00		158.84	0	0		27.00
28.00		141.89	0	0		28.00
29.00		137.04	0	0		29.00
30.00		113.80	0	0		30.00
31.00		128.33	0	0		31.00
32.00		107.02	0	0		32.00
33.00		121.06	0	0		33.00
34.00		101.20	0	0		34.00
35.00		119.61	0	0		35.00
36.00		100.24	0	0		36.00
37.00		124.45	0	0		37.00
38.00		104.11	0	0		38.00
39.00		119.61	0	0		39.00
40.00		100.24	0	0		40.00
41.00		105.08	0	0		41.00
42.00		88.61	0	0		42.00
43.00		99.75	0	0		43.00
44.00		84.74	0	0		44.00
45.00		110.89	0	0		45.00
46.00		102.17	0	0		46.00
47.00		105.08	0	0		47.00
48.00		96.36	0	0		48.00
49.00		92.00	0	0		49.00
50.00		85.22	0	0		50.00
51.00		85.22	0	0		51.00
52.00		78.93	0	0		52.00
53.00		72.14	0	0		53.00
54.00		67.30	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
62.00		0.00	0	0		62.00
63.00		0.00	0	0		63.00
64.00		0.00	0	0		64.00
65.00		76.50	0	0		65.00
66.00		73.11	0	0		66.00
67.00		63.42	0	0		67.00
68.00		60.52	0	0		68.00
69.00		102.17	0	0		69.00
70.00		97.33	0	0		70.00
71.00		96.36	0	0		71.00
72.00		91.52	0	0		72.00
73.00		82.80	0	0		73.00
74.00		78.93	0	0		74.00
75.00		70.21	0	0		75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/26/2012 10:48 am

		Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total		
		6.00	7.00	8.00		
76.00		67.30	0	0		76.00
77.00		58.10	0	0		77.00
78.00		55.68	0	0		78.00
199.00		0.00	0	0		199.00
200.00	TOTAL		0	0		200.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260179 Component CCN: 261627	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/26/2012 10:48 am

Hospice I

		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ENROLLMENT DAYS						
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	5,821	21	0	0	319	2.00
3.00	Inpatient Respite Care	10	0	0	0	0	3.00
4.00	General Inpatient Care	5	0	0	0	0	4.00
5.00	Total Hospice Days	5,836	21	0	0	319	5.00
	Part II - CENSUS DATA						
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	9.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 260179 Component CCN: 261627	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/26/2012 10:48 am
		Hospice I	

		Unduplicated Days Total (sum of cols. 1, 2 & 5) 6.00	
	PART I - ENROLLMENT DAYS		
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	6,161	2.00
3.00	Inpatient Respite Care	10	3.00
4.00	General Inpatient Care	5	4.00
5.00	Total Hospice Days	6,176	5.00
	Part II - CENSUS DATA		
6.00	Number of Patients Receiving Hospice Care	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	8.00
9.00	Unduplicated Census Count	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/26/2012 10:48 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.286783	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,481,153	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	17,342,210	6.00
7.00	Medicaid cost (line 1 times line 6)	4,973,451	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	492,298	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	209,676	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	492,298	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,526,345	2,902,189	10,428,534	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,158,428	832,298	2,990,726	21.00
22.00	Partial payment by patients approved for charity care	231,732	363,327	595,059	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,926,696	468,971	2,395,667	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	3,780,587	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	715,343	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	3,065,244	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	879,060	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	3,274,727	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	3,767,025	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT		0	0	9,126,228	9,126,228	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		30,814,533	30,814,533	-14,067,266	16,747,267	2.00
2.01	CAP REL COSTS-MVBLE EQUIP		554,582	554,582	69,007	623,589	2.01
3.00	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	993,173	34,044,843	35,038,016	2,232,439	37,270,455	4.00
5.01	NONPATIENT TELEPHONES	366,449	26,082	392,531	540,220	932,751	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	0	0	22,866	22,866	5.03
5.04	ADMITTING	792,029	5,459	797,488	0	797,488	5.04
5.05	ADMIN & GENERAL - SURREY	449,981	221,068	671,049	-32,788	638,261	5.05
5.06	ADMIN & GENERAL - HOSPITAL	15,862,499	10,338,168	26,200,667	41,219	26,241,886	5.06
6.00	MAINTENANCE & REPAIRS	1,695,371	8,506,168	10,201,539	18,685	10,220,224	6.00
6.01	PURCHASING	584,163	179,303	763,466	0	763,466	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	196,797	344,790	541,587	-8,881	532,706	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	68,787	32,013	100,800	1,038,465	1,139,265	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	15,797	119,702	135,499	0	135,499	8.01
9.00	HOUSEKEEPING	2,462,522	566,274	3,028,796	183,682	3,212,478	9.00
9.01	HOUSEKEEPING - SURREY	210,314	59,760	270,074	0	270,074	9.01
10.00	DIETARY	2,162,807	474,981	2,637,788	1,180,129	3,817,917	10.00
10.01	DIETARY - SURREY	664,385	486,566	1,150,951	-1,105	1,149,846	10.01
11.00	CAFETERIA	435,376	1,249,780	1,685,156	-1,173,306	511,850	11.00
11.01	CAFETERIA - SURREY	0	0	0	0	0	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,570,579	61,392	1,631,971	-6,245	1,625,726	13.00
13.01	NURSING ADMINISTRATION - SURREY	325,270	2,293	327,563	0	327,563	13.01
14.00	CENTRAL SERVICES & SUPPLY	1,206,385	2,636,895	3,843,280	-1,890,685	1,952,595	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,826,550	1,253,383	3,079,933	-7,375	3,072,558	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	45,604	3,934	49,538	0	49,538	16.01
17.00	SOCIAL SERVICE	697,432	93,506	790,938	-1,841	789,097	17.00
17.01	SOCIAL SERVICE - SURREY	89,671	513	90,184	0	90,184	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	49,563	49,563	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,061,380	0	2,061,380	0	2,061,380	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,354,187	447,230	1,801,417	41,577	1,842,994	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	164,283	164,283	23.01
23.02	PHARMACY EDUCATION	0	0	0	134,004	134,004	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	30,827,469	4,853,616	35,681,085	-4,674,949	31,006,136	30.00
31.00	INTENSIVE CARE UNIT	4,075,580	396,110	4,471,690	-159,552	4,312,138	31.00
32.00	CORONARY CARE UNIT	3,914,423	421,002	4,335,425	-87,888	4,247,537	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,725,570	114,198	1,839,768	2,624,238	4,464,006	43.00
44.00	SKILLED NURSING FACILITY	1,827,190	165,390	1,992,580	-28,313	1,964,267	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	2,094,111	117,845	2,211,956	-27,736	2,184,220	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	12,634,971	25,962,617	38,597,588	-23,363,882	15,233,706	50.00
50.01	VASCULAR ACCESS CENTER	550,024	1,378,941	1,928,965	-619,097	1,309,868	50.01
50.02	PAIN MGMT - BRAIN & SPINE	283,989	137,319	421,308	-16,836	404,472	50.02
50.03	PAIN MGMT CENTER	0	399	399	0	399	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,482,639	1,766,139	3,248,778	-1,043,470	2,205,308	50.04
51.00	RECOVERY ROOM	1,097,518	111,828	1,209,346	-66,508	1,142,838	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	20,440	20,440	1,091,482	1,111,922	52.00
53.00	ANESTHESIOLOGY	214,934	1,337,039	1,551,973	-843,692	708,281	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,176,615	3,969,194	10,145,809	-2,250,856	7,894,953	54.00
54.01	TDOC RADIOLOGY	297,813	261,187	559,000	19,749	578,749	54.01
54.02	CDI RADIOLOGY	1,414,549	9,033,627	10,448,176	-526,917	9,921,259	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	571,224	983,571	1,554,795	-580,957	973,838	57.00
57.01	TDOC CT SCAN	131,604	150,103	281,707	8,892	290,599	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	270,498	130,651	401,149	-24,562	376,587	58.00
58.01	TDOC - MRI	215,072	101,117	316,189	7,877	324,066	58.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
59.00	CARDIAC CATHETERIZATION	1,066,626	5,894,431	6,961,057	-5,656,565	1,304,492	59.00
60.00	LABORATORY	4,416,907	7,168,343	11,585,250	28,085	11,613,335	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,626,977	6,137,696	7,764,673	-218,953	7,545,720	64.00
64.01	BRAIN & SPINE INFUSION CENTER	346,491	12,495	358,986	-267	358,719	64.01
65.00	RESPIRATORY THERAPY	1,951,843	177,617	2,129,460	-56,852	2,072,608	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	10,989	10,989	-14	10,975	65.01
66.00	PHYSICAL THERAPY	2,518,159	499,621	3,017,780	-51,570	2,966,210	66.00
66.01	PHYSICAL THERAPY - SURREY	1,023,942	12,453	1,036,395	-163	1,036,232	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	52,823	937,311	990,134	-3,402	986,732	66.02
67.00	OCCUPATIONAL THERAPY	429,650	10,243	439,893	-69	439,824	67.00
68.00	SPEECH PATHOLOGY	197,116	5,416	202,532	0	202,532	68.00
69.00	ELECTROCARDIOLOGY	1,249,803	365,623	1,615,426	48,284	1,663,710	69.00
69.01	TDOC - ELECTROCARDIOLOGY	450,177	116,996	567,173	15,322	582,495	69.01
70.00	ELECTROENCEPHALOGRAPHY	179,341	69,818	249,159	-4,000	245,159	70.00
70.01	SLEEP MEDICINE CLINIC	2,374,263	707,015	3,081,278	32,539	3,113,817	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,113,805	12,113,805	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,403,192	23,403,192	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,868,749	14,382,185	17,250,934	-173,633	17,077,301	73.00
74.00	RENAL DIALYSIS	361,172	72,674	433,846	8,026	441,872	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	127,697	33,050	160,747	131,415	292,162	76.01
76.02	CARDIAC REHAB	1,602,082	182,159	1,784,241	-171,885	1,612,356	76.02
76.03	HYPERBARIC OXYGEN THERAPY	251,973	93,260	345,233	-4,157	341,076	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	5,340	5,340	0	5,340	90.00
91.00	EMERGENCY	7,756,667	844,102	8,600,769	-184,339	8,416,430	91.00
91.01	URGENT CARE CENTERS	6,803,971	2,055,886	8,859,857	307,150	9,167,007	91.01
91.02	ADULT DOWN SYNDROME CENTER	93,982	17,584	111,566	0	111,566	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,304,889	1,043,624	3,348,513	-587,074	2,761,439	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	503,024	240,247	743,271	-52,109	691,162	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	146,501,625	185,031,729	331,533,354	-3,987,336	327,546,018	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,781	127,079	210,860	-106,649	104,211	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,996,076	2,588,328	4,584,404	3,986,550	8,570,954	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	219,456	236,086	455,542	0	455,542	194.01
194.02	COMMUNITY OUTREACH	400,487	226,229	626,716	37,240	663,956	194.02
194.03	FOUNTAIN CAFE	29,617	72,355	101,972	-59,088	42,884	194.03
194.04	SLEEP RESEARCH	352,805	-352,806	-1	0	-1	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	275,776	18,159	293,935	-2,310	291,625	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	593,057	1,117,755	1,710,812	0	1,710,812	194.11
194.12	CHILDBIRTH INSTRUCTION	58,810	30,843	89,653	0	89,653	194.12
194.13	VOLUNTEERS	189,253	31,413	220,666	-3,074	217,592	194.13
194.14	RETAIL PHARMACY	613,772	3,266,476	3,880,248	22,232	3,902,480	194.14
194.15	REHAB HOSPITAL COVERAGE	421,530	150,539	572,069	0	572,069	194.15
194.16	EXECUTIVE HEALTH PROGRAM	4,839	469	5,308	0	5,308	194.16
194.17	VALET SERVICES	30,694	45	30,739	112,435	143,174	194.17
200.00	TOTAL (SUM OF LINES 118-199)	151,771,578	192,544,699	344,316,277	0	344,316,277	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-371,550	8,754,678		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-3,139,062	13,608,205		2.00
2.01	CAP REL COSTS-MVBLE EQUIP	-22,380	601,209		2.01
3.00	OTHER CAP REL COSTS	0	0		3.00
4.00	EMPLOYEE BENEFITS	-194,067	37,076,388		4.00
5.01	NONPATIENT TELEPHONES	-222,044	710,707		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0		5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	22,866		5.03
5.04	ADMITTING	-139	797,349		5.04
5.05	ADMIN & GENERAL - SURREY	-22,284	615,977		5.05
5.06	ADMIN & GENERAL - HOSPITAL	5,157,759	31,399,645		5.06
6.00	MAINTENANCE & REPAIRS	-628	10,219,596		6.00
6.01	PURCHASING	0	763,466		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	-6,474	526,232		6.02
7.00	OPERATION OF PLANT	0	0		7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,139,265		8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	135,499		8.01
9.00	HOUSEKEEPING	-1,947	3,210,531		9.00
9.01	HOUSEKEEPING - SURREY	0	270,074		9.01
10.00	DIETARY	-1,779,021	2,038,896		10.00
10.01	DIETARY - SURREY	-14,374	1,135,472		10.01
11.00	CAFETERIA	-217	511,633		11.00
11.01	CAFETERIA - SURREY	0	0		11.01
12.00	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	NURSING ADMINISTRATION	-3,275	1,622,451		13.00
13.01	NURSING ADMINISTRATION - SURREY	-456	327,107		13.01
14.00	CENTRAL SERVICES & SUPPLY	0	1,952,595		14.00
15.00	PHARMACY	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	-1,121	3,071,437		16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	49,538		16.01
17.00	SOCIAL SERVICE	-650	788,447		17.00
17.01	SOCIAL SERVICE - SURREY	0	90,184		17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	-49,563	0		19.00
20.00	NURSING SCHOOL	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,061,380		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-131,142	1,711,852		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	CLINICAL PASTORAL EDUCATION	-3,150	161,133		23.01
23.02	PHARMACY EDUCATION	0	134,004		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-6,007,796	24,998,340		30.00
31.00	INTENSIVE CARE UNIT	-1,372,938	2,939,200		31.00
32.00	CORONARY CARE UNIT	-1,048,001	3,199,536		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	-50,080	4,413,926		43.00
44.00	SKILLED NURSING FACILITY	-446	1,963,821		44.00
45.00	NURSING FACILITY	0	0		45.00
46.00	OTHER LONG TERM CARE	-809	2,183,411		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-999,621	14,234,085		50.00
50.01	VASCULAR ACCESS CENTER	-276,682	1,033,186		50.01
50.02	PAIN MGMT - BRAIN & SPINE	-167,882	236,590		50.02
50.03	PAIN MGMT CENTER	0	399		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	-196,375	2,008,933		50.04
51.00	RECOVERY ROOM	0	1,142,838		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,111,922		52.00
53.00	ANESTHESIOLOGY	-428,847	279,434		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-321,281	7,573,672		54.00
54.01	TDOC RADIOLOGY	-169	578,580		54.01
54.02	CDI RADIOLOGY	-2,200,634	7,720,625		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	-23,814	950,024		57.00
57.01	TDOC CT SCAN	-4,325	286,274		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	376,587		58.00
58.01	TDOC - MRI	0	324,066		58.01
59.00	CARDIAC CATHETERIZATION	-3,541	1,300,951		59.00
60.00	LABORATORY	-104,056	11,509,279		60.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	-36,703	7,509,017		64.00
64.01	BRAIN & SPINE INFUSION CENTER	-304,352	54,367		64.01
65.00	RESPIRATORY THERAPY	-48	2,072,560		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	10,975		65.01
66.00	PHYSICAL THERAPY	-125,448	2,840,762		66.00
66.01	PHYSICAL THERAPY - SURREY	0	1,036,232		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	-82,497	904,235		66.02
67.00	OCCUPATIONAL THERAPY	0	439,824		67.00
68.00	SPEECH PATHOLOGY	-60	202,472		68.00
69.00	ELECTROCARDIOLOGY	-30,203	1,633,507		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	582,495		69.01
70.00	ELECTROENCEPHALOGRAPHY	-45,687	199,472		70.00
70.01	SLEEP MEDICINE CLINIC	-1,181,474	1,932,343		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,113,805		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	23,403,192		72.00
73.00	DRUGS CHARGED TO PATIENTS	-25,038	17,052,263		73.00
74.00	RENAL DIALYSIS	0	441,872		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	-26,345	265,817		76.01
76.02	CARDIAC REHAB	-187,627	1,424,729		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	341,076		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	5,340		90.00
91.00	EMERGENCY	-4,892,843	3,523,587		91.00
91.01	URGENT CARE CENTERS	-3,368,099	5,798,908		91.01
91.02	ADULT DOWN SYNDROME CENTER	-5,369	106,197		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	-21,200	2,740,239		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0		105.00
106.00	HEART ACQUISITION	0	0		106.00
107.00	LIVER ACQUISITION	0	0		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
113.00	INTEREST EXPENSE	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	-337	690,825		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-24,346,412	303,199,606		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	104,211		190.00
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	147,640	8,718,594		192.00
193.00	NONPAID WORKERS	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	DEVELOPMENT	0	455,542		194.01
194.02	COMMUNITY OUTREACH	86,444	750,400		194.02
194.03	FOUNTAIN CAFE	-4,676	38,208		194.03
194.04	SLEEP RESEARCH	433,783	433,782		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.06
194.07	PHYSICIAN REFERRAL	-6,656	284,969		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.10
194.11	MARKETING	0	1,710,812		194.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
194.12	CHILDBIRTH INSTRUCTION	0	89,653		194.12
194.13	VOLUNTEERS	0	217,592		194.13
194.14	RETAIL PHARMACY	-15,443	3,887,037		194.14
194.15	REHAB HOSPITAL COVERAGE	43,500	615,569		194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	5,308		194.16
194.17	VALET SERVICES	0	143,174		194.17
200.00	TOTAL (SUM OF LINES 118-199)	-23,661,820	320,654,457		200.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES RECLASSIFICATION					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,212,420		1.00
	TOTALS		0	1,212,420		
	B - NUTRITIONAL/DIABETIC ED RCLS OF SAL					
1.00	NUTRITION/DIABETES EDUCATION	76.01	131,415	0		1.00
	TOTALS		131,415	0		
	C - EMPLOYEE BENEFITS RECLASSIFICATION					
1.00	EMPLOYEE BENEFITS	4.00	0	1,186,221		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	741		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	3,660		3.00
4.00	COMMUNITY OUTREACH	194.02	0	83		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	1,190,705		
	D - LAUNDRY/LINEN RECLASSIFICATION					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,038,465		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
	TOTALS		0	1,038,465		
	E - LEASE/RENTAL RECLASSIFICATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,664,699		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	52,536		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	1,717,235		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	3,130,487		1.00
	TOTALS		0	3,130,487		
	G - TELEPHONE EXPENSE RECLASSIFICATION					
1.00	NONPATIENT TELEPHONES	5.01	0	544,858		1.00
2.00	NONPATIENT TELEPHONES - SURREY	5.03	0	22,866		2.00
	TOTALS		0	567,724		
	H - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,911,655		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	6,549		2.00
3.00	SLEEP MEDICINE CLINIC	70.01	0	40,899		3.00
4.00	URGENT CARE CENTERS	91.01	0	336,130		4.00
5.00	LABORATORY	60.00	0	33,863		5.00
6.00	VASCULAR ACCESS CENTER	50.01	0	206,687		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,846,574		7.00
	TOTALS		0	10,382,357		
	I - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,946,252		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	42,000		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	230,869		3.00
	TOTALS		0	2,219,121		
	J - CRNA RECLASS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	49,563	0		1.00
	TOTALS		49,563	0		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	118,021	46,262		1.00
	TOTALS		118,021	46,262		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	105,967	0		1.00
	TOTALS		105,967	0		
	M - ALLOCATION OF MAINT & HOUSEKEEPING					
1.00	MAINTENANCE & REPAIRS	6.00	0	38,657		1.00
2.00	HOUSEKEEPING	9.00	153,573	30,109		2.00
	TOTALS		153,573	68,766		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	907,000		1.00
	TOTALS		0	907,000		
	O - PROPERTY INSURANCE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	268,321		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	9,922		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	89,053		3.00
	TOTALS		0	367,296		
	P - WORKERS COMP EXP RECLASS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,049,144		1.00
	TOTALS		0	1,049,144		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	1,325,917		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	TOTALS		0	1,325,917		
	S - EPOETIN EXPENSE RECLASS					
1.00	RENAL DIALYSIS	74.00	0	10,499		1.00
	TOTALS		0	10,499		
	T - LOAN FORGIVENESS RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	4,286	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	4,000	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	268,693	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	42,286	0		4.00
5.00	CORONARY CARE UNIT	32.00	66,308	0		5.00
6.00	NURSERY	43.00	2,000	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	8,000	0		7.00
8.00	OTHER LONG TERM CARE	46.00	4,000	0		8.00
9.00	OPERATING ROOM	50.00	10,671	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	33,940	0		10.00
11.00	CT SCAN	57.00	4,000	0		11.00
12.00	LABORATORY	60.00	4,000	0		12.00
13.00	RESPIRATORY THERAPY	65.00	10,000	0		13.00
14.00	PHYSICAL THERAPY	66.00	12,148	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	4,000	0		15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	12,000	0		16.00
17.00	EMERGENCY	91.00	20,000	0		17.00
18.00	URGENT CARE CENTERS	91.01	13,470	0		18.00
	TOTALS		523,802	0		
	U - AUDIO VISUAL RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	19,127	3,599		1.00
2.00	COMMUNITY OUTREACH	194.02	30,841	5,803		2.00
	TOTALS		49,968	9,402		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	134,004	0		1.00
	TOTALS		134,004	0		
	W - LDRP ROUTINE EXPENSE RECLASS					
1.00	NURSERY	43.00	2,353,710	270,848		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	978,843	112,639		2.00
	TOTALS		3,332,553	383,487		
	X - PHYSICIAN TEACHING RECLASS					
1.00		0.00	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	50,824		2.00
3.00	ADULTS & PEDIATRICS	30.00	225,245	1,494		3.00
4.00	ELECTROCARDIOLOGY	69.00	39,984	5,988		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	TOTALS		265,229	58,306		
	Y - SUPERVISOR ALLOCATION RECLASS					
1.00	TDOC RADIOLOGY	54.01	44,421	0		1.00
2.00	CT SCAN	57.00	4,343	0		2.00
3.00	TDOC CT SCAN	57.01	14,814	0		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	21,095	0		4.00
5.00	TDOC - MRI	58.01	16,627	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	126,217	0		6.00
7.00	TDOC - ELECTROCARDIOLOGY	69.01	27,553	0		7.00
8.00	RETAIL PHARMACY	194.14	27,685	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	8,757	0		9.00
	TOTALS		291,512	0		
	Z - VALET RECLASS					
1.00	VALET SERVICES	194.17	112,435	0		1.00
	TOTALS		112,435	0		
	AA - PATIENT BILLING RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	53,825	225,894		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		53,825	225,894		
	AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	345		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,769		2.00
3.00	COMMUNITY OUTREACH	194.02	0	513		3.00
4.00	VOLUNTEERS	194.13	0	345		4.00
	TOTALS		0	19,972		

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 10:48 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	AC - DEFAULT				
1.00	CDI RADIOLOGY	54.02	0	35	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,903,506	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,403,192	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	34,306,733	
500.00	Grand Total: Increases		5,321,867	60,237,192	500.00

RECLASSIFICATIONS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SUPPLIES RECLASSIFICATION						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,212,420	0		1.00
	TOTALS		0	1,212,420			
	B - NUTRITIONAL/DIABETIC ED RCLS OF SAL						
1.00	DIETARY	10.00	131,415	0	0		1.00
	TOTALS		131,415	0			
	C - EMPLOYEE BENEFITS RECLASSIFICATION						
1.00	NONPATIENT TELEPHONES	5.01	0	4,638	0		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	53,184	0		2.00
3.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	4,138	0		3.00
4.00	DIETARY	10.00	0	7,580	0		4.00
5.00	DIETARY - SURREY	10.01	0	1,105	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	6,245	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,375	0		7.00
8.00	SOCIAL SERVICE	17.00	0	1,841	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	114,115	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	13,807	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	9,094	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	5,727	0		12.00
13.00	OTHER LONG TERM CARE	46.00	0	5,545	0		13.00
14.00	OPERATING ROOM	50.00	0	15,318	0		14.00
15.00	CDI RADIOLOGY	54.02	0	301,058	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	6,661	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	3,248	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	16,847	0		18.00
19.00	SLEEP MEDICINE CLINIC	70.01	0	3,549	0		19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,445	0		20.00
21.00	CARDIAC REHAB	76.02	0	7,949	0		21.00
22.00	EMERGENCY	91.00	0	24,284	0		22.00
23.00	URGENT CARE CENTERS	91.01	0	10,542	0		23.00
24.00	HOME HEALTH AGENCY	101.00	0	554,779	0		24.00
25.00	PHYSICIAN REFERRAL	194.07	0	2,310	0		25.00
26.00	VOLUNTEERS	194.13	0	3,419	0		26.00
27.00	LABORATORY	60.00	0	4,902	0		27.00
	TOTALS		0	1,190,705			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS	4.00	0	2,843	0		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	5,627	0		2.00
3.00	DIETARY	10.00	0	2,445	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,813	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	460,989	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	27,774	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	43,329	0		7.00
8.00	OPERATING ROOM	50.00	0	144,139	0		8.00
9.00	VASCULAR ACCESS CENTER	50.01	0	15,357	0		9.00
10.00	PAIN MGMT - BRAIN & SPINE	50.02	0	2,176	0		10.00
11.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	31,913	0		11.00
12.00	RECOVERY ROOM	51.00	0	10,035	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	56,323	0		13.00
14.00	TDOC RADIOLOGY	54.01	0	15,265	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,535	0		15.00
16.00	TDOC - MRI	58.01	0	8,750	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	9,639	0		17.00
18.00	LABORATORY	60.00	0	6	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	1,534	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	31,125	0		20.00
21.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	3,402	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	10,105	0		22.00
23.00	TDOC - ELECTROCARDIOLOGY	69.01	0	12,231	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,170	0		24.00
25.00	RENAL DIALYSIS	74.00	0	2,473	0		25.00
26.00	CARDIAC REHAB	76.02	0	609	0		26.00
27.00	HYPERBARIC OXYGEN THERAPY	76.03	0	4,157	0		27.00
28.00	EMERGENCY	91.00	0	63,172	0		28.00
29.00	URGENT CARE CENTERS	91.01	0	18,438	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	7,091	0		30.00
	TOTALS		0	1,038,465			
	E - LEASE/RENTAL RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS	4.00	0	83	10		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	50,874	10		2.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
3.00	MAINTENANCE & REPAIRS - SURREY	6.02	0	4,743	0		3.00
4.00	DIETARY	10.00	0	4,348	0		4.00
5.00	CAFETERIA	11.00	0	9,365	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	648,452	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	3,746	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	22,586	0		8.00
9.00	OTHER LONG TERM CARE	46.00	0	22,191	0		9.00
10.00	OPERATING ROOM	50.00	0	32,917	0		10.00
11.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	230,750	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3	0		12.00
13.00	TDOC RADIOLOGY	54.01	0	96	0		13.00
14.00	CT SCAN	57.00	0	583,850	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,853	0		15.00
16.00	LABORATORY	60.00	0	870	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	114	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	455	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	900	0		19.00
20.00	PHYSICAL THERAPY - SURREY	66.01	0	163	0		20.00
21.00	SLEEP MEDICINE CLINIC	70.01	0	4,811	0		21.00
22.00	CARDIAC REHAB	76.02	0	800	0		22.00
23.00	EMERGENCY	91.00	0	47,149	0		23.00
24.00	HOSPICE	116.00	0	30,579	0		24.00
25.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,700	0		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,978	0		26.00
27.00	FOUNTAIN CAFE	194.03	0	406	0		27.00
28.00	RETAIL PHARMACY	194.14	0	5,453	0		28.00
	TOTALS		0	1,717,235			
	F - INSURANCE AND FEES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,130,487	12		1.00
	TOTALS		0	3,130,487			
	G - TELEPHONE EXPENSE RECLASSIFICATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	544,858	0		1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	22,866	0		2.00
	TOTALS		0	567,724			
	H - DEPRECIATION RECLASS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,382,357	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	TOTALS		0	10,382,357			
	I - INTEREST EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,219,121	11		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	2,219,121			
	J - CRNA RECLASS						
1.00	ANESTHESIOLOGY	53.00	49,563	0	0		1.00
	TOTALS		49,563	0			
	K - CLINICAL PASTORAL EDUCATION						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	118,021	46,262	0		1.00
	TOTALS		118,021	46,262			
	L - ALLOCATION OF SECURITY						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	105,967	0	0		1.00
	TOTALS		105,967	0			
	M - ALLOCATION OF MAINT & HOUSEKEEPING						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	153,573	68,766	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		153,573	68,766			
	N - MOB PROPERTY TAX						
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	907,000	0		1.00
	TOTALS		0	907,000			
	O - PROPERTY INSURANCE RECLASS						
1.00	ADMIN & GENERAL - SURREY	5.05	0	9,922	12		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	357,374	12		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	367,296			

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	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	P - WORKERS COMP EXP RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,049,144	0	1.00
	TOTALS		0	1,049,144		
	R - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	0	1,163,941	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	103,294	0	2.00
3.00	FOUNTAIN CAFE	194.03	0	58,682	0	3.00
	TOTALS		0	1,325,917		
	S - EPOETIN EXPENSE RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,499	0	1.00
	TOTALS		0	10,499		
	T - LOAN FORGIVENESS RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	4,286	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	268,693	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	42,286	0	4.00
5.00	CORONARY CARE UNIT	32.00	0	66,308	0	5.00
6.00	NURSERY	43.00	0	2,000	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	8,000	0	7.00
8.00	OTHER LONG TERM CARE	46.00	0	4,000	0	8.00
9.00	OPERATING ROOM	50.00	0	10,671	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,940	0	10.00
11.00	CT SCAN	57.00	0	4,000	0	11.00
12.00	LABORATORY	60.00	0	4,000	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	10,000	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	12,148	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	4,000	0	15.00
16.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,000	0	16.00
17.00	EMERGENCY	91.00	0	20,000	0	17.00
18.00	URGENT CARE CENTERS	91.01	0	13,470	0	18.00
	TOTALS		0	523,802		
	U - AUDIO VISUAL RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	49,968	9,402	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		49,968	9,402		
	V - PHARMACY EDUCATION					
1.00	DRUGS CHARGED TO PATIENTS	73.00	134,004	0	0	1.00
	TOTALS		134,004	0		
	W - LDRP ROUTINE EXPENSE RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	3,332,553	383,487	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		3,332,553	383,487		
	X - PHYSICIAN TEACHING RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	722	149	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	9,247	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	96,522	9,351	0	3.00
4.00	CORONARY CARE UNIT	32.00	31,529	3,178	0	4.00
5.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	54,861	20,792	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	28,911	18,539	0	6.00
7.00	EMERGENCY	91.00	43,437	6,297	0	7.00
	TOTALS		265,229	58,306		
	Y - SUPERVISOR ALLOCATION RECLASS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	101,300	0	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	27,685	0	0	2.00
3.00	CARDIAC REHAB	76.02	162,527	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
	TOTALS		291,512	0		
	Z - VALET RECLASS					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	112,435	0	0	1.00
	TOTALS		112,435	0		
	AA - PATIENT BILLING RECLASS					
1.00	CDI RADIOLOGY	54.02	0	225,894	0	1.00
2.00	HOME HEALTH AGENCY	101.00	32,295	0	0	2.00
3.00	HOSPICE	116.00	21,530	0	0	3.00
	TOTALS		53,825	225,894		

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AB - MERCY CLINICAL ENGINEERING RECLASS						
1.00	MAINTENANCE & REPAIRS	6.00	0	19,972	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	19,972			
	AC - DEFAULT						
1.00	ADULTS & PEDIATRICS	30.00	0	606,798	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	12,098	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	758	0		3.00
4.00	NURSERY	43.00	0	320	0		4.00
5.00	OPERATING ROOM	50.00	0	23,171,508	0		5.00
6.00	VASCULAR ACCESS CENTER	50.01	0	810,427	0		6.00
7.00	PAIN MGMT - BRAIN & SPINE	50.02	0	14,660	0		7.00
8.00	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	0	705,154	0		8.00
9.00	RECOVERY ROOM	51.00	0	56,473	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	794,129	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,093,230	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	31,122	0		12.00
13.00	CT SCAN	57.00	0	1,450	0		13.00
14.00	TDOC CT SCAN	57.01	0	5,922	0		14.00
15.00	TDOC RADIOLOGY	54.01	0	9,311	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	210,644	0		16.00
17.00	BRAIN & SPINE INFUSION CENTER	64.01	0	267	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	53,149	0		18.00
19.00	RESPIRATORY THERAPY - SURREY	65.01	0	14	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	2,698	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	69	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	5,723,581	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	830	0		23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,121	0		24.00
	TOTALS		0	34,306,733			
500.00	Grand Total: Decreases		4,798,065	60,760,994			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 10:48 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,075,535	0	0	0	0	1.00
2.00	Land Improvements	10,242,770	194,032	0	194,032	0	2.00
3.00	Buildings and Fixtures	261,304,877	11,548,545	0	11,548,545	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	168,008,281	18,281,066	0	18,281,066	9,619,043	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	454,631,463	30,023,643	0	30,023,643	9,619,043	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	454,631,463	30,023,643	0	30,023,643	9,619,043	10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,386,504	0	5,297,542	3,130,487	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	424,286	0	130,296	0	0	2.01
3.00	Total (sum of lines 1-2)	22,810,790	0	5,427,838	3,130,487	0	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	298,365,759	0	298,365,759	0.628091	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	176,670,303	0	176,670,303	0.371909	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	475,036,062	0	475,036,062	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 10:48 am

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	15,075,535	0	1.00
2.00	Land Improvements	10,436,802	0	2.00
3.00	Buildings and Fixtures	272,853,422	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	176,670,304	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	475,036,063	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	475,036,063	0	10.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,814,533	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	554,582	2.01
3.00	Total (sum of lines 1-2)	0	31,369,115	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,846,183	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,943,506	1,664,699	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	430,835	52,536	2.01
3.00	Total (sum of lines 1-2)	0	0	0	19,220,524	1,717,235	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,640,174	268,321	0	0	8,754,678	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,608,205	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	107,916	9,922	0	0	601,209	2.01
3.00	Total (sum of lines 1-2)	1,748,090	278,243	0	0	22,964,092	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 10:48 am

		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)	B	-334,318	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)	B	-22,380	CAP REL COSTS-MVBLE EQUIP	2.01	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-215,693	NONPATIENT TELEPHONES	5.01	7.00
8.00	Television and radio service (chapter 21)		0		0.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-19,101,600			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,200,242			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-1,441,260	DIETARY	10.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts	B	-1,121	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines	B	-110,210	DIETARY	10.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	B	-39,631	PHYSICIANS' PRIVATE OFFICES	192.00	33.00
33.01	NON-ALLOWABLE INTEREST OFFET	A	-3,078,421	CAP REL COSTS-MVBLE EQUIP	2.00	33.01
33.02	TELEPHONE BENEFITS	A	-19,697	EMPLOYEE BENEFITS	4.00	33.02
33.03	TELEPHONE DEPRECIATION	A	-1,781	CAP REL COSTS-MVBLE EQUIP	2.00	33.03
33.04	SNF COMMISSIONS	B	-1,100	ADMIN & GENERAL - SURREY	5.05	33.04
33.05	CHAPLAIN INCOME	B	-12,889	ADMIN & GENERAL - HOSPITAL	5.06	33.05
33.06	MEALS ON WHEELS	B	-55,143	DIETARY	10.00	33.06
33.07	PHYSICIAN MEALS	B	-5,188	DIETARY	10.00	33.07
33.08	TDOC CORNER GOURMET INCOME	B	-1,219	DIETARY	10.00	33.08
33.09	TDOC CORNER GOURMET INCOME	B	-163,299	DIETARY	10.00	33.09
33.10	TDOC CORNER GOURMET INCOME	B	-2,182	DIETARY	10.00	33.10
33.11	SNF CAFETERIA MEALS	B	-13,079	DIETARY - SURREY	10.01	33.11
33.12	MATERNITY SERVICES INCOME	B	-700	ADULTS & PEDIATRICS	30.00	33.12
33.13	LACTATION INCOME	B	-57,734	ADULTS & PEDIATRICS	30.00	33.13
33.14	PHYSICAL THERAPY INCOME	B	-14,850	PHYSICAL THERAPY	66.00	33.14
33.15	SPORTS MEDICINE INCOME	B	-96,985	PHYSICAL THERAPY	66.00	33.15
33.16	SPORTS MEDICINE INCOME	B	-13,442	PHYSICAL THERAPY	66.00	33.16
33.17	SPEECH THERAPY INCOME	B	-60	SPEECH PATHOLOGY	68.00	33.17
33.18	SLEEP MEDICINE MISCELLANEOUS INCOME	B	-10,735	SLEEP MEDICINE CLINIC	70.01	33.18
33.19	NUTRITION REFERENCE BOOKS	B	-107	NUTRITION/DIABETES EDUCATION	76.01	33.19
33.20	PHYSICIAN EQUIPMENT RENTAL	B	-58,830	CAP REL COSTS-MVBLE EQUIP	2.00	33.20
33.21	MISCELLANEOUS INCOME	B	-27,661	ADMIN & GENERAL - HOSPITAL	5.06	33.21

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 10:48 am

		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.22	MOONLIGHTERS SALARIES	A	-45,623	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.22
33.23	MOONLIGHTERS BENEFITS	A	-10,535	EMPLOYEE BENEFITS	4.00	33.23
33.24	ADVERTISING	A	-2,869	ADMIN & GENERAL - SURREY	5.05	33.24
33.25	ADVERTISING	A	-186	ADMIN & GENERAL - HOSPITAL	5.06	33.25
33.26	ADVERTISING	A	-141	DIETARY - SURREY	10.01	33.26
33.27	ADVERTISING	A	-333	SKILLED NURSING FACILITY	44.00	33.27
33.28	ADVERTISING	A	-15	PHYSICAL THERAPY	66.00	33.28
33.29	ADVERTISING	A	2,479	ELECTROCARDIOLOGY	69.00	33.29
33.30	ADVERTISING	A	-3,980	SLEEP MEDICINE CLINIC	70.01	33.30
33.31	ADVERTISING	A	-70	URGENT CARE CENTERS	91.01	33.31
33.32	ADVERTISING	A	-190	URGENT CARE CENTERS	91.01	33.32
33.33	ADVERTISING	A	-788	URGENT CARE CENTERS	91.01	33.33
33.34	ADVERTISING	A	-210	URGENT CARE CENTERS	91.01	33.34
33.35	ADVERTISING	A	-140	URGENT CARE CENTERS	91.01	33.35
33.36	ADVERTISING	A	-486	URGENT CARE CENTERS	91.01	33.36
33.37	ADVERTISING	A	-1,068	ADULT DOWN SYNDROME CENTER	91.02	33.37
33.38	ADVERTISING	A	-219	HOSPICE	116.00	33.38
33.39	ASSET LIVES	A	-3,822	CAP REL COSTS-BLDG & FIXT	1.00	33.39
33.40	ASSET LIVES	A	-30	CAP REL COSTS-MVBLE EQUIP	2.00	33.40
33.41	ASSET LIVES	A	-41,716	PHYSICIANS' PRIVATE OFFICES	192.00	33.41
33.42	LOSS ON REFINANCING	A	28,240	CAP REL COSTS-BLDG & FIXT	1.00	33.42
33.43	LOSS ON REFINANCING	A	7,060	PHYSICIANS' PRIVATE OFFICES	192.00	33.43
33.44	FRA TAX	A	6,168,852	ADMIN & GENERAL - HOSPITAL	5.06	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-90,525	EMPLOYEE BENEFITS	4.00	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-6,351	NONPATIENT TELEPHONES	5.01	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-119,196	ADMIN & GENERAL - HOSPITAL	5.06	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	A	-75,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-28,557	ADULTS & PEDIATRICS	30.00	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-245,531	OPERATING ROOM	50.00	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-38,031	PAIN MGMT - BRAIN & SPINE	50.02	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-191,260	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	50.04	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	A	-2,153	ANESTHESIOLOGY	53.00	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-301,667	RADIOLOGY-DIAGNOSTIC	54.00	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-23,814	CT SCAN	57.00	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-3,541	CARDIAC CATHETERIZATION	59.00	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-103,866	LABORATORY	60.00	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-36,687	INTRAVENOUS THERAPY	64.00	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-6,378	BRAIN & SPINE INFUSION CENTER	64.01	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-80,352	THERAPY SVCS - BRAIN & SPINE	66.02	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-32,212	ELECTROCARDIOLOGY	69.00	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-45,687	ELECTROENCEPHALOGRAPHY	70.00	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-240,000	SLEEP MEDICINE CLINIC	70.01	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-24,969	DRUGS CHARGED TO PATIENTS	73.00	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-26,238	NUTRITION/DIABETES EDUCATION	76.01	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-83,453	CARDIAC REHAB	76.02	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-32,784	HOME HEALTH AGENCY	101.00	33.67
33.68	RENT EXPENSE PAID FOR MOB SPACE	A	-48,039	PHYSICIANS' PRIVATE OFFICES	192.00	33.68
33.69	RENT EXPENSE PAID FOR MOB SPACE	A	-4,676	FOUNTAIN CAFE	194.03	33.69
33.70	RENT EXPENSE PAID FOR MOB SPACE	A	-20,815	SLEEP RESEARCH	194.04	33.70
33.71	RENT EXPENSE PAID FOR MOB SPACE	A	-6,656	PHYSICIAN REFERRAL	194.07	33.71
33.72	RENT EXPENSE PAID FOR MOB SPACE	A	-15,443	RETAIL PHARMACY	194.14	33.72
33.73	NON-ALLOWABLE	A	-796,279	ADMIN & GENERAL - HOSPITAL	5.06	33.73
33.74	NON-ALLOWABLE	A	-71,125	EMPLOYEE BENEFITS	4.00	33.74
33.75	NON-ALLOWABLE	A	-139	ADMITTING	5.04	33.75
33.76	NON-ALLOWABLE	A	-18,315	ADMIN & GENERAL - SURREY	5.05	33.76
33.77	NON-ALLOWABLE	A	-33,486	ADMIN & GENERAL - HOSPITAL	5.06	33.77
33.78	NON-ALLOWABLE	A	-628	MAINTENANCE & REPAIRS	6.00	33.78
33.79	NON-ALLOWABLE	A	-6,474	MAINTENANCE & REPAIRS - SURREY	6.02	33.79
33.80	NON-ALLOWABLE	A	-1,947	HOUSEKEEPING	9.00	33.80
33.81	NON-ALLOWABLE	A	-520	DIETARY	10.00	33.81
33.82	NON-ALLOWABLE	A	-1,154	DIETARY - SURREY	10.01	33.82
33.83	NON-ALLOWABLE	A	-217	CAFETERIA	11.00	33.83
33.84	NON-ALLOWABLE	A	-3,275	NURSING ADMINISTRATION	13.00	33.84

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 10:48 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.85	NON-ALLOWABLE	A	-456	NURSING ADMINISTRATION - SURREY	13.01	33.85
33.86	NON-ALLOWABLE	A	-650	SOCIAL SERVICE	17.00	33.86
33.87	NON-ALLOWABLE	A	-10,519	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.87
33.88	NON-ALLOWABLE	A	-42,718	ADULTS & PEDIATRICS	30.00	33.88
33.89	NON-ALLOWABLE	A	-125	CORONARY CARE UNIT	32.00	33.89
33.90	NON-ALLOWABLE	A	-80	NURSERY	43.00	33.90
33.91	NON-ALLOWABLE	A	-113	SKILLED NURSING FACILITY	44.00	33.91
33.92	NON-ALLOWABLE	A	-809	OTHER LONG TERM CARE	46.00	33.92
33.93	NON-ALLOWABLE	A	-2,927	OPERATING ROOM	50.00	33.93
33.94	NON-ALLOWABLE	A	-1,326	VASCULAR ACCESS CENTER	50.01	33.94
33.95	NON-ALLOWABLE	A	-455	PAIN MGMT - BRAIN & SPINE	50.02	33.95
33.96	NON-ALLOWABLE	A	-1,414	RADIOLOGY-DIAGNOSTIC	54.00	33.96
33.97	NON-ALLOWABLE	A	-169	TDOC RADIOLOGY	54.01	33.97
33.98	NON-ALLOWABLE	A	-392	CDI RADIOLOGY	54.02	33.98
33.99	NON-ALLOWABLE	A	-190	LABORATORY	60.00	33.99
34.00	NON-ALLOWABLE	A	-16	INTRAVENOUS THERAPY	64.00	34.00
34.01	NON-ALLOWABLE	A	-45	BRAIN & SPINE INFUSION CENTER	64.01	34.01
34.02	NON-ALLOWABLE	A	-48	RESPIRATORY THERAPY	65.00	34.02
34.03	NON-ALLOWABLE	A	-156	PHYSICAL THERAPY	66.00	34.03
34.04	NON-ALLOWABLE	A	-2,145	THERAPY SVCS - BRAIN & SPINE	66.02	34.04
34.05	NON-ALLOWABLE	A	-290	ELECTROCARDIOLOGY	69.00	34.05
34.06	NON-ALLOWABLE	A	-176	SLEEP MEDICINE CLINIC	70.01	34.06
34.07	NON-ALLOWABLE	A	-69	DRUGS CHARGED TO PATIENTS	73.00	34.07
34.08	NON-ALLOWABLE	A	-1,594	CARDIAC REHAB	76.02	34.08
34.09	NON-ALLOWABLE	A	-8,326	URGENT CARE CENTERS	91.01	34.09
34.10	NON-ALLOWABLE	A	-4,301	ADULT DOWN SYNDROME CENTER	91.02	34.10
34.11	NON-ALLOWABLE	A	-336	HOME HEALTH AGENCY	101.00	34.11
34.12	NON-ALLOWABLE	A	-118	HOSPICE	116.00	34.12
34.13	LOBBYING	A	-29,181	ADMIN & GENERAL - HOSPITAL	5.06	34.13
34.14	PHYSICIAN BILLING	A	-11,989	CORONARY CARE UNIT	32.00	34.14
34.15	PHYSICIAN BILLING	A	-66,158	SLEEP MEDICINE CLINIC	70.01	34.15
34.16	PHYSICIAN BILLING	A	-193,928	EMERGENCY	91.00	34.16
34.17	PHYSICIAN BILLING	A	-163,479	URGENT CARE CENTERS	91.01	34.17
34.18	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-140,000	ADMIN & GENERAL - HOSPITAL	5.06	34.18
34.19	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-32,585	EMPLOYEE BENEFITS	4.00	34.19
34.20	CRNA SALARY	A	-49,563	NONPHYSICIAN ANESTHETISTS	19.00	34.20
34.21	CRNA BENEFITS	A	-11,536	EMPLOYEE BENEFITS	4.00	34.21
34.22	REVENUE ADD BACK	A	41,936	EMPLOYEE BENEFITS	4.00	34.22
34.23	REVENUE ADD BACK	A	269,966	PHYSICIANS' PRIVATE OFFICES	192.00	34.23
34.24	REVENUE ADD BACK	A	86,444	COMMUNITY OUTREACH	194.02	34.24
34.25	SLEEP RESEARCH	A	454,598	SLEEP RESEARCH	194.04	34.25
34.26	REHAB HOSPITAL	A	43,500	REHAB HOSPITAL COVERAGE	194.15	34.26
34.27	MARYVILLE CENTRE LOSS ON LEASE	A	147,785	ADMIN & GENERAL - HOSPITAL	5.06	34.27
34.28	HOME HEALTH AMORTIZATION	A	11,920	HOME HEALTH AGENCY	101.00	34.28
34.29	CHAPLAIN INCOME	B	-3,150	CLINICAL PASTORAL EDUCATION	23.01	34.29
34.30	EDUCATION CENTER DEPRECIATION	A	-61,650	CAP REL COSTS-BLDG & FIXT	1.00	34.30
34.31			0		0.00	34.31
34.32			0		0.00	34.32
34.33			0		0.00	34.33
34.34			0		0.00	34.34
34.35			0		0.00	34.35
34.36			0		0.00	34.36
34.37			0		0.00	34.37
34.38			0		0.00	34.38
34.39			0		0.00	34.39
34.40			0		0.00	34.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,661,820			50.00

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		Wkst. A-7 Ref. 5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	11		1.00
2.00	Investment income - movable equipment (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	11		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - buildings and fixtures	0		26.00
27.00	Depreciation - movable equipment	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	NON-ALLOWABLE INTEREST OFFSET	0		33.00
33.01	NON-ALLOWABLE INTEREST OFFET	11		33.01
33.02	TELEPHONE BENEFITS	0		33.02
33.03	TELEPHONE DEPRECIATION	9		33.03
33.04	SNF COMMISSIONS	0		33.04
33.05	CHAPLAIN INCOME	0		33.05
33.06	MEALS ON WHEELS	0		33.06
33.07	PHYSICIAN MEALS	0		33.07
33.08	TDOC CORNER GOURMET INCOME	0		33.08
33.09	TDOC CORNER GOURMET INCOME	0		33.09
33.10	TDOC CORNER GOURMET INCOME	0		33.10
33.11	SNF CAFETERIA MEALS	0		33.11
33.12	MATERNITY SERVICES INCOME	0		33.12
33.13	LACTATION INCOME	0		33.13
33.14	PHYSICAL THERAPY INCOME	0		33.14
33.15	SPORTS MEDICINE INCOME	0		33.15
33.16	SPORTS MEDICINE INCOME	0		33.16
33.17	SPEECH THERAPY INCOME	0		33.17
33.18	SLEEP MEDICINE MISCELLANEOUS INCOME	0		33.18
33.19	NUTRITION REFERENCE BOOKS	0		33.19
33.20	PHYSICIAN EQUIPMENT RENTAL	9		33.20
33.21	MISCELLANEOUS INCOME	0		33.21
33.22	MOONLIGHTERS SALARIES	0		33.22
33.23	MOONLIGHTERS BENEFITS	0		33.23
33.24	ADVERTISING	0		33.24
33.25	ADVERTISING	0		33.25
33.26	ADVERTISING	0		33.26
33.27	ADVERTISING	0		33.27

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		Wkst. A-7 Ref. 5.00	
33.28	ADVERTISING	0	33.28
33.29	ADVERTISING	0	33.29
33.30	ADVERTISING	0	33.30
33.31	ADVERTISING	0	33.31
33.32	ADVERTISING	0	33.32
33.33	ADVERTISING	0	33.33
33.34	ADVERTISING	0	33.34
33.35	ADVERTISING	0	33.35
33.36	ADVERTISING	0	33.36
33.37	ADVERTISING	0	33.37
33.38	ADVERTISING	0	33.38
33.39	ASSET LIVES	9	33.39
33.40	ASSET LIVES	9	33.40
33.41	ASSET LIVES	0	33.41
33.42	LOSS ON REFINANCING	11	33.42
33.43	LOSS ON REFINANCING	0	33.43
33.44	FRA TAX	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	0	33.47
33.48	RENT EXPENSE PAID FOR MOB SPACE	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	0	33.52
33.53	RENT EXPENSE PAID FOR MOB SPACE	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	0	33.67
33.68	RENT EXPENSE PAID FOR MOB SPACE	0	33.68
33.69	RENT EXPENSE PAID FOR MOB SPACE	0	33.69
33.70	RENT EXPENSE PAID FOR MOB SPACE	0	33.70
33.71	RENT EXPENSE PAID FOR MOB SPACE	0	33.71
33.72	RENT EXPENSE PAID FOR MOB SPACE	0	33.72
33.73	NON-ALLOWABLE	0	33.73
33.74	NON-ALLOWABLE	0	33.74
33.75	NON-ALLOWABLE	0	33.75
33.76	NON-ALLOWABLE	0	33.76
33.77	NON-ALLOWABLE	0	33.77
33.78	NON-ALLOWABLE	0	33.78
33.79	NON-ALLOWABLE	0	33.79
33.80	NON-ALLOWABLE	0	33.80
33.81	NON-ALLOWABLE	0	33.81
33.82	NON-ALLOWABLE	0	33.82
33.83	NON-ALLOWABLE	0	33.83
33.84	NON-ALLOWABLE	0	33.84
33.85	NON-ALLOWABLE	0	33.85
33.86	NON-ALLOWABLE	0	33.86
33.87	NON-ALLOWABLE	0	33.87
33.88	NON-ALLOWABLE	0	33.88
33.89	NON-ALLOWABLE	0	33.89
33.90	NON-ALLOWABLE	0	33.90
33.91	NON-ALLOWABLE	0	33.91
33.92	NON-ALLOWABLE	0	33.92
33.93	NON-ALLOWABLE	0	33.93
33.94	NON-ALLOWABLE	0	33.94
33.95	NON-ALLOWABLE	0	33.95
33.96	NON-ALLOWABLE	0	33.96
33.97	NON-ALLOWABLE	0	33.97
33.98	NON-ALLOWABLE	0	33.98
33.99	NON-ALLOWABLE	0	33.99
34.00	NON-ALLOWABLE	0	34.00
34.01	NON-ALLOWABLE	0	34.01
34.02	NON-ALLOWABLE	0	34.02

ADJUSTMENTS TO EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/26/2012 10:48 am

		Wkst. A-7 Ref. 5.00		
34.03	NON-ALLOWABLE	0		34.03
34.04	NON-ALLOWABLE	0		34.04
34.05	NON-ALLOWABLE	0		34.05
34.06	NON-ALLOWABLE	0		34.06
34.07	NON-ALLOWABLE	0		34.07
34.08	NON-ALLOWABLE	0		34.08
34.09	NON-ALLOWABLE	0		34.09
34.10	NON-ALLOWABLE	0		34.10
34.11	NON-ALLOWABLE	0		34.11
34.12	NON-ALLOWABLE	0		34.12
34.13	LOBBYING	0		34.13
34.14	PHYSICIAN BILLING	0		34.14
34.15	PHYSICIAN BILLING	0		34.15
34.16	PHYSICIAN BILLING	0		34.16
34.17	PHYSICIAN BILLING	0		34.17
34.18	MEDICAL GROUP ADMINISTRATIVE SALARY	0		34.18
34.19	MEDICAL GROUP ADMINISTRATIVE BENEFIT	0		34.19
34.20	CRNA SALARY	0		34.20
34.21	CRNA BENEFITS	0		34.21
34.22	REVENUE ADD BACK	0		34.22
34.23	REVENUE ADD BACK	0		34.23
34.24	REVENUE ADD BACK	0		34.24
34.25	SLEEP RESEARCH	0		34.25
34.26	REHAB HOSPITAL	0		34.26
34.27	MARYVILLE CENTRE LOSS ON LEASE	0		34.27
34.28	HOME HEALTH AMORTIZATION	0		34.28
34.29	CHAPLAIN INCOME	0		34.29
34.30	EDUCATION CENTER DEPRECIATION	9		34.30
34.31		0		34.31
34.32		0		34.32
34.33		0		34.33
34.34		0		34.34
34.35		0		34.35
34.36		0		34.36
34.37		0		34.37
34.38		0		34.38
34.39		0		34.39
34.40		0		34.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 10:48 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILILNG	1.00
2.00		54.02	CDI RADIOLOGY	EQUIP, SUPPLIES, MGMT, BILLING	2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

* 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 organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Symbol (1)	Name	Percentage of Ownership		
		1.00	2.00	3.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		C		0.00		6.00
7.00		C		0.00		7.00
8.00				0.00		8.00
9.00				0.00		9.00
10.00				0.00		10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/26/2012 10:48 am

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		3,725,963	6,146,416	-2,420,453	0		1.00
2.00		1,730,154	1,509,943	220,211	0		2.00
3.00		0	0	0	0		3.00
4.00		0	0	0	0		4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	5,456,117	7,656,359	-2,200,242			5.00

* 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 organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				
6.00		ST.LUKE'S CDI	31.00	RADIOLOGY MGMT	6.00
7.00		ST. LUKE'S CDI	43.30	RADIOLOGY MGMT	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

(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 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 10:48 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ROUTINE ADULTS & PEDS	6,718,652	5,569,724	1.00
2.00	31.00	ICU	1,415,850	1,235,822	2.00
3.00	32.00	CVICU	1,037,755	1,020,339	3.00
4.00	43.00	NURSERY	50,000	50,000	4.00
5.00	50.00	OR	938,739	463,500	5.00
6.00	50.01	VASCULAR ACCESS CENTER	275,356	275,256	6.00
7.00	50.02	PAIN MANAGEMENT - BRAIN & SPINE	129,396	129,396	7.00
8.00	50.04	WOMEN'S DIAGNOSTICS/GI SERVICES	10,535	0	8.00
9.00	53.00	ANESTHESIA	426,694	426,694	9.00
10.00	54.00	RADIOLOGY	18,200	18,200	10.00
11.00	57.01	TDOC - CT	4,325	4,325	11.00
12.00	64.01	BRAIN & SPINE INFUSION CENTER	297,929	272,740	12.00
13.00	69.00	EKG	46,152	180	13.00
14.00	59.00	CATH LAB	58,204	0	14.00
15.00	70.01	SLEEP LAB	860,781	859,235	15.00
16.00	76.02	CARDIAC REHAB	102,580	102,580	16.00
17.00	91.00	ER	4,829,009	4,572,638	17.00
18.00	91.01	UCC	3,239,766	3,173,311	18.00
200.00		TOTAL (lines 1.00 through 199.00)	20,459,923	18,173,940	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 10:48 am

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		1,148,928	177,200	9,516	810,690	40,535	1.00
2.00		180,028	177,200	468	39,870	1,994	2.00
3.00		17,416	177,200	19	1,619	81	3.00
4.00		0	177,200	0	0	0	4.00
5.00		475,239	208,000	1,689	168,900	8,445	5.00
6.00		0	208,000	0	0	0	6.00
7.00		0	208,000	0	0	0	7.00
8.00		10,535	208,000	48	4,800	240	8.00
9.00		0	200,300	0	0	0	9.00
10.00		0	225,300	0	0	0	10.00
11.00		0	225,300	0	0	0	11.00
12.00		25,189	177,200	0	0	0	12.00
13.00		45,972	177,200	601	51,201	2,560	13.00
14.00		58,204	177,200	771	65,683	3,284	14.00
15.00		1,546	177,200	4	341	17	15.00
16.00		0	177,200	0	0	0	16.00
17.00		256,371	177,200	1,459	124,296	6,215	17.00
18.00		66,455	177,200	519	44,215	2,211	18.00
200.00		2,285,883		15,094	1,311,615	65,582	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 10:48 am

		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	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	174,701	29,875	840,565	1.00
2.00		0	0	23,925	3,042	42,912	2.00
3.00		0	0	14,851	249	1,868	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	36,891	18,676	187,576	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	1,068	0	0	7.00
8.00		0	0	620	620	5,420	8.00
9.00		0	0	1,170	0	0	9.00
10.00		0	0	0	0	0	10.00
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
13.00		0	0	615	613	51,814	13.00
14.00		0	0	384	384	66,067	14.00
15.00		0	0	8,260	15	356	15.00
16.00		0	0	0	0	0	16.00
17.00		0	0	109,215	5,798	130,094	17.00
18.00		0	0	55,631	1,141	45,356	18.00
200.00		0	0	427,331	60,413	1,372,028	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/26/2012 10:48 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		308,363	5,878,087		1.00
2.00		137,116	1,372,938		2.00
3.00		15,548	1,035,887		3.00
4.00		0	50,000		4.00
5.00		287,663	751,163		5.00
6.00		0	275,356		6.00
7.00		0	129,396		7.00
8.00		5,115	5,115		8.00
9.00		0	426,694		9.00
10.00		0	18,200		10.00
11.00		0	4,325		11.00
12.00		25,189	297,929		12.00
13.00		0	180		13.00
14.00		0	0		14.00
15.00		1,190	860,425		15.00
16.00		0	102,580		16.00
17.00		126,277	4,698,915		17.00
18.00		21,099	3,194,410		18.00
200.00		927,560	19,101,600		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	2.00	2.01	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	8,754,678	8,754,678				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,608,205		13,608,205			2.00
2.01	CAP REL COSTS-MVBLE EQUIP	601,209		0	601,209		2.01
4.00	EMPLOYEE BENEFITS	37,076,388	59,410	92,347	0	37,228,145	4.00
5.01	NONPATIENT TELEPHONES	710,707	18,605	28,920	0	90,195	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	NONPATIENT TELEPHONES - SURREY	22,866	0	0	0	0	5.03
5.04	ADMITTING	797,349	20,388	31,692	0	194,944	5.04
5.05	ADMIN & GENERAL - SURREY	615,977	0	0	28,499	110,755	5.05
5.06	ADMIN & GENERAL - HOSPITAL	31,399,645	781,980	1,215,504	0	3,823,291	5.06
6.00	MAINTENANCE & REPAIRS	10,219,596	1,024,718	1,592,814	0	417,285	6.00
6.01	PURCHASING	763,466	29,291	45,530	0	143,781	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	526,232	0	0	19,438	48,438	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	1,139,265	49,005	76,174	0	16,931	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	135,499	0	0	9,973	3,888	8.01
9.00	HOUSEKEEPING	3,210,531	53,302	82,852	0	643,905	9.00
9.01	HOUSEKEEPING - SURREY	270,074	0	0	0	51,765	9.01
10.00	DIETARY	2,038,896	190,868	296,684	0	499,991	10.00
10.01	DIETARY - SURREY	1,135,472	0	0	22,366	163,526	10.01
11.00	CAFETERIA	511,633	177,852	276,451	0	107,160	11.00
11.01	CAFETERIA - SURREY	0	0	0	41,347	0	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,622,451	22,453	34,900	0	386,570	13.00
13.01	NURSING ADMINISTRATION - SURREY	327,107	0	0	2,037	80,059	13.01
14.00	CENTRAL SERVICES & SUPPLY	1,952,595	217,912	338,721	0	296,930	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,071,437	80,641	125,348	0	450,557	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	49,538	0	0	0	11,225	16.01
17.00	SOCIAL SERVICE	788,447	24,461	38,021	0	171,660	17.00
17.01	SOCIAL SERVICE - SURREY	90,184	0	0	1,167	22,071	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,061,380	0	0	0	507,372	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,711,852	63,131	98,131	0	331,033	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	161,133	7,948	12,354	0	29,049	23.01
23.02	PHARMACY EDUCATION	134,004	4,901	7,617	0	32,983	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	24,998,340	1,772,116	2,754,559	0	6,888,975	30.00
31.00	INTENSIVE CARE UNIT	2,939,200	118,469	184,148	0	989,781	31.00
32.00	CORONARY CARE UNIT	3,199,536	172,488	268,114	0	972,025	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,413,926	216,031	335,797	0	1,004,534	43.00
44.00	SKILLED NURSING FACILITY	1,963,821	0	0	162,928	451,699	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	2,183,411	0	0	286,377	516,412	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,234,085	766,029	1,190,709	0	3,112,497	50.00
50.01	VASCULAR ACCESS CENTER	1,033,186	0	0	0	135,379	50.01
50.02	PAIN MGMT - BRAIN & SPINE	236,590	20,360	31,648	0	69,899	50.02
50.03	PAIN MGMT CENTER	399	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	2,008,933	110,747	172,144	0	351,422	50.04
51.00	RECOVERY ROOM	1,142,838	65,603	101,972	0	270,134	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,111,922	75,305	117,054	0	240,925	52.00
53.00	ANESTHESIOLOGY	279,434	3,426	5,326	0	40,703	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,573,672	606,136	942,173	0	1,503,683	54.00
54.01	TDOC RADIOLOGY	578,580	37,196	57,818	0	84,235	54.01
54.02	CDI RADIOLOGY	7,720,625	0	0	0	348,166	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	950,024	51,519	80,080	0	142,650	57.00
57.01	TDOC CT SCAN	286,274	18,086	28,112	0	36,038	57.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	2.00	2.01	4.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	376,587	57,852	89,924	0	71,770	58.00
58.01	TDOC - MRI	324,066	31,425	48,847	0	57,029	58.01
59.00	CARDIAC CATHETERIZATION	1,300,951	105,467	163,937	0	286,481	59.00
60.00	LABORATORY	11,509,279	258,100	401,188	0	1,088,127	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	7,509,017	38,235	59,433	0	400,451	64.00
64.01	BRAIN & SPINE INFUSION CENTER	54,367	3,693	5,740	0	85,283	64.01
65.00	RESPIRATORY THERAPY	2,072,560	23,520	36,559	0	482,872	65.00
65.01	RESPIRATORY THERAPY - SURREY	10,975	0	0	1,782	0	65.01
66.00	PHYSICAL THERAPY	2,840,762	154,177	239,652	0	622,790	66.00
66.01	PHYSICAL THERAPY - SURREY	1,036,232	0	0	21,857	252,025	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	904,235	51,772	80,473	0	13,001	66.02
67.00	OCCUPATIONAL THERAPY	439,824	0	0	0	105,751	67.00
68.00	SPEECH PATHOLOGY	202,472	1,053	1,637	0	48,517	68.00
69.00	ELECTROCARDIOLOGY	1,633,507	55,212	85,821	0	320,598	69.00
69.01	TDOC - ELECTROCARDIOLOGY	582,495	62,303	96,843	0	117,585	69.01
70.00	ELECTROENCEPHALOGRAPHY	199,472	27,718	43,085	0	44,142	70.00
70.01	SLEEP MEDICINE CLINIC	1,932,343	115,352	179,303	0	584,382	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,113,805	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	23,403,192	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,052,263	62,752	97,541	0	669,248	73.00
74.00	RENAL DIALYSIS	441,872	23,576	36,646	0	88,896	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	265,817	26,721	41,535	0	63,776	76.01
76.02	CARDIAC REHAB	1,424,729	156,466	243,210	0	354,321	76.02
76.03	HYPERBARIC OXYGEN THERAPY	341,076	29,108	45,246	0	62,019	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	5,340	0	0	0	0	90.00
91.00	EMERGENCY	3,523,587	134,982	209,816	0	1,903,395	91.00
91.01	URGENT CARE CENTERS	5,798,908	0	0	0	1,677,990	91.01
91.02	ADULT DOWN SYNDROME CENTER	106,197	16,611	25,820	0	23,132	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,740,239	18,156	28,221	0	559,358	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	690,825	5,518	8,578	0	118,511	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	303,199,606	8,320,146	12,932,769	597,771	35,895,971	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	104,211	21,568	33,525	3,438	20,621	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	8,718,594	73,971	114,981	0	484,289	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	455,542	14,870	23,114	0	54,015	194.01
194.02	COMMUNITY OUTREACH	750,400	17,187	26,715	0	106,164	194.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	2.00	2.01	4.00	
194.03	FOUNTAIN CAFE	38,208	38,474	59,804	0	7,290	194.03
194.04	SLEEP RESEARCH	433,782	13,438	20,888	0	86,837	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	284,969	4,297	6,679	0	67,877	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	191,472	297,623	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	1,306	2,030	0	0	194.10
194.11	MARKETING	1,710,812	21,722	33,765	0	145,970	194.11
194.12	CHILDBIRTH INSTRUCTION	89,653	0	0	0	14,475	194.12
194.13	VOLUNTEERS	217,592	18,535	28,811	0	46,581	194.13
194.14	RETAIL PHARMACY	3,887,037	11,149	17,330	0	157,883	194.14
194.15	REHAB HOSPITAL COVERAGE	615,569	0	0	0	103,752	194.15
194.16	EXECUTIVE HEALTH PROGRAM	5,308	6,543	10,171	0	1,191	194.16
194.17	VALET SERVICES	143,174	0	0	0	35,229	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	320,654,457	8,754,678	13,608,205	601,209	37,228,145	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	848,427					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0				5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	0	22,866			5.03
5.04	ADMITTING	9,482	0	0	1,053,855		5.04
5.05	ADMIN & GENERAL - SURREY	7,008	0	4,474	0	766,713	5.05
5.06	ADMIN & GENERAL - HOSPITAL	121,204	0	0	0	37,341,624	5.06
6.00	MAINTENANCE & REPAIRS	14,017	0	0	0	13,268,430	6.00
6.01	PURCHASING	5,359	0	0	0	987,427	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	2,474	0	1,491	0	598,073	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	412	0	0	0	1,281,787	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	412	0	249	0	150,021	8.01
9.00	HOUSEKEEPING	4,535	0	0	0	3,995,125	9.00
9.01	HOUSEKEEPING - SURREY	412	0	249	0	322,500	9.01
10.00	DIETARY	10,719	0	0	0	3,037,158	10.00
10.01	DIETARY - SURREY	2,061	0	1,491	0	1,324,916	10.01
11.00	CAFETERIA	2,061	0	0	0	1,075,157	11.00
11.01	CAFETERIA - SURREY	0	0	0	0	41,347	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	7,833	0	0	0	2,074,207	13.00
13.01	NURSING ADMINISTRATION - SURREY	3,298	0	1,988	0	414,489	13.01
14.00	CENTRAL SERVICES & SUPPLY	7,833	0	0	0	2,813,991	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16,490	0	0	0	3,744,473	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	2,474	0	1,491	0	64,728	16.01
17.00	SOCIAL SERVICE	5,772	0	0	0	1,028,361	17.00
17.01	SOCIAL SERVICE - SURREY	412	0	249	0	114,083	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,568,752	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,298	0	0	0	2,207,445	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	825	0	0	0	211,309	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	179,505	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	142,229	0	0	72,593	36,628,812	30.00
31.00	INTENSIVE CARE UNIT	7,008	0	0	9,700	4,248,306	31.00
32.00	CORONARY CARE UNIT	11,543	0	0	10,517	4,634,223	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	27,621	0	0	6,060	6,003,969	43.00
44.00	SKILLED NURSING FACILITY	5,359	0	3,231	0	2,587,038	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	11,131	0	6,462	0	3,003,793	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	57,304	0	0	76,962	19,437,586	50.00
50.01	VASCULAR ACCESS CENTER	2,061	0	0	13,908	1,184,534	50.01
50.02	PAIN MGMT - BRAIN & SPINE	2,886	0	0	4,103	365,486	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	399	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	11,131	0	0	13,592	2,667,969	50.04
51.00	RECOVERY ROOM	8,245	0	0	8,323	1,597,115	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,421	0	0	6,637	1,559,264	52.00
53.00	ANESTHESIOLOGY	2,061	0	0	9,318	340,268	53.00
54.00	RADIOLOGY-DIAGNOSTIC	48,234	0	0	85,570	10,759,468	54.00
54.01	TDOC RADIOLOGY	4,535	0	0	10,978	773,342	54.01
54.02	CDI RADIOLOGY	0	0	0	38,794	8,107,585	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	4,123	0	0	59,652	1,288,048	57.00
57.01	TDOC CT SCAN	825	0	0	11,887	381,222	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,061	0	0	16,541	614,735	58.00
58.01	TDOC - MRI	825	0	0	18,177	480,369	58.01
59.00	CARDIAC CATHETERIZATION	9,894	0	0	26,299	1,893,029	59.00
60.00	LABORATORY	30,507	0	0	160,236	13,447,437	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	7,008	0	0	24,980	8,039,124	64.00
64.01	BRAIN & SPINE INFUSION CENTER	412	0	0	319	149,814	64.01
65.00	RESPIRATORY THERAPY	8,245	0	0	12,341	2,636,097	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	12,757	65.01
66.00	PHYSICAL THERAPY	11,955	0	0	18,390	3,887,726	66.00
66.01	PHYSICAL THERAPY - SURREY	2,474	0	1,491	0	1,314,079	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	3,710	0	0	3,118	1,056,309	66.02
67.00	OCCUPATIONAL THERAPY	3,710	0	0	2,719	552,004	67.00
68.00	SPEECH PATHOLOGY	1,649	0	0	1,254	256,582	68.00
69.00	ELECTROCARDIOLOGY	8,245	0	0	28,758	2,132,141	69.00
69.01	TDOC - ELECTROCARDIOLOGY	7,421	0	0	18,459	885,106	69.01
70.00	ELECTROENCEPHALOGRAPHY	3,298	0	0	2,261	319,976	70.00
70.01	SLEEP MEDICINE CLINIC	22,262	0	0	5,944	2,839,586	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	55,233	12,169,038	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	45,289	23,448,481	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,429	0	0	104,176	18,000,409	73.00
74.00	RENAL DIALYSIS	2,474	0	0	2,573	596,037	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	1,237	0	0	2,394	401,480	76.01
76.02	CARDIAC REHAB	9,482	0	0	2,845	2,191,053	76.02
76.03	HYPERBARIC OXYGEN THERAPY	2,474	0	0	2,683	482,606	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	412	0	0	3	5,755	90.00
91.00	EMERGENCY	14,841	0	0	35,018	5,821,639	91.00
91.01	URGENT CARE CENTERS	0	0	0	25,237	7,502,135	91.01
91.02	ADULT DOWN SYNDROME CENTER	1,237	0	0	9	173,006	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	5,772	0	0	0	3,351,746	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	2,474	0	0	0	825,906	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	760,616	0	22,866	1,053,850	300,666,210	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,886	0	0	0	186,249	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	57,304	0	0	0	9,449,139	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	3,298	0	0	0	550,839	194.01
194.02	COMMUNITY OUTREACH	4,947	0	0	0	905,413	194.02
194.03	FOUNTAIN CAFE	412	0	0	0	144,188	194.03
194.04	SLEEP RESEARCH	3,298	0	0	0	558,243	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	2,061	0	0	0	365,883	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	489,095	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	3,336	194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
194.11	MARKETING	4,535	0	0	0	1,916,804	194.11
194.12	CHILDBIRTH INSTRUCTION	412	0	0	0	104,540	194.12
194.13	VOLUNTEERS	5,772	0	0	0	317,291	194.13
194.14	RETAIL PHARMACY	2,061	0	0	0	4,075,460	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	1	719,322	194.15
194.16	EXECUTIVE HEALTH PROGRAM	825	0	0	4	24,042	194.16
194.17	VALET SERVICES	0	0	0	0	178,403	194.17
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	848,427	0	22,866	1,053,855	320,654,457	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY	766,713					5.05
5.06	ADMIN & GENERAL - HOSPITAL	89,447	37,431,071	37,431,071			5.06
6.00	MAINTENANCE & REPAIRS	31,804	13,300,234	1,757,772	15,058,006		6.00
6.01	PURCHASING	2,367	989,794	130,812	64,393	1,184,999	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	1,434	599,507	79,231	0	720	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	3,072	1,284,859	169,808	107,733	204	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	360	150,381	19,875	0	196	8.01
9.00	HOUSEKEEPING	9,576	4,004,701	529,265	117,179	8,417	9.00
9.01	HOUSEKEEPING - SURREY	773	323,273	42,724	0	1,065	9.01
10.00	DIETARY	7,280	3,044,438	402,356	419,602	11,033	10.00
10.01	DIETARY - SURREY	3,176	1,328,092	175,522	0	11,195	10.01
11.00	CAFETERIA	2,577	1,077,734	142,434	390,986	31,647	11.00
11.01	CAFETERIA - SURREY	99	41,446	5,478	0	0	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	4,972	2,079,179	274,786	49,359	326	13.00
13.01	NURSING ADMINISTRATION - SURREY	994	415,483	54,911	0	13	13.01
14.00	CENTRAL SERVICES & SUPPLY	6,745	2,820,736	372,791	479,056	9,253	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,976	3,753,449	496,060	177,280	730	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	155	64,883	8,575	0	27	16.01
17.00	SOCIAL SERVICE	2,465	1,030,826	136,235	53,774	92	17.00
17.01	SOCIAL SERVICE - SURREY	273	114,356	15,113	0	10	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,157	2,574,909	340,303	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,291	2,212,736	292,437	138,787	1,161	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	507	211,816	27,994	17,472	0	23.01
23.02	PHARMACY EDUCATION	430	179,935	23,780	10,773	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	87,799	36,716,611	4,852,495	3,895,784	36,388	30.00
31.00	INTENSIVE CARE UNIT	10,183	4,258,489	562,806	260,441	5,687	31.00
32.00	CORONARY CARE UNIT	11,108	4,645,331	613,932	379,194	6,081	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	14,392	6,018,361	795,393	474,919	6,823	43.00
44.00	SKILLED NURSING FACILITY	6,201	2,593,239	342,725	0	2,530	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	7,200	3,010,993	397,936	0	1,707	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	46,592	19,484,178	2,575,048	1,684,026	32,846	50.00
50.01	VASCULAR ACCESS CENTER	2,839	1,187,373	156,924	0	794	50.01
50.02	PAIN MGMT - BRAIN & SPINE	876	366,362	48,419	44,760	980	50.02
50.03	PAIN MGMT CENTER	1	400	53	0	9	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	6,395	2,674,364	353,447	243,464	8,502	50.04
51.00	RECOVERY ROOM	3,828	1,600,943	211,582	144,220	864	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,738	1,563,002	206,568	165,550	2,834	52.00
53.00	ANESTHESIOLOGY	816	341,084	45,078	7,532	3,770	53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,790	10,785,258	1,425,390	1,332,521	6,068	54.00
54.01	TDOC RADIOLOGY	1,854	775,196	102,451	81,772	5,404	54.01
54.02	CDI RADIOLOGY	19,434	8,127,019	1,074,075	0	47	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	3,087	1,291,135	170,638	113,258	8,241	57.00
57.01	TDOC CT SCAN	914	382,136	50,503	39,759	3,143	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,474	616,209	81,439	127,180	1,685	58.00
58.01	TDOC - MRI	1,151	481,520	63,638	69,085	1,992	58.01
59.00	CARDIAC CATHETERIZATION	4,538	1,897,567	250,784	231,857	1,226	59.00
60.00	LABORATORY	32,234	13,479,671	1,781,487	567,403	58,667	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	19,270	8,058,394	1,065,005	84,056	5,785	64.00
64.01	BRAIN & SPINE INFUSION CENTER	359	150,173	19,847	8,119	132	64.01
65.00	RESPIRATORY THERAPY	6,319	2,642,416	349,224	51,706	2,294	65.00
65.01	RESPIRATORY THERAPY - SURREY	31	12,788	1,690	0	256	65.01
66.00	PHYSICAL THERAPY	9,319	3,897,045	515,037	338,941	1,382	66.00
66.01	PHYSICAL THERAPY - SURREY	3,150	1,317,229	174,086	0	180	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	2,532	1,058,841	139,937	113,814	265	66.02
67.00	OCCUPATIONAL THERAPY	1,323	553,327	73,128	0	22	67.00
68.00	SPEECH PATHOLOGY	615	257,197	33,991	2,315	96	68.00
69.00	ELECTROCARDIOLOGY	5,111	2,137,252	282,461	121,377	1,999	69.00
69.01	TDOC - ELECTROCARDIOLOGY	2,122	887,228	117,257	136,966	678	69.01
70.00	ELECTROENCEPHALOGRAPHY	767	320,743	42,390	60,935	360	70.00
70.01	SLEEP MEDICINE CLINIC	6,806	2,846,392	376,182	253,589	1,676	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,169	12,198,207	1,612,127	0	283,415	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	56,206	23,504,687	3,106,403	0	547,530	72.00
73.00	DRUGS CHARGED TO PATIENTS	43,147	18,043,556	2,384,654	137,953	11,121	73.00
74.00	RENAL DIALYSIS	1,429	597,466	78,962	51,829	1,454	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	962	402,442	53,187	58,744	57	76.01
76.02	CARDIAC REHAB	5,252	2,196,305	290,266	343,973	849	76.02
76.03	HYPERBARIC OXYGEN THERAPY	1,157	483,763	63,935	63,991	1,941	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	14	5,769	762	0	24	90.00
91.00	EMERGENCY	13,954	5,835,593	771,238	296,743	9,577	91.00
91.01	URGENT CARE CENTERS	17,983	7,520,118	993,866	0	9,953	91.01
91.02	ADULT DOWN SYNDROME CENTER	415	173,421	22,919	36,518	185	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	8,034	3,359,780	444,032	39,914	2,872	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	1,980	827,886	109,414	12,132	972	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	718,800	300,618,297	34,783,073	14,102,734	1,157,452	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	446	186,695	24,674	47,415	2,907	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	22,650	9,471,789	1,251,801	162,618	12,302	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	1,320	552,159	72,974	32,690	1,742	194.01
194.02	COMMUNITY OUTREACH	2,170	907,583	119,947	37,784	1,208	194.02
194.03	FOUNTAIN CAFE	346	144,534	19,102	84,581	1,570	194.03
194.04	SLEEP RESEARCH	1,338	559,581	73,955	29,542	28	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	877	366,760	48,471	9,446	60	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	1,172	490,267	64,794	420,929	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	8	3,344	442	2,871	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
194.11	MARKETING	4,595	1,921,399	253,934	47,754	2,019	194.11
194.12	CHILDBIRTH INSTRUCTION	251	104,791	13,849	0	573	194.12
194.13	VOLUNTEERS	761	318,052	42,034	40,747	170	194.13
194.14	RETAIL PHARMACY	9,769	4,085,229	539,908	24,510	1,199	194.14
194.15	REHAB HOSPITAL COVERAGE	1,724	721,046	95,294	0	3,762	194.15
194.16	EXECUTIVE HEALTH PROGRAM	58	24,100	3,185	14,385	7	194.16
194.17	VALET SERVICES	428	178,831	23,634	0	0	194.17
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	766,713	320,654,457	37,431,071	15,058,006	1,184,999	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.02	7.00	8.00	8.01	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY	679,458					6.02
7.00	OPERATION OF PLANT	0	0				7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	1,562,604			8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	12,248	0	0	182,700		8.01
9.00	HOUSEKEEPING	0	0	0	0	4,659,562	9.00
9.01	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	132,385	10.00
10.01	DIETARY - SURREY	27,467	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	123,357	11.00
11.01	CAFETERIA - SURREY	50,778	0	0	0	0	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	15,573	13.00
13.01	NURSING ADMINISTRATION - SURREY	2,502	0	0	0	0	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	8,441	0	151,143	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	55,932	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	0	0	0	0	16,966	17.00
17.01	SOCIAL SERVICE - SURREY	1,433	0	0	0	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	43,788	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0	5,512	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	3,399	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	735,156	0	1,229,132	30.00
31.00	INTENSIVE CARE UNIT	0	0	55,147	0	82,170	31.00
32.00	CORONARY CARE UNIT	0	0	82,030	0	119,637	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	59,333	0	149,838	43.00
44.00	SKILLED NURSING FACILITY	200,087	0	0	45,529	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	351,690	0	0	137,171	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	229,021	0	531,314	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	3,173	0	14,122	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	47,710	0	76,813	50.04
51.00	RECOVERY ROOM	0	0	15,308	0	45,502	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	24,675	0	52,232	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	2,376	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	97,824	0	420,414	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	25,799	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	35,733	57.00
57.01	TDOC CT SCAN	0	0	0	0	12,544	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	19,601	0	40,126	58.00
58.01	TDOC - MRI	0	0	0	0	21,796	58.01
59.00	CARDIAC CATHETERIZATION	0	0	18,433	0	73,151	59.00
60.00	LABORATORY	0	0	0	0	179,017	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.02	7.00	8.00	8.01	9.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	3,824	0	26,520	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	2,561	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	16,313	65.00
65.01	RESPIRATORY THERAPY - SURREY	2,189	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	106,937	66.00
66.01	PHYSICAL THERAPY - SURREY	26,842	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	6,266	0	35,909	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	730	68.00
69.00	ELECTROCARDIOLOGY	0	0	15,237	0	38,295	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	43,213	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	6,424	0	19,225	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	80,008	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	43,525	73.00
74.00	RENAL DIALYSIS	0	0	3,418	0	16,352	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	18,534	76.01
76.02	CARDIAC REHAB	0	0	1,215	0	108,524	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	20,189	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	118,340	0	93,623	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	11,522	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	12,593	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	3,828	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	675,236	0	1,550,576	182,700	4,358,172	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,222	0	0	0	14,959	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	12,028	0	51,306	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	10,314	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	11,921	194.02
194.03	FOUNTAIN CAFE	0	0	0	0	26,686	194.03
194.04	SLEEP RESEARCH	0	0	0	0	9,320	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	2,980	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	132,804	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	906	194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.02	7.00	8.00	8.01	9.00	
194.11	MARKETING	0	0	0	0	15,067	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	0	12,856	194.13
194.14	RETAIL PHARMACY	0	0	0	0	7,733	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	4,538	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	679,458	0	1,562,604	182,700	4,659,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY	367,062					9.01
10.00	DIETARY	0	4,009,814				10.00
10.01	DIETARY - SURREY	15,111	0	1,557,387			10.01
11.00	CAFETERIA	0	1,733,555	0	3,499,713		11.00
11.01	CAFETERIA - SURREY	27,935	0	56,820	0	182,457	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	55,622	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	1,376	0	0	0	5,285	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	77,246	14	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	1,376	16.01
17.00	SOCIAL SERVICE	0	0	0	26,880	0	17.00
17.01	SOCIAL SERVICE - SURREY	789	0	0	0	2,533	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	92,704	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,329	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	5,456	0	23.01
23.02	PHARMACY EDUCATION	0	0	0	5,323	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,662,968	0	980,548	0	30.00
31.00	INTENSIVE CARE UNIT	0	89,102	0	99,135	0	31.00
32.00	CORONARY CARE UNIT	0	93,368	0	105,256	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	142,715	0	43.00
44.00	SKILLED NURSING FACILITY	110,077	0	292,523	0	59,227	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	193,480	0	881,339	0	78,731	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	391,196	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	8,450	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	49,434	0	50.04
51.00	RECOVERY ROOM	0	0	0	37,458	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	37,991	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	8,051	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	254,336	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	12,176	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	20,204	0	57.00
57.01	TDOC CT SCAN	0	0	0	4,923	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,022	0	58.00
58.01	TDOC - MRI	0	0	0	7,940	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	37,791	0	59.00
60.00	LABORATORY	0	0	0	187,625	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	44,489	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	2,063	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	81,947	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	1,204	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	79,197	0	66.00
66.01	PHYSICAL THERAPY - SURREY	14,767	0	0	0	24,184	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	4,458	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	16,833	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	6,786	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	45,797	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	19,627	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	7,496	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	157	0	68,108	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	77,334	1,555	73.00
74.00	RENAL DIALYSIS	0	0	0	9,670	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	3,837	0	76.01
76.02	CARDIAC REHAB	0	0	0	41,273	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	10,091	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	141,495	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	4,923	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	364,739	3,579,150	1,230,682	3,327,235	172,905	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,323	169,791	0	7,363	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	87,004	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	4,569	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	FOUNTAIN CAFE	0	116,068	0	2,506	0	194.03
194.04	SLEEP RESEARCH	0	0	0	18,918	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	101,020	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	43,785	6,693	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	9,758	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	2,417	0	194.12

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
194.13	VOLUNTEERS	0	0	0	9,692	0	194.13
194.14	RETAIL PHARMACY	0	0	0	20,027	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	320,012	0	8,093	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	0	10,224	1,459	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	367,062	4,009,814	1,557,387	3,499,713	182,457	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	
		12.00	13.00	13.01	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL	0					12.00
13.00	NURSING ADMINISTRATION	0	2,474,845				13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	479,570			13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	3,918,680		14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	2	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	6	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,639,879	0	169,939	0	30.00
31.00	INTENSIVE CARE UNIT	0	202,263	0	32,596	0	31.00
32.00	CORONARY CARE UNIT	0	225,704	0	34,904	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	266,028	0	37,661	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	119,508	13,698	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	360,062	7,966	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	459,099	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	84,640	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	6,837	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	86,924	0	50.04
51.00	RECOVERY ROOM	0	0	0	4,253	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	68,873	0	16,301	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	28,354	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	154,527	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	35,492	0	54.01
54.02	CDI RADIOLOGY	0	0	0	134	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	61,118	0	57.00
57.01	TDOC CT SCAN	0	0	0	20,588	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,121	0	58.00
58.01	TDOC - MRI	0	0	0	12,974	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	94,713	0	59.00
60.00	LABORATORY	0	0	0	376,212	0	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	
		12.00	13.00	13.01	14.00	15.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	34,893	0	67,184	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	4,839	0	650	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	3,776	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	2,963	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	435	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	853	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	121	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	414	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	9,077	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	3,375	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	4,839	0	2,105	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	5,437	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,913,739	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	29,798	0	73.00
74.00	RENAL DIALYSIS	0	23,334	0	7,669	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	1	0	76.01
76.02	CARDIAC REHAB	0	0	0	2,453	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	12,308	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	54,115	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	25,417	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	63	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	15,921	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	5,032	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,470,652	479,570	3,912,965	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,572	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	135	0	194.02
194.03	FOUNTAIN CAFE	0	0	0	131	0	194.03
194.04	SLEEP RESEARCH	0	0	0	15	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	
		12.00	13.00	13.01	14.00	15.00	
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	1,774	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	1	0	194.13
194.14	RETAIL PHARMACY	0	0	0	75	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	2,419	0	786	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,474,845	479,570	3,918,680	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY		
		16.00	16.01	17.00	17.01		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	4,483,453					16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	74,861				16.01
17.00	SOCIAL SERVICE	0	0	1,264,773			17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	134,234		17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0		23.01
23.02	PHARMACY EDUCATION	0	0	0	0		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	308,879	0	1,067,907	0		30.00
31.00	INTENSIVE CARE UNIT	41,273	0	47,143	0		31.00
32.00	CORONARY CARE UNIT	44,749	0	9,030	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	25,783	0	61,737	0		43.00
44.00	SKILLED NURSING FACILITY	0	10,481	0	33,451		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	31,592	0	100,783		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	327,472	0	0	0		50.00
50.01	VASCULAR ACCESS CENTER	59,178	0	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	17,459	0	0	0		50.02
50.03	PAIN MGMT CENTER	0	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	57,833	0	0	0		50.04
51.00	RECOVERY ROOM	35,415	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	28,241	0	0	0		52.00
53.00	ANESTHESIOLOGY	39,646	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	364,097	234	0	0		54.00
54.01	TDOC RADIOLOGY	46,711	0	0	0		54.01
54.02	CDI RADIOLOGY	165,066	0	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	253,817	7	0	0		57.00
57.01	TDOC CT SCAN	50,581	0	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	70,379	0	0	0		58.00
58.01	TDOC - MRI	77,342	0	0	0		58.01
59.00	CARDIAC CATHETERIZATION	111,899	0	0	0		59.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY		
		16.00	16.01	17.00	17.01		
60.00	LABORATORY	681,149	2,927	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	106,288	3	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	1,357	0	0	0		64.01
65.00	RESPIRATORY THERAPY	52,512	1	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	18	0	0		65.01
66.00	PHYSICAL THERAPY	78,250	3	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	1	21,783	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	13,267	0	0	0		66.02
67.00	OCCUPATIONAL THERAPY	11,569	0	0	0		67.00
68.00	SPEECH PATHOLOGY	5,336	16	0	0		68.00
69.00	ELECTROCARDIOLOGY	122,362	17	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	78,540	0	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	9,619	0	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	25,290	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	235,015	1,670	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	192,705	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	443,264	6,107	0	0		73.00
74.00	RENAL DIALYSIS	10,949	2	44,413	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	10,185	0	0	0		76.01
76.02	CARDIAC REHAB	12,106	0	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	11,415	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	14	0	0	0		90.00
91.00	EMERGENCY	148,999	0	16,064	0		91.00
91.01	URGENT CARE CENTERS	107,382	0	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	38	0	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,483,432	74,861	1,246,294	134,234		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	18,479	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	DEVELOPMENT	0	0	0	0		194.01
194.02	COMMUNITY OUTREACH	0	0	0	0		194.02
194.03	FOUNTAIN CAFE	0	0	0	0		194.03
194.04	SLEEP RESEARCH	0	0	0	0		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.08

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY		
		16.00	16.01	17.00	17.01		
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.10
194.11	MARKETING	0	0	0	0		194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0		194.12
194.13	VOLUNTEERS	0	0	0	0		194.13
194.14	RETAIL PHARMACY	0	0	0	0		194.14
194.15	REHAB HOSPITAL COVERAGE	5	0	0	0		194.15
194.16	EXECUTIVE HEALTH PROGRAM	16	0	0	0		194.16
194.17	VALET SERVICES	0	0	0	0		194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	4,483,453	74,861	1,264,773	134,234		202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	SOCIAL SERVICE						17.00
17.01	SOCIAL SERVICE - SURREY						17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0					18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	NURSING SCHOOL	0	0	0			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,007,916		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,691,244	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	2,026,385	1,813,048	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	256,522	229,516	31.00
32.00	CORONARY CARE UNIT	0	0	0	7,028	6,288	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	4,428	3,962	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	7,028	6,288	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	10,542	9,432	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	16,375	14,651	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
60.00	LABORATORY	0	0	0	7,028	6,288	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	101,906	91,177	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	33,945	30,372	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	7,028	6,288	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	452,393	404,765	90.00
91.00	EMERGENCY	0	0	0	77,308	69,169	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	3,007,916	2,691,244	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	0	0	194.13
194.14	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	3,007,916	2,691,244	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	SOCIAL SERVICE						17.00
17.01	SOCIAL SERVICE - SURREY						17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	CLINICAL PASTORAL EDUCATION	0	268,250				23.01
23.02	PHARMACY EDUCATION	0	0	223,210			23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	151,824	0	57,286,943	-3,839,433	30.00
31.00	INTENSIVE CARE UNIT	0	8,135	0	6,230,425	-486,038	31.00
32.00	CORONARY CARE UNIT	0	8,524	0	6,381,056	-13,316	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	8,038,591	0	43.00
44.00	SKILLED NURSING FACILITY	0	24,862	0	3,856,327	-8,390	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	74,905	0	5,628,355	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	25,714,200	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	1,488,909	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	510,562	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	462	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,611,807	-13,316	50.04
51.00	RECOVERY ROOM	0	0	0	2,095,545	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	2,166,267	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	495,865	-19,974	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	14,871,695	-31,026	54.00
54.01	TDOC RADIOLOGY	0	0	0	1,085,001	0	54.01
54.02	CDI RADIOLOGY	0	0	0	9,366,341	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	1,954,151	0	57.00
57.01	TDOC CT SCAN	0	0	0	564,177	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	978,762	0	58.00
58.01	TDOC - MRI	0	0	0	736,287	0	58.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	2,717,421	0	59.00
60.00	LABORATORY	0	0	0	17,327,474	-13,316	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	9,496,441	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	189,741	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	3,393,272	-193,083	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	18,145	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	5,019,755	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	1,579,507	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,373,610	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	655,000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	306,881	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	2,838,191	-64,317	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	1,286,884	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	474,136	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	3,670,155	-13,316	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,244,173	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,351,325	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	223,210	21,402,077	0	73.00
74.00	RENAL DIALYSIS	0	0	0	845,518	-10,499	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	546,987	0	76.01
76.02	CARDIAC REHAB	0	0	0	2,996,964	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	667,633	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	863,727	-857,158	90.00
91.00	EMERGENCY	0	0	0	7,632,264	-146,477	91.00
91.01	URGENT CARE CENTERS	0	0	0	8,656,736	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	249,589	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	3,875,112	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	959,264	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	268,250	223,210	295,699,710	-5,709,659	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	460,349	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,071,899	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	674,448	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	1,078,578	0	194.02
194.03	FOUNTAIN CAFE	0	0	0	395,178	0	194.03
194.04	SLEEP RESEARCH	0	0	0	691,359	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	101,020	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	50,478	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.07	PHYSICIAN REFERRAL	0	0	0	437,475	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,108,794	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	7,563	0	194.10
194.11	MARKETING	0	0	0	2,240,173	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	123,404	0	194.12
194.13	VOLUNTEERS	0	0	0	423,552	0	194.13
194.14	RETAIL PHARMACY	0	0	0	4,678,681	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	1,151,417	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	46,231	0	194.16
194.17	VALET SERVICES	0	0	0	214,148	0	194.17
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	268,250	223,210	320,654,457	-5,709,659	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Total		
		26.00		
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	CAP REL COSTS-MVBLE EQUIP			2.01
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	NONPATIENT TELEPHONES - SURREY			5.03
5.04	ADMITTING			5.04
5.05	ADMIN & GENERAL - SURREY			5.05
5.06	ADMIN & GENERAL - HOSPITAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
6.01	PURCHASING			6.01
6.02	MAINTENANCE & REPAIRS - SURREY			6.02
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	HOUSEKEEPING			9.00
9.01	HOUSEKEEPING - SURREY			9.01
10.00	DIETARY			10.00
10.01	DIETARY - SURREY			10.01
11.00	CAFETERIA			11.00
11.01	CAFETERIA - SURREY			11.01
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
13.01	NURSING ADMINISTRATION - SURREY			13.01
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	SOCIAL SERVICE			17.00
17.01	SOCIAL SERVICE - SURREY			17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	CLINICAL PASTORAL EDUCATION			23.01
23.02	PHARMACY EDUCATION			23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	53,447,510		30.00
31.00	INTENSIVE CARE UNIT	5,744,387		31.00
32.00	CORONARY CARE UNIT	6,367,740		32.00
33.00	BURN INTENSIVE CARE UNIT	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	SUBPROVIDER - IPF	0		40.00
41.00	SUBPROVIDER - IRF	0		41.00
42.00	SUBPROVIDER	0		42.00
43.00	NURSERY	8,038,591		43.00
44.00	SKILLED NURSING FACILITY	3,847,937		44.00
45.00	NURSING FACILITY	0		45.00
46.00	OTHER LONG TERM CARE	5,628,355		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	25,714,200		50.00
50.01	VASCULAR ACCESS CENTER	1,488,909		50.01
50.02	PAIN MGMT - BRAIN & SPINE	510,562		50.02
50.03	PAIN MGMT CENTER	462		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,598,491		50.04
51.00	RECOVERY ROOM	2,095,545		51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,166,267		52.00
53.00	ANESTHESIOLOGY	475,891		53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,840,669		54.00
54.01	TDOC RADIOLOGY	1,085,001		54.01
54.02	CDI RADIOLOGY	9,366,341		54.02
55.00	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	RADIOISOTOPE	0		56.00
57.00	CT SCAN	1,954,151		57.00
57.01	TDOC CT SCAN	564,177		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	978,762		58.00
58.01	TDOC - MRI	736,287		58.01
59.00	CARDIAC CATHETERIZATION	2,717,421		59.00
60.00	LABORATORY	17,314,158		60.00
60.01	BLOOD LABORATORY	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Total		
		26.00		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	INTRAVENOUS THERAPY	9,496,441		64.00
64.01	BRAIN & SPINE INFUSION CENTER	189,741		64.01
65.00	RESPIRATORY THERAPY	3,200,189		65.00
65.01	RESPIRATORY THERAPY - SURREY	18,145		65.01
66.00	PHYSICAL THERAPY	5,019,755		66.00
66.01	PHYSICAL THERAPY - SURREY	1,579,507		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	1,373,610		66.02
67.00	OCCUPATIONAL THERAPY	655,000		67.00
68.00	SPEECH PATHOLOGY	306,881		68.00
69.00	ELECTROCARDIOLOGY	2,773,874		69.00
69.01	TDOC - ELECTROCARDIOLOGY	1,286,884		69.01
70.00	ELECTROENCEPHALOGRAPHY	474,136		70.00
70.01	SLEEP MEDICINE CLINIC	3,656,839		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,244,173		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	27,351,325		72.00
73.00	DRUGS CHARGED TO PATIENTS	21,402,077		73.00
74.00	RENAL DIALYSIS	835,019		74.00
75.00	ASC (NON-DISTINCT PART)	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	546,987		76.01
76.02	CARDIAC REHAB	2,996,964		76.02
76.03	HYPERBARIC OXYGEN THERAPY	667,633		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	CLINIC	6,569		90.00
91.00	EMERGENCY	7,485,787		91.00
91.01	URGENT CARE CENTERS	8,656,736		91.01
91.02	ADULT DOWN SYNDROME CENTER	249,589		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0		94.00
95.00	AMBULANCE SERVICES	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		98.00
99.00	CMHC	0		99.00
99.10	CORF	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	HOME HEALTH AGENCY	3,875,112		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0		105.00
106.00	HEART ACQUISITION	0		106.00
107.00	LIVER ACQUISITION	0		107.00
108.00	LUNG ACQUISITION	0		108.00
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
113.00	INTEREST EXPENSE	0		113.00
114.00	UTILIZATION REVIEW-SNF	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	HOSPICE	959,264		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	289,990,051		118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	460,349		190.00
191.00	RESEARCH	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	11,071,899		192.00
193.00	NONPAID WORKERS	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	DEVELOPMENT	674,448		194.01
194.02	COMMUNITY OUTREACH	1,078,578		194.02
194.03	FOUNTAIN CAFE	395,178		194.03
194.04	SLEEP RESEARCH	691,359		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	101,020		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	50,478		194.06
194.07	PHYSICIAN REFERRAL	437,475		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0		194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	1,108,794		194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	7,563		194.10
194.11	MARKETING	2,240,173		194.11
194.12	CHILDBIRTH INSTRUCTION	123,404		194.12
194.13	VOLUNTEERS	423,552		194.13
194.14	RETAIL PHARMACY	4,678,681		194.14

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Total		
		26.00		
194.15	REHAB HOSPITAL COVERAGE	1,151,417		194.15
194.16	EXECUTIVE HEALTH PROGRAM	46,231		194.16
194.17	VALET SERVICES	214,148		194.17
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	314,944,798		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
		0	1.00	2.00	2.01	2A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS	0	59,410	92,347	0	151,757	4.00
5.01	NONPATIENT TELEPHONES	0	18,605	28,920	0	47,525	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	0	0	0	0	5.03
5.04	ADMITTING	0	20,388	31,692	0	52,080	5.04
5.05	ADMIN & GENERAL - SURREY	0	0	0	28,499	28,499	5.05
5.06	ADMIN & GENERAL - HOSPITAL	0	781,980	1,215,504	0	1,997,484	5.06
6.00	MAINTENANCE & REPAIRS	0	1,024,718	1,592,814	0	2,617,532	6.00
6.01	PURCHASING	0	29,291	45,530	0	74,821	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	0	0	0	19,438	19,438	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	49,005	76,174	0	125,179	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	9,973	9,973	8.01
9.00	HOUSEKEEPING	0	53,302	82,852	0	136,154	9.00
9.01	HOUSEKEEPING - SURREY	0	0	0	0	0	9.01
10.00	DIETARY	0	190,868	296,684	0	487,552	10.00
10.01	DIETARY - SURREY	0	0	0	22,366	22,366	10.01
11.00	CAFETERIA	0	177,852	276,451	0	454,303	11.00
11.01	CAFETERIA - SURREY	0	0	0	41,347	41,347	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	22,453	34,900	0	57,353	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	0	2,037	2,037	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	217,912	338,721	0	556,633	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	80,641	125,348	0	205,989	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	0	24,461	38,021	0	62,482	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	1,167	1,167	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	63,131	98,131	0	161,262	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	7,948	12,354	0	20,302	23.01
23.02	PHARMACY EDUCATION	0	4,901	7,617	0	12,518	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,772,116	2,754,559	0	4,526,675	30.00
31.00	INTENSIVE CARE UNIT	0	118,469	184,148	0	302,617	31.00
32.00	CORONARY CARE UNIT	0	172,488	268,114	0	440,602	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	216,031	335,797	0	551,828	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	162,928	162,928	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	286,377	286,377	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	766,029	1,190,709	0	1,956,738	50.00
50.01	VASCULAR ACCESS CENTER	390,918	0	0	0	390,918	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	20,360	31,648	0	52,008	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	90,068	110,747	172,144	0	372,959	50.04
51.00	RECOVERY ROOM	0	65,603	101,972	0	167,575	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	75,305	117,054	0	192,359	52.00
53.00	ANESTHESIOLOGY	0	3,426	5,326	0	8,752	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	606,136	942,173	0	1,548,309	54.00
54.01	TDOC RADIOLOGY	0	37,196	57,818	0	95,014	54.01
54.02	CDI RADIOLOGY	2,021,321	0	0	0	2,021,321	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	51,519	80,080	0	131,599	57.00
57.01	TDOC CT SCAN	0	18,086	28,112	0	46,198	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	57,852	89,924	0	147,776	58.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	Subtotal	
		0	1.00	2.00	2.01	2A	
58.01	TDOC - MRI	0	31,425	48,847	0	80,272	58.01
59.00	CARDIAC CATHETERIZATION	0	105,467	163,937	0	269,404	59.00
60.00	LABORATORY	77,800	258,100	401,188	0	737,088	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	7,894	38,235	59,433	0	105,562	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	3,693	5,740	0	9,433	64.01
65.00	RESPIRATORY THERAPY	0	23,520	36,559	0	60,079	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	1,782	1,782	65.01
66.00	PHYSICAL THERAPY	154,805	154,177	239,652	0	548,634	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	21,857	21,857	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	51,772	80,473	0	132,245	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	1,053	1,637	0	2,690	68.00
69.00	ELECTROCARDIOLOGY	47,520	55,212	85,821	0	188,553	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	62,303	96,843	0	159,146	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	27,718	43,085	0	70,803	70.00
70.01	SLEEP MEDICINE CLINIC	186,233	115,352	179,303	0	480,888	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	62,752	97,541	0	160,293	73.00
74.00	RENAL DIALYSIS	0	23,576	36,646	0	60,222	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	26,721	41,535	0	68,256	76.01
76.02	CARDIAC REHAB	0	156,466	243,210	0	399,676	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	29,108	45,246	0	74,354	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	134,982	209,816	0	344,798	91.00
91.01	URGENT CARE CENTERS	1,159,956	0	0	0	1,159,956	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	16,611	25,820	0	42,431	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	18,156	28,221	0	46,377	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	5,518	8,578	0	14,096	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,136,515	8,320,146	12,932,769	597,771	25,987,201	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,568	33,525	3,438	58,531	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	73,971	114,981	0	188,952	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	14,870	23,114	0	37,984	194.01
194.02	COMMUNITY OUTREACH	0	17,187	26,715	0	43,902	194.02
194.03	FOUNTAIN CAFE	0	38,474	59,804	0	98,278	194.03
194.04	SLEEP RESEARCH	0	13,438	20,888	0	34,326	194.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
		0	1.00	2.00	2.01	2A	
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	4,297	6,679	0	10,976	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	191,472	297,623	0	489,095	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	1,306	2,030	0	3,336	194.10
194.11	MARKETING	0	21,722	33,765	0	55,487	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	0	18,535	28,811	0	47,346	194.13
194.14	RETAIL PHARMACY	0	11,149	17,330	0	28,479	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	6,543	10,171	0	16,714	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,136,515	8,754,678	13,608,205	601,209	27,100,607	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	
		4.00	5.01	5.02	5.03	5.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS	151,757					4.00
5.01	NONPATIENT TELEPHONES	368	47,893				5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0			5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	0	0	0		5.03
5.04	ADMITTING	794	535	0	0	53,409	5.04
5.05	ADMIN & GENERAL - SURREY	451	396	0	0	0	5.05
5.06	ADMIN & GENERAL - HOSPITAL	15,580	6,842	0	0	0	5.06
6.00	MAINTENANCE & REPAIRS	1,700	791	0	0	0	6.00
6.01	PURCHASING	586	303	0	0	0	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	197	140	0	0	0	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	69	23	0	0	0	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	16	23	0	0	0	8.01
9.00	HOUSEKEEPING	2,624	256	0	0	0	9.00
9.01	HOUSEKEEPING - SURREY	211	23	0	0	0	9.01
10.00	DIETARY	2,037	605	0	0	0	10.00
10.01	DIETARY - SURREY	666	116	0	0	0	10.01
11.00	CAFETERIA	437	116	0	0	0	11.00
11.01	CAFETERIA - SURREY	0	0	0	0	0	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,575	442	0	0	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	326	186	0	0	0	13.01
14.00	CENTRAL SERVICES & SUPPLY	1,210	442	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,836	931	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	46	140	0	0	0	16.01
17.00	SOCIAL SERVICE	700	326	0	0	0	17.00
17.01	SOCIAL SERVICE - SURREY	90	23	0	0	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,068	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,349	186	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	118	47	0	0	0	23.01
23.02	PHARMACY EDUCATION	134	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	28,124	8,028	0	0	3,702	30.00
31.00	INTENSIVE CARE UNIT	4,033	396	0	0	495	31.00
32.00	CORONARY CARE UNIT	3,961	652	0	0	536	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,094	1,559	0	0	309	43.00
44.00	SKILLED NURSING FACILITY	1,841	303	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	2,104	628	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	12,684	3,235	0	0	3,924	50.00
50.01	VASCULAR ACCESS CENTER	552	116	0	0	709	50.01
50.02	PAIN MGMT - BRAIN & SPINE	285	163	0	0	209	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,432	628	0	0	693	50.04
51.00	RECOVERY ROOM	1,101	465	0	0	424	51.00
52.00	DELIVERY ROOM & LABOR ROOM	982	419	0	0	338	52.00
53.00	ANESTHESIOLOGY	166	116	0	0	475	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,128	2,723	0	0	4,363	54.00
54.01	TDOC RADIOLOGY	343	256	0	0	560	54.01
54.02	CDI RADIOLOGY	1,419	0	0	0	1,978	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	581	233	0	0	3,042	57.00
57.01	TDOC CT SCAN	147	47	0	0	606	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	292	116	0	0	843	58.00
58.01	TDOC - MRI	232	47	0	0	927	58.01
59.00	CARDIAC CATHETERIZATION	1,167	559	0	0	1,341	59.00
60.00	LABORATORY	4,434	1,722	0	0	7,846	60.00

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	Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	
		4.00	5.01	5.02	5.03	5.04	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,632	396	0	0	1,274	64.00
64.01	BRAIN & SPINE INFUSION CENTER	348	23	0	0	16	64.01
65.00	RESPIRATORY THERAPY	1,968	465	0	0	629	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	2,538	675	0	0	938	66.00
66.01	PHYSICAL THERAPY - SURREY	1,027	140	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	53	209	0	0	159	66.02
67.00	OCCUPATIONAL THERAPY	431	209	0	0	139	67.00
68.00	SPEECH PATHOLOGY	198	93	0	0	64	68.00
69.00	ELECTROCARDIOLOGY	1,306	465	0	0	1,466	69.00
69.01	TDOC - ELECTROCARDIOLOGY	479	419	0	0	941	69.01
70.00	ELECTROENCEPHALOGRAPHY	180	186	0	0	115	70.00
70.01	SLEEP MEDICINE CLINIC	2,381	1,257	0	0	303	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,816	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,309	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,727	815	0	0	5,312	73.00
74.00	RENAL DIALYSIS	362	140	0	0	131	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	260	70	0	0	122	76.01
76.02	CARDIAC REHAB	1,444	535	0	0	145	76.02
76.03	HYPERBARIC OXYGEN THERAPY	253	140	0	0	137	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	23	0	0	0	90.00
91.00	EMERGENCY	7,756	838	0	0	1,786	91.00
91.01	URGENT CARE CENTERS	6,838	0	0	0	1,287	91.01
91.02	ADULT DOWN SYNDROME CENTER	94	70	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,279	326	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	483	140	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	146,327	42,937	0	0	53,409	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84	163	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,973	3,235	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	220	186	0	0	0	194.01
194.02	COMMUNITY OUTREACH	433	279	0	0	0	194.02
194.03	FOUNTAIN CAFE	30	23	0	0	0	194.03
194.04	SLEEP RESEARCH	354	186	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	277	116	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10

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	Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	
		4.00	5.01	5.02	5.03	5.04	
194.11	MARKETING	595	256	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	59	23	0	0	0	194.12
194.13	VOLUNTEERS	190	326	0	0	0	194.13
194.14	RETAIL PHARMACY	643	116	0	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	423	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	5	47	0	0	0	194.16
194.17	VALET SERVICES	144	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	151,757	47,893	0	0	53,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
		5.05	5.06	6.00	6.01	6.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY	29,346					5.05
5.06	ADMIN & GENERAL - HOSPITAL	3,353	2,023,259				5.06
6.00	MAINTENANCE & REPAIRS	1,221	95,017	2,716,261			6.00
6.01	PURCHASING	91	7,071	11,616	94,488		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	55	4,283	0	57	24,170	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	118	9,179	19,434	16	0	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	14	1,074	0	16	436	8.01
9.00	HOUSEKEEPING	368	28,610	21,137	671	0	9.00
9.01	HOUSEKEEPING - SURREY	30	2,309	0	85	0	9.01
10.00	DIETARY	279	21,749	75,691	880	0	10.00
10.01	DIETARY - SURREY	122	9,488	0	893	977	10.01
11.00	CAFETERIA	99	7,699	70,529	2,524	0	11.00
11.01	CAFETERIA - SURREY	4	296	0	0	1,806	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	191	14,854	8,904	26	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	38	2,968	0	1	89	13.01
14.00	CENTRAL SERVICES & SUPPLY	259	20,151	86,415	738	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	344	26,815	31,979	58	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	6	464	0	2	0	16.01
17.00	SOCIAL SERVICE	95	7,364	9,700	7	0	17.00
17.01	SOCIAL SERVICE - SURREY	10	817	0	1	51	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	236	18,395	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	203	15,808	25,035	93	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	19	1,513	3,152	0	0	23.01
23.02	PHARMACY EDUCATION	17	1,285	1,943	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,370	262,219	702,745	2,902	0	30.00
31.00	INTENSIVE CARE UNIT	391	30,423	46,980	454	0	31.00
32.00	CORONARY CARE UNIT	426	33,186	68,402	485	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	552	42,995	85,669	544	0	43.00
44.00	SKILLED NURSING FACILITY	238	18,526	0	202	7,118	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	276	21,511	0	136	12,510	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,788	139,195	303,775	2,620	0	50.00
50.01	VASCULAR ACCESS CENTER	109	8,483	0	63	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	34	2,617	8,074	78	0	50.02
50.03	PAIN MGMT CENTER	0	3	0	1	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	245	19,106	43,918	678	0	50.04
51.00	RECOVERY ROOM	147	11,437	26,015	69	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	143	11,166	29,863	226	0	52.00
53.00	ANESTHESIOLOGY	31	2,437	1,359	301	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	990	77,050	240,369	484	0	54.00
54.01	TDOC RADIOLOGY	71	5,538	14,751	431	0	54.01
54.02	CDI RADIOLOGY	746	58,059	0	4	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	119	9,224	20,430	657	0	57.00
57.01	TDOC CT SCAN	35	2,730	7,172	251	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	57	4,402	22,942	134	0	58.00
58.01	TDOC - MRI	44	3,440	12,462	159	0	58.01
59.00	CARDIAC CATHETERIZATION	174	13,556	41,824	98	0	59.00
60.00	LABORATORY	1,237	96,299	102,352	4,679	0	60.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
		5.05	5.06	6.00	6.01	6.02	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	740	57,569	15,163	461	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	14	1,073	1,464	11	0	64.01
65.00	RESPIRATORY THERAPY	243	18,877	9,327	183	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	1	91	0	20	78	65.01
66.00	PHYSICAL THERAPY	358	27,840	61,140	110	0	66.00
66.01	PHYSICAL THERAPY - SURREY	121	9,410	0	14	955	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	97	7,564	20,530	21	0	66.02
67.00	OCCUPATIONAL THERAPY	51	3,953	0	2	0	67.00
68.00	SPEECH PATHOLOGY	24	1,837	418	8	0	68.00
69.00	ELECTROCARDIOLOGY	196	15,269	21,895	159	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	81	6,338	24,707	54	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	29	2,291	10,992	29	0	70.00
70.01	SLEEP MEDICINE CLINIC	261	20,335	45,744	134	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,120	87,144	0	22,604	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,157	167,917	0	43,643	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,656	128,903	24,885	887	0	73.00
74.00	RENAL DIALYSIS	55	4,268	9,349	116	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	37	2,875	10,597	5	0	76.01
76.02	CARDIAC REHAB	202	15,690	62,048	68	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	44	3,456	11,543	155	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1	41	0	2	0	90.00
91.00	EMERGENCY	536	41,689	53,529	764	0	91.00
91.01	URGENT CARE CENTERS	690	53,724	0	794	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	16	1,239	6,587	15	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	308	24,002	7,200	229	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	76	5,914	2,188	78	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	27,509	1,880,120	2,543,943	92,290	24,020	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17	1,334	8,553	232	150	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	869	67,666	29,334	981	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	51	3,945	5,897	139	0	194.01
194.02	COMMUNITY OUTREACH	83	6,484	6,816	96	0	194.02
194.03	FOUNTAIN CAFE	13	1,033	15,257	125	0	194.03
194.04	SLEEP RESEARCH	51	3,998	5,329	2	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	34	2,620	1,704	5	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	45	3,502	75,930	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	24	518	0	0	194.10

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	Cost Center Description	ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
		5.05	5.06	6.00	6.01	6.02	
194.11	MARKETING	176	13,726	8,614	161	0	194.11
194.12	CHILDBIRTH INSTRUCTION	10	749	0	46	0	194.12
194.13	VOLUNTEERS	29	2,272	7,350	14	0	194.13
194.14	RETAIL PHARMACY	375	29,185	4,421	96	0	194.14
194.15	REHAB HOSPITAL COVERAGE	66	5,151	0	300	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	2	172	2,595	1	0	194.16
194.17	VALET SERVICES	16	1,278	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	29,346	2,023,259	2,716,261	94,488	24,170	202.00

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	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
		7.00	8.00	8.01	9.00	9.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT	0					7.00
8.00	LAUNDRY & LINEN SERVICE	0	154,018				8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	0	11,552			8.01
9.00	HOUSEKEEPING	0	0	0	189,820		9.00
9.01	HOUSEKEEPING - SURREY	0	0	0	0	2,658	9.01
10.00	DIETARY	0	0	0	5,393	0	10.00
10.01	DIETARY - SURREY	0	0	0	0	109	10.01
11.00	CAFETERIA	0	0	0	5,025	0	11.00
11.01	CAFETERIA - SURREY	0	0	0	0	202	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	634	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	0	0	10	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	832	0	6,157	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	2,279	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	0	0	0	691	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	0	6	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,784	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	225	0	23.01
23.02	PHARMACY EDUCATION	0	0	0	138	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	72,460	0	50,073	0	30.00
31.00	INTENSIVE CARE UNIT	0	5,436	0	3,347	0	31.00
32.00	CORONARY CARE UNIT	0	8,085	0	4,874	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	5,848	0	6,104	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	2,879	0	797	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	8,673	0	1,401	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	22,573	0	21,645	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	313	0	575	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	4,702	0	3,129	0	50.04
51.00	RECOVERY ROOM	0	1,509	0	1,854	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,432	0	2,128	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	97	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,642	0	17,127	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	1,051	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	1,456	0	57.00
57.01	TDOC CT SCAN	0	0	0	511	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,932	0	1,635	0	58.00
58.01	TDOC - MRI	0	0	0	888	0	58.01
59.00	CARDIAC CATHETERIZATION	0	1,817	0	2,980	0	59.00
60.00	LABORATORY	0	0	0	7,293	0	60.00

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	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
		7.00	8.00	8.01	9.00	9.01	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	377	0	1,080	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	104	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	665	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	9	65.01
66.00	PHYSICAL THERAPY	0	0	0	4,356	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	107	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	618	0	1,463	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	30	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,502	0	1,560	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	1,760	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	633	0	783	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	3,259	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	1,773	0	73.00
74.00	RENAL DIALYSIS	0	337	0	666	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	755	0	76.01
76.02	CARDIAC REHAB	0	120	0	4,421	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	822	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	11,664	0	3,814	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	469	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	513	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	156	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	152,832	11,552	177,542	2,641	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	609	17	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,186	0	2,090	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	420	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	486	0	194.02
194.03	FOUNTAIN CAFE	0	0	0	1,087	0	194.03
194.04	SLEEP RESEARCH	0	0	0	380	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	121	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	5,410	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	37	0	194.10

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	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	
		7.00	8.00	8.01	9.00	9.01	
194.11	MARKETING	0	0	0	614	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	524	0	194.13
194.14	RETAIL PHARMACY	0	0	0	315	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	185	0	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	154,018	11,552	189,820	2,658	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	MAINTENANCE OF PERSONNEL	
		10.00	10.01	11.00	11.01	12.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY	594,186					10.00
10.01	DIETARY - SURREY	0	34,737				10.01
11.00	CAFETERIA	256,884	0	797,616			11.00
11.01	CAFETERIA - SURREY	0	1,267	0	44,922		11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	12,677	0	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	0	1,301	0	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	17,605	3	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	339	0	16.01
17.00	SOCIAL SERVICE	0	0	6,126	0	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	624	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21,128	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	531	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	1,243	0	0	23.01
23.02	PHARMACY EDUCATION	0	0	1,213	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	246,424	0	223,477	0	0	30.00
31.00	INTENSIVE CARE UNIT	13,203	0	22,594	0	0	31.00
32.00	CORONARY CARE UNIT	13,836	0	23,989	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	32,526	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	6,525	0	14,582	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	19,658	0	19,384	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	89,157	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	1,926	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	11,267	0	0	50.04
51.00	RECOVERY ROOM	0	0	8,537	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	8,658	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	1,835	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	57,965	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	2,775	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	4,605	0	0	57.00
57.01	TDOC CT SCAN	0	0	1,122	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,512	0	0	58.00
58.01	TDOC - MRI	0	0	1,810	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	8,613	0	0	59.00
60.00	LABORATORY	0	0	42,761	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	MAINTENANCE OF PERSONNEL	
		10.00	10.01	11.00	11.01	12.00	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	10,139	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	470	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	18,677	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	18,050	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	5,954	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	1,016	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	3,836	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	1,547	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	10,438	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	4,473	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,708	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	23	0	15,522	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	17,625	383	0	73.00
74.00	RENAL DIALYSIS	0	0	2,204	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	874	0	0	76.01
76.02	CARDIAC REHAB	0	0	9,406	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	2,300	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	32,248	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	1,122	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	530,370	27,450	758,307	42,570	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,160	0	1,678	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	19,829	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	1,041	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	FOUNTAIN CAFE	17,199	0	571	0	0	194.03
194.04	SLEEP RESEARCH	0	0	4,312	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	14,969	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	6,488	149	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	2,224	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	551	0	0	194.12

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	MAINTENANCE OF PERSONNEL	
		10.00	10.01	11.00	11.01	12.00	
194.13	VOLUNTEERS	0	0	2,209	0	0	194.13
194.14	RETAIL PHARMACY	0	0	4,564	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	7,138	0	1,993	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	2,330	359	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	594,186	34,737	797,616	44,922	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		13.00	13.01	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION	96,656					13.00
13.01	NURSING ADMINISTRATION - SURREY	0	6,956				13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	690,445			14.00
15.00	PHARMACY	0	0	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	270,231	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	64,047	0	29,942	0	18,645	30.00
31.00	INTENSIVE CARE UNIT	7,899	0	5,743	0	2,491	31.00
32.00	CORONARY CARE UNIT	8,815	0	6,150	0	2,701	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	10,390	0	6,636	0	1,556	43.00
44.00	SKILLED NURSING FACILITY	0	1,733	2,414	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	5,223	1,404	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	80,889	0	19,767	50.00
50.01	VASCULAR ACCESS CENTER	0	0	14,913	0	3,572	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	1,205	0	1,054	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	15,315	0	3,491	50.04
51.00	RECOVERY ROOM	0	0	749	0	2,138	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,690	0	2,872	0	1,705	52.00
53.00	ANESTHESIOLOGY	0	0	4,996	0	2,393	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	27,226	0	21,978	54.00
54.01	TDOC RADIOLOGY	0	0	6,253	0	2,820	54.01
54.02	CDI RADIOLOGY	0	0	24	0	9,964	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	10,768	0	15,321	57.00
57.01	TDOC CT SCAN	0	0	3,627	0	3,053	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,960	0	4,248	58.00
58.01	TDOC - MRI	0	0	2,286	0	4,669	58.01
59.00	CARDIAC CATHETERIZATION	0	0	16,688	0	6,755	59.00
60.00	LABORATORY	0	0	66,285	0	40,712	60.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		13.00	13.01	14.00	15.00	16.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,363	0	11,837	0	6,416	64.00
64.01	BRAIN & SPINE INFUSION CENTER	189	0	114	0	82	64.01
65.00	RESPIRATORY THERAPY	0	0	665	0	3,170	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	522	0	4,723	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	77	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	150	0	801	66.02
67.00	OCCUPATIONAL THERAPY	0	0	21	0	698	67.00
68.00	SPEECH PATHOLOGY	0	0	73	0	322	68.00
69.00	ELECTROCARDIOLOGY	0	0	1,599	0	7,386	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	595	0	4,741	69.01
70.00	ELECTROENCEPHALOGRAPHY	189	0	371	0	581	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	958	0	1,527	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	337,193	0	14,186	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,632	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	5,250	0	26,757	73.00
74.00	RENAL DIALYSIS	911	0	1,351	0	661	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	615	76.01
76.02	CARDIAC REHAB	0	0	432	0	731	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	2,168	0	689	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	1	90.00
91.00	EMERGENCY	0	0	9,535	0	8,994	91.00
91.01	URGENT CARE CENTERS	0	0	4,478	0	6,482	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	11	0	2	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	2,805	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	887	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	96,493	6,956	689,438	0	270,230	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	806	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	24	0	0	194.02
194.03	FOUNTAIN CAFE	0	0	23	0	0	194.03
194.04	SLEEP RESEARCH	0	0	3	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		13.00	13.01	14.00	15.00	16.00	
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	69	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	0	0	194.13
194.14	RETAIL PHARMACY	0	0	13	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	94	0	138	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	1	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	96,656	6,956	690,445	0	270,231	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		16.01	17.00	17.01	18.00	19.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	997					16.01
17.00	SOCIAL SERVICE	0	87,491				17.00
17.01	SOCIAL SERVICE - SURREY	0	0	2,789			17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0		23.01
23.02	PHARMACY EDUCATION	0	0	0	0		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	73,873	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	3,261	0	0		31.00
32.00	CORONARY CARE UNIT	0	625	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	4,271	0	0		43.00
44.00	SKILLED NURSING FACILITY	140	0	695	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	420	0	2,094	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0		50.02
50.03	PAIN MGMT CENTER	0	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0		50.04
51.00	RECOVERY ROOM	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	3	0	0	0		54.00
54.01	TDOC RADIOLOGY	0	0	0	0		54.01
54.02	CDI RADIOLOGY	0	0	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0		57.00
57.01	TDOC CT SCAN	0	0	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		16.01	17.00	17.01	18.00	19.00	
58.01	TDOC - MRI	0	0	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	LABORATORY	39	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0		64.01
65.00	RESPIRATORY THERAPY	0	0	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	291	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	82	0	0	0		73.00
74.00	RENAL DIALYSIS	0	3,072	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0		76.01
76.02	CARDIAC REHAB	0	0	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
91.00	EMERGENCY	0	1,111	0	0		91.00
91.01	URGENT CARE CENTERS	0	0	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	997	86,213	2,789	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,278	0	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	DEVELOPMENT	0	0	0	0		194.01
194.02	COMMUNITY OUTREACH	0	0	0	0		194.02
194.03	FOUNTAIN CAFE	0	0	0	0		194.03
194.04	SLEEP RESEARCH	0	0	0	0		194.04

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	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
		16.01	17.00	17.01	18.00	19.00	
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.10
194.11	MARKETING	0	0	0	0		194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0		194.12
194.13	VOLUNTEERS	0	0	0	0		194.13
194.14	RETAIL PHARMACY	0	0	0	0		194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0		194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0		194.16
194.17	VALET SERVICES	0	0	0	0		194.17
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	997	87,491	2,789	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
		20.00	21.00	22.00	23.00	23.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	SOCIAL SERVICE						17.00
17.01	SOCIAL SERVICE - SURREY						17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL	0					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		41,827				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			206,252			22.00
23.00	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	CLINICAL PASTORAL EDUCATION					26,619	23.01
23.02	PHARMACY EDUCATION						23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS						30.00
31.00	INTENSIVE CARE UNIT						31.00
32.00	CORONARY CARE UNIT						32.00
33.00	BURN INTENSIVE CARE UNIT						33.00
34.00	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	SUBPROVIDER - IPF						40.00
41.00	SUBPROVIDER - IRF						41.00
42.00	SUBPROVIDER						42.00
43.00	NURSERY						43.00
44.00	SKILLED NURSING FACILITY						44.00
45.00	NURSING FACILITY						45.00
46.00	OTHER LONG TERM CARE						46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM						50.00
50.01	VASCULAR ACCESS CENTER						50.01
50.02	PAIN MGMT - BRAIN & SPINE						50.02
50.03	PAIN MGMT CENTER						50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	RECOVERY ROOM						51.00
52.00	DELIVERY ROOM & LABOR ROOM						52.00
53.00	ANESTHESIOLOGY						53.00
54.00	RADIOLOGY-DIAGNOSTIC						54.00
54.01	TDOC RADIOLOGY						54.01
54.02	CDI RADIOLOGY						54.02
55.00	RADIOLOGY-THERAPEUTIC						55.00
56.00	RADIOISOTOPE						56.00
57.00	CT SCAN						57.00
57.01	TDOC CT SCAN						57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)						58.00
58.01	TDOC - MRI						58.01

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	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
		20.00	21.00	22.00	23.00	23.01	
59.00	CARDIAC CATHETERIZATION						59.00
60.00	LABORATORY						60.00
60.01	BLOOD LABORATORY						60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
63.00	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	INTRAVENOUS THERAPY						64.00
64.01	BRAIN & SPINE INFUSION CENTER						64.01
65.00	RESPIRATORY THERAPY						65.00
65.01	RESPIRATORY THERAPY - SURREY						65.01
66.00	PHYSICAL THERAPY						66.00
66.01	PHYSICAL THERAPY - SURREY						66.01
66.02	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	OCCUPATIONAL THERAPY						67.00
68.00	SPEECH PATHOLOGY						68.00
69.00	ELECTROCARDIOLOGY						69.00
69.01	TDOC - ELECTROCARDIOLOGY						69.01
70.00	ELECTROENCEPHALOGRAPHY						70.00
70.01	SLEEP MEDICINE CLINIC						70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	DRUGS CHARGED TO PATIENTS						73.00
74.00	RENAL DIALYSIS						74.00
75.00	ASC (NON-DISTINCT PART)						75.00
76.00	NUTRITION/DIABETES EDUCATION						76.00
76.01	NUTRITION/DIABETES EDUCATION						76.01
76.02	CARDIAC REHAB						76.02
76.03	HYPERBARIC OXYGEN THERAPY						76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC						88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	CLINIC						90.00
91.00	EMERGENCY						91.00
91.01	URGENT CARE CENTERS						91.01
91.02	ADULT DOWN SYNDROME CENTER						91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS						94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	CMHC						99.00
99.10	CORF						99.10
100.00	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION						105.00
106.00	HEART ACQUISITION						106.00
107.00	LIVER ACQUISITION						107.00
108.00	LUNG ACQUISITION						108.00
109.00	PANCREAS ACQUISITION						109.00
110.00	INTESTINAL ACQUISITION						110.00
111.00	ISLET ACQUISITION						111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	HOSPICE						116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	RESEARCH						191.00
192.00	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	NONPAID WORKERS						193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	DEVELOPMENT						194.01
194.02	COMMUNITY OUTREACH						194.02
194.03	FOUNTAIN CAFE						194.03
194.04	SLEEP RESEARCH						194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS						194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS						194.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	
		20.00	21.00	22.00	23.00	23.01	
194.07	PHYSICIAN REFERRAL						194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS						194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS						194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS						194.10
194.11	MARKETING						194.11
194.12	CHILDBIRTH INSTRUCTION						194.12
194.13	VOLUNTEERS						194.13
194.14	RETAIL PHARMACY						194.14
194.15	REHAB HOSPITAL COVERAGE						194.15
194.16	EXECUTIVE HEALTH PROGRAM						194.16
194.17	VALET SERVICES						194.17
200.00	Cross Foot Adjustments	0	41,827	206,252	0	26,619	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	41,827	206,252	0	26,619	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	SOCIAL SERVICE						17.00
17.01	SOCIAL SERVICE - SURREY						17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	CLINICAL PASTORAL EDUCATION						23.01
23.02	PHARMACY EDUCATION	17,248					23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		6,316,706	0	6,316,706		30.00
31.00	INTENSIVE CARE UNIT		449,763	0	449,763		31.00
32.00	CORONARY CARE UNIT		617,325	0	617,325		32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.00
40.00	SUBPROVIDER - IPF		0	0	0		40.00
41.00	SUBPROVIDER - IRF		0	0	0		41.00
42.00	SUBPROVIDER		0	0	0		42.00
43.00	NURSERY		754,881	0	754,881		43.00
44.00	SKILLED NURSING FACILITY		220,921	0	220,921		44.00
45.00	NURSING FACILITY		0	0	0		45.00
46.00	OTHER LONG TERM CARE		381,799	0	381,799		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		2,657,990	0	2,657,990		50.00
50.01	VASCULAR ACCESS CENTER		419,435	0	419,435		50.01
50.02	PAIN MGMT - BRAIN & SPINE		68,541	0	68,541		50.02
50.03	PAIN MGMT CENTER		4	0	4		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS		477,563	0	477,563		50.04
51.00	RECOVERY ROOM		222,020	0	222,020		51.00
52.00	DELIVERY ROOM & LABOR ROOM		255,981	0	255,981		52.00
53.00	ANESTHESIOLOGY		22,958	0	22,958		53.00
54.00	RADIOLOGY-DIAGNOSTIC		2,014,357	0	2,014,357		54.00
54.01	TDOC RADIOLOGY		129,863	0	129,863		54.01
54.02	CDI RADIOLOGY		2,093,515	0	2,093,515		54.02
55.00	RADIOLOGY-THERAPEUTIC		0	0	0		55.00
56.00	RADIOISOTOPE		0	0	0		56.00
57.00	CT SCAN		198,035	0	198,035		57.00
57.01	TDOC CT SCAN		65,499	0	65,499		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)		188,849	0	188,849		58.00
58.01	TDOC - MRI		107,236	0	107,236		58.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
59.00	CARDIAC CATHETERIZATION		364,976	0	364,976		59.00
60.00	LABORATORY		1,112,747	0	1,112,747		60.00
60.01	BLOOD LABORATORY		0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0		63.00
64.00	INTRAVENOUS THERAPY		214,009	0	214,009		64.00
64.01	BRAIN & SPINE INFUSION CENTER		13,341	0	13,341		64.01
65.00	RESPIRATORY THERAPY		114,948	0	114,948		65.00
65.01	RESPIRATORY THERAPY - SURREY		1,981	0	1,981		65.01
66.00	PHYSICAL THERAPY		669,884	0	669,884		66.00
66.01	PHYSICAL THERAPY - SURREY		39,953	0	39,953		66.01
66.02	THERAPY SVCS - BRAIN & SPINE		164,926	0	164,926		66.02
67.00	OCCUPATIONAL THERAPY		9,340	0	9,340		67.00
68.00	SPEECH PATHOLOGY		7,304	0	7,304		68.00
69.00	ELECTROCARDIOLOGY		251,794	0	251,794		69.00
69.01	TDOC - ELECTROCARDIOLOGY		203,734	0	203,734		69.01
70.00	ELECTROENCEPHALOGRAPHY		88,890	0	88,890		70.00
70.01	SLEEP MEDICINE CLINIC		572,592	0	572,592		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		465,085	0	465,085		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		227,658	0	227,658		72.00
73.00	DRUGS CHARGED TO PATIENTS		377,348	0	377,348		73.00
74.00	RENAL DIALYSIS		83,845	0	83,845		74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION		0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION		84,466	0	84,466		76.01
76.02	CARDIAC REHAB		494,918	0	494,918		76.02
76.03	HYPERBARIC OXYGEN THERAPY		96,061	0	96,061		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0		89.00
90.00	CLINIC		68	0	68		90.00
91.00	EMERGENCY		519,062	0	519,062		91.00
91.01	URGENT CARE CENTERS		1,234,249	0	1,234,249		91.01
91.02	ADULT DOWN SYNDROME CENTER		52,056	0	52,056		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0		94.00
95.00	AMBULANCE SERVICES		0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0		98.00
99.00	CMHC		0	0	0		99.00
99.10	CORF		0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0		100.00
101.00	HOME HEALTH AGENCY		84,039	0	84,039		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0		105.00
106.00	HEART ACQUISITION		0	0	0		106.00
107.00	LIVER ACQUISITION		0	0	0		107.00
108.00	LUNG ACQUISITION		0	0	0		108.00
109.00	PANCREAS ACQUISITION		0	0	0		109.00
110.00	INTESTINAL ACQUISITION		0	0	0		110.00
111.00	ISLET ACQUISITION		0	0	0		111.00
113.00	INTEREST EXPENSE		0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF		0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0		115.00
116.00	HOSPICE		24,018	0	24,018		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	25,236,533	0	25,236,533		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		96,528	0	96,528		190.00
191.00	RESEARCH		0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES		318,199	0	318,199		192.00
193.00	NONPAID WORKERS		0	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.00
194.01	DEVELOPMENT		49,883	0	49,883		194.01
194.02	COMMUNITY OUTREACH		58,603	0	58,603		194.02
194.03	FOUNTAIN CAFE		133,639	0	133,639		194.03
194.04	SLEEP RESEARCH		48,941	0	48,941		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS		14,969	0	14,969		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS		6,637	0	6,637		194.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.02	24.00	25.00	26.00		
194.07	PHYSICIAN REFERRAL		18,077	0	18,077		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS		0	0	0		194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS		573,982	0	573,982		194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS		3,915	0	3,915		194.10
194.11	MARKETING		79,629	0	79,629		194.11
194.12	CHILDBIRTH INSTRUCTION		1,507	0	1,507		194.12
194.13	VOLUNTEERS		60,260	0	60,260		194.13
194.14	RETAIL PHARMACY		68,207	0	68,207		194.14
194.15	REHAB HOSPITAL COVERAGE		15,303	0	15,303		194.15
194.16	EXECUTIVE HEALTH PROGRAM		19,722	0	19,722		194.16
194.17	VALET SERVICES		4,127	0	4,127		194.17
200.00	Cross Foot Adjustments	17,248	291,946	0	291,946		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	17,248	27,100,607	0	27,100,607		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	623,479					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		623,479				2.00
2.01	CAP REL COSTS-MVBLE EQUIP		0	56,664			2.01
4.00	EMPLOYEE BENEFITS	4,231	4,231	0	151,252,644		4.00
5.01	NONPATIENT TELEPHONES	1,325	1,325	0	366,449	2,058	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	0	0	0	0	5.03
5.04	ADMITTING	1,452	1,452	0	792,029	23	5.04
5.05	ADMIN & GENERAL - SURREY	0	0	2,686	449,981	17	5.05
5.06	ADMIN & GENERAL - HOSPITAL	55,690	55,690	0	15,533,497	294	5.06
6.00	MAINTENANCE & REPAIRS	72,977	72,977	0	1,695,371	34	6.00
6.01	PURCHASING	2,086	2,086	0	584,163	13	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	196,797	6	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	3,490	3,490	0	68,787	1	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	15,797	1	8.01
9.00	HOUSEKEEPING	3,796	3,796	0	2,616,095	11	9.00
9.01	HOUSEKEEPING - SURREY	0	0	0	210,314	1	9.01
10.00	DIETARY	13,593	13,593	0	2,031,392	26	10.00
10.01	DIETARY - SURREY	0	0	2,108	664,385	5	10.01
11.00	CAFETERIA	12,666	12,666	0	435,376	5	11.00
11.01	CAFETERIA - SURREY	0	0	3,897	0	0	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,599	1,599	0	1,570,579	19	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	192	325,270	8	13.01
14.00	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,206,385	19	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	1,830,550	40	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	45,604	6	16.01
17.00	SOCIAL SERVICE	1,742	1,742	0	697,432	14	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	110	89,671	1	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,061,380	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,496	4,496	0	1,344,940	8	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	566	566	0	118,021	2	23.01
23.02	PHARMACY EDUCATION	349	349	0	134,004	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	126,204	126,204	0	27,988,854	345	30.00
31.00	INTENSIVE CARE UNIT	8,437	8,437	0	4,021,344	17	31.00
32.00	CORONARY CARE UNIT	12,284	12,284	0	3,949,202	28	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	15,385	15,385	0	4,081,280	67	43.00
44.00	SKILLED NURSING FACILITY	0	0	15,356	1,835,190	13	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	26,991	2,098,111	27	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	54,554	54,554	0	12,645,642	139	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	550,024	5	50.01
50.02	PAIN MGMT - BRAIN & SPINE	1,450	1,450	0	283,989	7	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	7,887	7,887	0	1,427,778	27	50.04
51.00	RECOVERY ROOM	4,672	4,672	0	1,097,518	20	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,363	5,363	0	978,843	18	52.00
53.00	ANESTHESIOLOGY	244	244	0	165,371	5	53.00
54.00	RADIOLOGY-DIAGNOSTIC	43,167	43,167	0	6,109,255	117	54.00
54.01	TDOC RADIOLOGY	2,649	2,649	0	342,234	11	54.01
54.02	CDI RADIOLOGY	0	0	0	1,414,549	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	3,669	3,669	0	579,567	10	57.00
57.01	TDOC CT SCAN	1,288	1,288	0	146,418	2	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,120	4,120	0	291,593	5	58.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
58.01	TDOC - MRI	2,238	2,238	0	231,699	2	58.01
59.00	CARDIAC CATHETERIZATION	7,511	7,511	0	1,163,932	24	59.00
60.00	LABORATORY	18,381	18,381	0	4,420,907	74	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,723	2,723	0	1,626,977	17	64.00
64.01	BRAIN & SPINE INFUSION CENTER	263	263	0	346,491	1	64.01
65.00	RESPIRATORY THERAPY	1,675	1,675	0	1,961,843	20	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	168	0	0	65.01
66.00	PHYSICAL THERAPY	10,980	10,980	0	2,530,307	29	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	2,060	1,023,942	6	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	3,687	3,687	0	52,823	9	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	429,650	9	67.00
68.00	SPEECH PATHOLOGY	75	75	0	197,116	4	68.00
69.00	ELECTROCARDIOLOGY	3,932	3,932	0	1,302,544	20	69.00
69.01	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	477,730	18	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,974	1,974	0	179,341	8	70.00
70.01	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,374,263	54	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,469	4,469	0	2,719,060	35	73.00
74.00	RENAL DIALYSIS	1,679	1,679	0	361,172	6	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	1,903	1,903	0	259,112	3	76.01
76.02	CARDIAC REHAB	11,143	11,143	0	1,439,555	23	76.02
76.03	HYPERBARIC OXYGEN THERAPY	2,073	2,073	0	251,973	6	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	1	90.00
91.00	EMERGENCY	9,613	9,613	0	7,733,230	36	91.00
91.01	URGENT CARE CENTERS	0	0	0	6,817,441	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	1,183	1,183	0	93,982	3	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,293	1,293	0	2,272,594	14	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	393	393	0	481,494	6	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	592,533	592,533	56,340	145,840,209	1,845	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	1,536	324	83,781	7	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,268	5,268	0	1,967,597	139	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	1,059	1,059	0	219,456	8	194.01
194.02	COMMUNITY OUTREACH	1,224	1,224	0	431,328	12	194.02
194.03	FOUNTAIN CAFE	2,740	2,740	0	29,617	1	194.03
194.04	SLEEP RESEARCH	957	957	0	352,805	8	194.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	306	306	0	275,776	5	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	13,636	13,636	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	93	93	0	0	0	194.10
194.11	MARKETING	1,547	1,547	0	593,057	11	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	58,810	1	194.12
194.13	VOLUNTEERS	1,320	1,320	0	189,253	14	194.13
194.14	RETAIL PHARMACY	794	794	0	641,457	5	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	421,530	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	466	466	0	4,839	2	194.16
194.17	VALET SERVICES	0	0	0	143,129	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,754,678	13,608,205	601,209	37,228,145	848,427	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.041657	21.826244	10.610070	0.246132	412.258017	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				151,757	47,893	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.001003	23.271623	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0					5.02
5.03	NONPATIENT TELEPHONES - SURREY	0	92				5.03
5.04	ADMITTING	0	0	994,898,393			5.04
5.05	ADMIN & GENERAL - SURREY	0	18	0	-766,713	319,887,744	5.05
5.06	ADMIN & GENERAL - HOSPITAL	0	0	0	0	37,341,624	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	13,268,430	6.00
6.01	PURCHASING	0	0	0	0	987,427	6.01
6.02	MAINTENANCE & REPAIRS - SURREY	0	6	0	0	598,073	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,281,787	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	1	0	0	150,021	8.01
9.00	HOUSEKEEPING	0	0	0	0	3,995,125	9.00
9.01	HOUSEKEEPING - SURREY	0	1	0	0	322,500	9.01
10.00	DIETARY	0	0	0	0	3,037,158	10.00
10.01	DIETARY - SURREY	0	6	0	0	1,324,916	10.01
11.00	CAFETERIA	0	0	0	0	1,075,157	11.00
11.01	CAFETERIA - SURREY	0	0	0	0	41,347	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	2,074,207	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	8	0	0	414,489	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,813,991	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,744,473	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	6	0	0	64,728	16.01
17.00	SOCIAL SERVICE	0	0	0	0	1,028,361	17.00
17.01	SOCIAL SERVICE - SURREY	0	1	0	0	114,083	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,568,752	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	2,207,445	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0	211,309	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	179,505	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	68,548,410	0	36,628,812	30.00
31.00	INTENSIVE CARE UNIT	0	0	9,159,472	0	4,248,306	31.00
32.00	CORONARY CARE UNIT	0	0	9,930,945	0	4,634,223	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	5,721,987	0	6,003,969	43.00
44.00	SKILLED NURSING FACILITY	0	13	0	0	2,587,038	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	26	0	0	3,003,793	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	72,674,613	0	19,437,586	50.00
50.01	VASCULAR ACCESS CENTER	0	0	13,133,143	0	1,184,534	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	3,874,600	0	365,486	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	399	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	12,834,715	0	2,667,969	50.04
51.00	RECOVERY ROOM	0	0	7,859,577	0	1,597,115	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	6,267,428	0	1,559,264	52.00
53.00	ANESTHESIOLOGY	0	0	8,798,395	0	340,268	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	80,802,759	0	10,759,468	54.00
54.01	TDOC RADIOLOGY	0	0	10,366,417	0	773,342	54.01
54.02	CDI RADIOLOGY	0	0	36,632,547	0	8,107,585	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	56,328,762	0	1,288,048	57.00
57.01	TDOC CT SCAN	0	0	11,225,203	0	381,222	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	15,619,038	0	614,735	58.00
58.01	TDOC - MRI	0	0	17,164,239	0	480,369	58.01
59.00	CARDIAC CATHETERIZATION	0	0	24,833,397	0	1,893,029	59.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
60.00	LABORATORY	0	0	151,066,712	0	13,447,437	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	23,588,115	0	8,039,124	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	301,186	0	149,814	64.01
65.00	RESPIRATORY THERAPY	0	0	11,653,700	0	2,636,097	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	12,757	65.01
66.00	PHYSICAL THERAPY	0	0	17,365,652	0	3,887,726	66.00
66.01	PHYSICAL THERAPY - SURREY	0	6	137	0	1,314,079	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	2,944,377	0	1,056,309	66.02
67.00	OCCUPATIONAL THERAPY	0	0	2,567,512	0	552,004	67.00
68.00	SPEECH PATHOLOGY	0	0	1,184,190	0	256,582	68.00
69.00	ELECTROCARDIOLOGY	0	0	27,155,346	0	2,132,141	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	17,430,138	0	885,106	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	2,134,603	0	319,976	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	5,612,608	0	2,839,586	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	52,156,048	0	12,169,038	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	42,766,248	0	23,448,481	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	98,372,041	0	18,000,409	73.00
74.00	RENAL DIALYSIS	0	0	2,429,860	0	596,037	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	2,260,378	0	401,480	76.01
76.02	CARDIAC REHAB	0	0	2,686,722	0	2,191,053	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	2,533,193	0	482,606	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	3,087	0	5,755	90.00
91.00	EMERGENCY	0	0	33,066,866	0	5,821,639	91.00
91.01	URGENT CARE CENTERS	0	0	23,830,854	0	7,502,135	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	8,436	0	173,006	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	3,351,746	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	825,906	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	92	994,893,656	-766,713	299,899,497	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	186,249	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,449,139	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	550,839	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	905,413	194.02
194.03	FOUNTAIN CAFE	0	0	0	0	144,188	194.03
194.04	SLEEP RESEARCH	0	0	0	0	558,243	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	365,883	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	489,095	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	3,336	194.10
194.11	MARKETING	0	0	0	0	1,916,804	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	104,540	194.12
194.13	VOLUNTEERS	0	0	0	0	317,291	194.13
194.14	RETAIL PHARMACY	0	0	0	0	4,075,460	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	1,081	0	719,322	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	3,656	0	24,042	194.16
194.17	VALET SERVICES	0	0	0	0	178,403	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	22,866	1,053,855		766,713	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	248.543478	0.001059		0.002397	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	53,409		29,346	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000054		0.000092	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL	-37,431,071	283,223,386				5.06
6.00	MAINTENANCE & REPAIRS	0	13,300,234	487,804			6.00
6.01	PURCHASING	0	989,794	2,086	50,650,095		6.01
6.02	MAINTENANCE & REPAIRS - SURREY	0	599,507	0	30,772	52,146	6.02
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,284,859	3,490	8,736	0	8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	150,381	0	8,380	940	8.01
9.00	HOUSEKEEPING	0	4,004,701	3,796	359,746	0	9.00
9.01	HOUSEKEEPING - SURREY	0	323,273	0	45,527	0	9.01
10.00	DIETARY	0	3,044,438	13,593	471,583	0	10.00
10.01	DIETARY - SURREY	0	1,328,092	0	478,482	2,108	10.01
11.00	CAFETERIA	0	1,077,734	12,666	1,352,663	0	11.00
11.01	CAFETERIA - SURREY	0	41,446	0	0	3,897	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	2,079,179	1,599	13,950	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	415,483	0	535	192	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	2,820,736	15,519	395,506	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,753,449	5,743	31,181	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	64,883	0	1,168	0	16.01
17.00	SOCIAL SERVICE	0	1,030,826	1,742	3,929	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	114,356	0	443	110	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,574,909	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,212,736	4,496	49,637	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	211,816	566	0	0	23.01
23.02	PHARMACY EDUCATION	0	179,935	349	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	36,716,611	126,204	1,555,325	0	30.00
31.00	INTENSIVE CARE UNIT	0	4,258,489	8,437	243,083	0	31.00
32.00	CORONARY CARE UNIT	0	4,645,331	12,284	259,920	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	6,018,361	15,385	291,617	0	43.00
44.00	SKILLED NURSING FACILITY	0	2,593,239	0	108,132	15,356	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	3,010,993	0	72,981	26,991	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	19,484,178	54,554	1,403,924	0	50.00
50.01	VASCULAR ACCESS CENTER	0	1,187,373	0	33,950	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	366,362	1,450	41,893	0	50.02
50.03	PAIN MGMT CENTER	0	400	0	399	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,674,364	7,887	363,375	0	50.04
51.00	RECOVERY ROOM	0	1,600,943	4,672	36,931	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,563,002	5,363	121,150	0	52.00
53.00	ANESTHESIOLOGY	0	341,084	244	161,133	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,785,258	43,167	259,345	0	54.00
54.01	TDOC RADIOLOGY	0	775,196	2,649	230,970	0	54.01
54.02	CDI RADIOLOGY	0	8,127,019	0	1,988	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	1,291,135	3,669	352,226	0	57.00
57.01	TDOC CT SCAN	0	382,136	1,288	134,319	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	616,209	4,120	72,034	0	58.00
58.01	TDOC - MRI	0	481,520	2,238	85,130	0	58.01
59.00	CARDIAC CATHETERIZATION	0	1,897,567	7,511	52,398	0	59.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
60.00	LABORATORY	0	13,479,671	18,381	2,507,554	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	8,058,394	2,723	247,278	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	150,173	263	5,632	0	64.01
65.00	RESPIRATORY THERAPY	0	2,642,416	1,675	98,042	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	12,788	0	10,929	168	65.01
66.00	PHYSICAL THERAPY	0	3,897,045	10,980	59,082	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	1,317,229	0	7,696	2,060	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	1,058,841	3,687	11,343	0	66.02
67.00	OCCUPATIONAL THERAPY	0	553,327	0	937	0	67.00
68.00	SPEECH PATHOLOGY	0	257,197	75	4,117	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,137,252	3,932	85,435	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	887,228	4,437	28,992	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	320,743	1,974	15,395	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	2,846,392	8,215	71,627	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,198,207	0	12,113,805	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	23,504,687	0	23,403,192	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	18,043,556	4,469	475,331	0	73.00
74.00	RENAL DIALYSIS	0	597,466	1,679	62,154	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	402,442	1,903	2,428	0	76.01
76.02	CARDIAC REHAB	0	2,196,305	11,143	36,292	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	483,763	2,073	82,951	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	5,769	0	1,022	0	90.00
91.00	EMERGENCY	0	5,835,593	9,613	409,323	0	91.00
91.01	URGENT CARE CENTERS	0	7,520,118	0	425,409	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	173,421	1,183	7,917	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	3,359,780	1,293	122,767	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	827,886	393	41,540	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-37,431,071	263,187,226	456,858	49,472,651	51,822	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	186,695	1,536	124,268	324	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	9,471,789	5,268	525,829	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	552,159	1,059	74,449	0	194.01
194.02	COMMUNITY OUTREACH	0	907,583	1,224	51,644	0	194.02
194.03	FOUNTAIN CAFE	0	144,534	2,740	67,092	0	194.03
194.04	SLEEP RESEARCH	0	559,581	957	1,212	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	366,760	306	2,561	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	490,267	13,636	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	3,344	93	0	0	194.10
194.11	MARKETING	0	1,921,399	1,547	86,292	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	104,791	0	24,485	0	194.12
194.13	VOLUNTEERS	0	318,052	1,320	7,256	0	194.13
194.14	RETAIL PHARMACY	0	4,085,229	794	51,239	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	721,046	0	160,812	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	24,100	466	303	0	194.16
194.17	VALET SERVICES	0	178,831	0	2	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		37,431,071	15,058,006	1,184,999	679,458	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.132161	30.868968	0.023396	13.029916	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		2,023,259	2,716,261	94,488	24,170	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.007144	5.568345	0.001866	0.463506	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		7.00	8.00	8.01	9.00	9.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT	485,718					7.00
8.00	LAUNDRY & LINEN SERVICE	3,490	2,021,384				8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY	0	0	43,034			8.01
9.00	HOUSEKEEPING	3,796	0	0	478,432		9.00
9.01	HOUSEKEEPING - SURREY	0	0	0	0	51,206	9.01
10.00	DIETARY	13,593	0	0	13,593	0	10.00
10.01	DIETARY - SURREY	0	0	0	0	2,108	10.01
11.00	CAFETERIA	12,666	0	0	12,666	0	11.00
11.01	CAFETERIA - SURREY	0	0	0	0	3,897	11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,599	0	0	1,599	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	0	0	192	13.01
14.00	CENTRAL SERVICES & SUPPLY	15,519	10,919	0	15,519	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,743	0	0	5,743	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	1,742	0	0	1,742	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	0	110	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,496	0	0	4,496	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	566	0	0	566	0	23.01
23.02	PHARMACY EDUCATION	349	0	0	349	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	126,204	950,999	0	126,204	0	30.00
31.00	INTENSIVE CARE UNIT	8,437	71,338	0	8,437	0	31.00
32.00	CORONARY CARE UNIT	12,284	106,114	0	12,284	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	15,385	76,753	0	15,385	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	10,724	0	15,356	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	32,310	0	26,991	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	54,554	296,262	0	54,554	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	1,450	4,104	0	1,450	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	7,887	61,717	0	7,887	0	50.04
51.00	RECOVERY ROOM	4,672	19,802	0	4,672	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,363	31,920	0	5,363	0	52.00
53.00	ANESTHESIOLOGY	244	0	0	244	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	43,167	126,545	0	43,167	0	54.00
54.01	TDOC RADIOLOGY	2,649	0	0	2,649	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	3,669	0	0	3,669	0	57.00
57.01	TDOC CT SCAN	1,288	0	0	1,288	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,120	25,356	0	4,120	0	58.00
58.01	TDOC - MRI	2,238	0	0	2,238	0	58.01
59.00	CARDIAC CATHETERIZATION	7,511	23,845	0	7,511	0	59.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		7.00	8.00	8.01	9.00	9.01	
60.00	LABORATORY	18,381	0	0	18,381	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,723	4,947	0	2,723	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	263	0	0	263	0	64.01
65.00	RESPIRATORY THERAPY	1,675	0	0	1,675	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	168	65.01
66.00	PHYSICAL THERAPY	10,980	0	0	10,980	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	2,060	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	3,687	8,106	0	3,687	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	75	0	0	75	0	68.00
69.00	ELECTROCARDIOLOGY	3,932	19,711	0	3,932	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	4,437	0	0	4,437	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,974	8,310	0	1,974	0	70.00
70.01	SLEEP MEDICINE CLINIC	8,215	0	0	8,215	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,469	0	0	4,469	0	73.00
74.00	RENAL DIALYSIS	1,679	4,421	0	1,679	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	1,903	0	0	1,903	0	76.01
76.02	CARDIAC REHAB	11,143	1,572	0	11,143	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	2,073	0	0	2,073	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	9,613	153,084	0	9,613	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	1,183	0	0	1,183	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,293	0	0	1,293	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	393	0	0	393	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	454,772	2,005,825	43,034	447,486	50,882	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,536	0	0	1,536	324	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,268	15,559	0	5,268	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	1,059	0	0	1,059	0	194.01
194.02	COMMUNITY OUTREACH	1,224	0	0	1,224	0	194.02
194.03	FOUNTAIN CAFE	2,740	0	0	2,740	0	194.03
194.04	SLEEP RESEARCH	957	0	0	957	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	306	0	0	306	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		7.00	8.00	8.01	9.00	9.01	
194.09	OTHER NONREIMBURSABLE COST CENTERS	13,636	0	0	13,636	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	93	0	0	93	0	194.10
194.11	MARKETING	1,547	0	0	1,547	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	1,320	0	0	1,320	0	194.13
194.14	RETAIL PHARMACY	794	0	0	794	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	466	0	0	466	0	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	1,562,604	182,700	4,659,562	367,062	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.773037	4.245480	9.739236	7.168340	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	154,018	11,552	189,820	2,658	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.076194	0.268439	0.396754	0.051908	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		10.00	10.01	11.00	11.01	12.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY	536,655					10.00
10.01	DIETARY - SURREY	0	167,306				10.01
11.00	CAFETERIA	232,011	0	157,802			11.00
11.01	CAFETERIA - SURREY	0	6,104	0	13,256		11.01
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	2,508	0	0	13.00
13.01	NURSING ADMINISTRATION - SURREY	0	0	0	384	0	13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	3,483	1	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	100	0	16.01
17.00	SOCIAL SERVICE	0	0	1,212	0	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	184	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,180	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	105	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	246	0	0	23.01
23.02	PHARMACY EDUCATION	0	0	240	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	222,564	0	44,213	0	0	30.00
31.00	INTENSIVE CARE UNIT	11,925	0	4,470	0	0	31.00
32.00	CORONARY CARE UNIT	12,496	0	4,746	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	6,435	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	31,425	0	4,303	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	94,680	0	5,720	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	17,639	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	381	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	2,229	0	0	50.04
51.00	RECOVERY ROOM	0	0	1,689	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	1,713	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	363	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	11,468	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	549	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	911	0	0	57.00
57.01	TDOC CT SCAN	0	0	222	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	497	0	0	58.00
58.01	TDOC - MRI	0	0	358	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	1,704	0	0	59.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		10.00	10.01	11.00	11.01	12.00	
60.00	LABORATORY	0	0	8,460	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	2,006	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	93	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	3,695	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	3,571	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	1,757	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	201	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	759	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	306	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	2,065	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	885	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	338	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	21	0	3,071	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	3,487	113	0	73.00
74.00	RENAL DIALYSIS	0	0	436	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	173	0	0	76.01
76.02	CARDIAC REHAB	0	0	1,861	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	455	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	6,380	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	222	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	479,017	132,209	150,025	12,562	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,724	0	332	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	3,923	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	206	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	FOUNTAIN CAFE	15,534	0	113	0	0	194.03
194.04	SLEEP RESEARCH	0	0	853	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	13,520	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	5,860	719	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	440	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		10.00	10.01	11.00	11.01	12.00	
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	109	0	0	194.12
194.13	VOLUNTEERS	0	0	437	0	0	194.13
194.14	RETAIL PHARMACY	0	0	903	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	34,378	0	588	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	461	106	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,009,814	1,557,387	3,499,713	182,457	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.471866	9.308614	22.177875	13.764107	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	594,186	34,737	797,616	44,922	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.107203	0.207626	5.054537	3.388805	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	13.01	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION	46,031					13.00
13.01	NURSING ADMINISTRATION - SURREY	0	43,034				13.01
14.00	CENTRAL SERVICES & SUPPLY	0	0	24,809,182			14.00
15.00	PHARMACY	0	0	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	15	0	994,898,393	16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	37	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	PHARMACY EDUCATION	0	0	0	0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	30,501	0	1,075,886	0	68,548,410	30.00
31.00	INTENSIVE CARE UNIT	3,762	0	206,364	0	9,159,472	31.00
32.00	CORONARY CARE UNIT	4,198	0	220,975	0	9,930,945	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,948	0	238,433	0	5,721,987	43.00
44.00	SKILLED NURSING FACILITY	0	10,724	86,724	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	32,310	50,432	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	2,906,555	0	72,674,613	50.00
50.01	VASCULAR ACCESS CENTER	0	0	535,853	0	13,133,143	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	43,283	0	3,874,600	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	550,315	0	12,834,715	50.04
51.00	RECOVERY ROOM	0	0	26,925	0	7,859,577	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,281	0	103,201	0	6,267,428	52.00
53.00	ANESTHESIOLOGY	0	0	179,506	0	8,798,395	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	978,308	0	80,802,759	54.00
54.01	TDOC RADIOLOGY	0	0	224,699	0	10,366,417	54.01
54.02	CDI RADIOLOGY	0	0	848	0	36,632,547	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	386,936	0	56,328,762	57.00
57.01	TDOC CT SCAN	0	0	130,340	0	11,225,203	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	70,410	0	15,619,038	58.00
58.01	TDOC - MRI	0	0	82,141	0	17,164,239	58.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	13.01	14.00	15.00	16.00	
59.00	CARDIAC CATHETERIZATION	0	0	599,627	0	24,833,397	59.00
60.00	LABORATORY	0	0	2,381,799	0	151,066,712	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	649	0	425,343	0	23,588,115	64.00
64.01	BRAIN & SPINE INFUSION CENTER	90	0	4,112	0	301,186	64.01
65.00	RESPIRATORY THERAPY	0	0	23,909	0	11,653,700	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	1	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	18,756	0	17,365,652	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	2,753	0	137	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	5,400	0	2,944,377	66.02
67.00	OCCUPATIONAL THERAPY	0	0	763	0	2,567,512	67.00
68.00	SPEECH PATHOLOGY	0	0	2,619	0	1,184,190	68.00
69.00	ELECTROCARDIOLOGY	0	0	57,465	0	27,155,346	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	21,366	0	17,430,138	69.01
70.00	ELECTROENCEPHALOGRAPHY	90	0	13,327	0	2,134,603	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	34,420	0	5,612,608	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,115,926	0	52,156,048	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	42,766,248	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	188,653	0	98,372,041	73.00
74.00	RENAL DIALYSIS	434	0	48,552	0	2,429,860	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	7	0	2,260,378	76.01
76.02	CARDIAC REHAB	0	0	15,531	0	2,686,722	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	77,919	0	2,533,193	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	3,087	90.00
91.00	EMERGENCY	0	0	342,604	0	33,066,866	91.00
91.01	URGENT CARE CENTERS	0	0	160,918	0	23,830,854	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	396	0	8,436	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	100,793	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	31,855	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	45,953	43,034	24,773,000	0	994,893,656	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	28,947	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	856	0	0	194.02
194.03	FOUNTAIN CAFE	0	0	828	0	0	194.03
194.04	SLEEP RESEARCH	0	0	98	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	13.01	14.00	15.00	16.00	
194.07	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	33	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	4	0	0	194.13
194.14	RETAIL PHARMACY	0	0	472	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	45	0	4,975	0	1,081	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	3,656	194.16
194.17	VALET SERVICES	0	0	2	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,474,845	479,570	3,918,680	0	4,483,453	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	53.764745	11.143979	0.157953	0.000000	0.004506	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	96,656	6,956	690,445	0	270,231	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.099802	0.161640	0.027830	0.000000	0.000272	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		16.01	17.00	17.01	18.00	19.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY	15,165,283					16.01
17.00	SOCIAL SERVICE	0	12,046				17.00
17.01	SOCIAL SERVICE - SURREY	0	0	43,034			17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	CLINICAL PASTORAL EDUCATION	0	0	0	0		23.01
23.02	PHARMACY EDUCATION	0	0	0	0		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	10,171	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	449	0	0		31.00
32.00	CORONARY CARE UNIT	0	86	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	588	0	0		43.00
44.00	SKILLED NURSING FACILITY	2,123,458	0	10,724	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	6,398,750	0	32,310	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	47,451	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	1,436	0	0	0	0	57.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		16.01	17.00	17.01	18.00	19.00	
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	592,975	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	707	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	261	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	3,575	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	645	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	4,413,036	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	3,208	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,539	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	338,383	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,237,294	0	0	0	0	73.00
74.00	RENAL DIALYSIS	500	423	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	30	0	0	0	0	76.01
76.02	CARDIAC REHAB	35	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	153	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,165,283	11,870	43,034	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	176	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

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	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		16.01	17.00	17.01	18.00	19.00	
194.01	DEVELOPMENT	0	0	0	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	0	0	194.13
194.14	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	74,861	1,264,773	134,234	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004936	104.995268	3.119255	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	997	87,491	2,789	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000066	7.263075	0.064809	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		20.00	21.00	22.00	23.00	23.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	NONPATIENT TELEPHONES - SURREY						5.03
5.04	ADMITTING						5.04
5.05	ADMIN & GENERAL - SURREY						5.05
5.06	ADMIN & GENERAL - HOSPITAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
6.01	PURCHASING						6.01
6.02	MAINTENANCE & REPAIRS - SURREY						6.02
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING - SURREY						9.01
10.00	DIETARY						10.00
10.01	DIETARY - SURREY						10.01
11.00	CAFETERIA						11.00
11.01	CAFETERIA - SURREY						11.01
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
13.01	NURSING ADMINISTRATION - SURREY						13.01
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	SOCIAL SERVICE						17.00
17.01	SOCIAL SERVICE - SURREY						17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL	0					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		42,799				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			42,799			22.00
23.00	PARAMED ED PRGM-(SPECIFY)				0		23.00
23.01	CLINICAL PASTORAL EDUCATION				0	115,709	23.01
23.02	PHARMACY EDUCATION				0	0	23.02
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	28,833	28,833	0	65,489	30.00
31.00	INTENSIVE CARE UNIT	0	3,650	3,650	0	3,509	31.00
32.00	CORONARY CARE UNIT	0	100	100	0	3,677	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	63	63	0	10,724	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	32,310	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	100	100	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	150	150	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	233	233	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		20.00	21.00	22.00	23.00	23.01	
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	100	100	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	1,450	1,450	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	483	483	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	100	100	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	6,437	6,437	0	0	90.00
91.00	EMERGENCY	0	1,100	1,100	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	42,799	42,799	0	115,709	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	DEVELOPMENT	0	0	0	0	0	194.01
194.02	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	SLEEP RESEARCH	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		20.00	21.00	22.00	23.00	23.01	
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
194.07	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.08
194.09	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.10
194.11	MARKETING	0	0	0	0	0	194.11
194.12	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	VOLUNTEERS	0	0	0	0	0	194.13
194.14	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	VALET SERVICES	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	3,007,916	2,691,244	0	268,250	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	70.280053	62.881002	0.000000	2.318316	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	41,827	206,252	0	26,619	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.977289	4.819085	0.000000	0.230051	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	CAP REL COSTS-MVBLE EQUIP			2.01
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	NONPATIENT TELEPHONES - SURREY			5.03
5.04	ADMITTING			5.04
5.05	ADMIN & GENERAL - SURREY			5.05
5.06	ADMIN & GENERAL - HOSPITAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
6.01	PURCHASING			6.01
6.02	MAINTENANCE & REPAIRS - SURREY			6.02
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
8.01	LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	HOUSEKEEPING			9.00
9.01	HOUSEKEEPING - SURREY			9.01
10.00	DIETARY			10.00
10.01	DIETARY - SURREY			10.01
11.00	CAFETERIA			11.00
11.01	CAFETERIA - SURREY			11.01
12.00	MAINTENANCE OF PERSONNEL			12.00
13.00	NURSING ADMINISTRATION			13.00
13.01	NURSING ADMINISTRATION - SURREY			13.01
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
16.01	MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	SOCIAL SERVICE			17.00
17.01	SOCIAL SERVICE - SURREY			17.01
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
20.00	NURSING SCHOOL			20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	CLINICAL PASTORAL EDUCATION			23.01
23.02	PHARMACY EDUCATION	100		23.02
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0		30.00
31.00	INTENSIVE CARE UNIT	0		31.00
32.00	CORONARY CARE UNIT	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	SUBPROVIDER - IPF	0		40.00
41.00	SUBPROVIDER - IRF	0		41.00
42.00	SUBPROVIDER	0		42.00
43.00	NURSERY	0		43.00
44.00	SKILLED NURSING FACILITY	0		44.00
45.00	NURSING FACILITY	0		45.00
46.00	OTHER LONG TERM CARE	0		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0		50.00
50.01	VASCULAR ACCESS CENTER	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0		50.02
50.03	PAIN MGMT CENTER	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0		50.04
51.00	RECOVERY ROOM	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	ANESTHESIOLOGY	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0		54.00
54.01	TDOC RADIOLOGY	0		54.01
54.02	CDI RADIOLOGY	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	RADIOISOTOPE	0		56.00
57.00	CT SCAN	0		57.00
57.01	TDOC CT SCAN	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
58.01	TDOC - MRI	0		58.01
59.00	CARDIAC CATHETERIZATION	0		59.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
60.00	LABORATORY	0		60.00
60.01	BLOOD LABORATORY	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	INTRAVENOUS THERAPY	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0		64.01
65.00	RESPIRATORY THERAPY	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0		65.01
66.00	PHYSICAL THERAPY	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0		66.02
67.00	OCCUPATIONAL THERAPY	0		67.00
68.00	SPEECH PATHOLOGY	0		68.00
69.00	ELECTROCARDIOLOGY	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0		70.00
70.01	SLEEP MEDICINE CLINIC	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	100		73.00
74.00	RENAL DIALYSIS	0		74.00
75.00	ASC (NON-DISTINCT PART)	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0		76.01
76.02	CARDIAC REHAB	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	CLINIC	0		90.00
91.00	EMERGENCY	0		91.00
91.01	URGENT CARE CENTERS	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0		94.00
95.00	AMBULANCE SERVICES	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		98.00
99.00	CMHC	0		99.00
99.10	CORF	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	HOME HEALTH AGENCY	0		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0		105.00
106.00	HEART ACQUISITION	0		106.00
107.00	LIVER ACQUISITION	0		107.00
108.00	LUNG ACQUISITION	0		108.00
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
113.00	INTEREST EXPENSE	0		113.00
114.00	UTILIZATION REVIEW-SNF	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	HOSPICE	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100		118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00	RESEARCH	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	NONPAID WORKERS	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	DEVELOPMENT	0		194.01
194.02	COMMUNITY OUTREACH	0		194.02
194.03	FOUNTAIN CAFE	0		194.03
194.04	SLEEP RESEARCH	0		194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0		194.05
194.06	OTHER NONREIMBURSABLE COST CENTERS	0		194.06
194.07	PHYSICIAN REFERRAL	0		194.07
194.08	OTHER NONREIMBURSABLE COST CENTERS	0		194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
194.09	OTHER NONREIMBURSABLE COST CENTERS	0		194.09
194.10	OTHER NONREIMBURSABLE COST CENTERS	0		194.10
194.11	MARKETING	0		194.11
194.12	CHILDBIRTH INSTRUCTION	0		194.12
194.13	VOLUNTEERS	0		194.13
194.14	RETAIL PHARMACY	0		194.14
194.15	REHAB HOSPITAL COVERAGE	0		194.15
194.16	EXECUTIVE HEALTH PROGRAM	0		194.16
194.17	VALET SERVICES	0		194.17
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	223,210		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,232.100000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,248		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	172.480000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-2 | Date/Time Prepared: 1/26/2012 10:48 am

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	-10,499	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	53,447,510		53,447,510	308,363	53,755,873	30.00
31.00	INTENSIVE CARE UNIT	5,744,387		5,744,387	137,116	5,881,503	31.00
32.00	CORONARY CARE UNIT	6,367,740		6,367,740	15,548	6,383,288	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	8,038,591		8,038,591	0	8,038,591	43.00
44.00	SKILLED NURSING FACILITY	3,847,937		3,847,937	0	3,847,937	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	5,628,355		5,628,355	0	5,628,355	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	25,714,200		25,714,200	287,663	26,001,863	50.00
50.01	VASCULAR ACCESS CENTER	1,488,909		1,488,909	0	1,488,909	50.01
50.02	PAIN MGMT - BRAIN & SPINE	510,562		510,562	0	510,562	50.02
50.03	PAIN MGMT CENTER	462		462	0	462	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,598,491		3,598,491	5,115	3,603,606	50.04
51.00	RECOVERY ROOM	2,095,545		2,095,545	0	2,095,545	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,166,267		2,166,267	0	2,166,267	52.00
53.00	ANESTHESIOLOGY	475,891		475,891	0	475,891	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,840,669		14,840,669	0	14,840,669	54.00
54.01	TDOC RADIOLOGY	1,085,001		1,085,001	0	1,085,001	54.01
54.02	CDI RADIOLOGY	9,366,341		9,366,341	0	9,366,341	54.02
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	1,954,151		1,954,151	0	1,954,151	57.00
57.01	TDOC CT SCAN	564,177		564,177	0	564,177	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	978,762		978,762	0	978,762	58.00
58.01	TDOC - MRI	736,287		736,287	0	736,287	58.01
59.00	CARDIAC CATHETERIZATION	2,717,421		2,717,421	0	2,717,421	59.00
60.00	LABORATORY	17,314,158		17,314,158	0	17,314,158	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	9,496,441		9,496,441	0	9,496,441	64.00
64.01	BRAIN & SPINE INFUSION CENTER	189,741		189,741	25,189	214,930	64.01
65.00	RESPIRATORY THERAPY	3,200,189	0	3,200,189	0	3,200,189	65.00
65.01	RESPIRATORY THERAPY - SURREY	18,145	0	18,145	0	18,145	65.01
66.00	PHYSICAL THERAPY	5,019,755	0	5,019,755	0	5,019,755	66.00
66.01	PHYSICAL THERAPY - SURREY	1,579,507	0	1,579,507	0	1,579,507	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	1,373,610	0	1,373,610	0	1,373,610	66.02
67.00	OCCUPATIONAL THERAPY	655,000	0	655,000	0	655,000	67.00
68.00	SPEECH PATHOLOGY	306,881	0	306,881	0	306,881	68.00
69.00	ELECTROCARDIOLOGY	2,773,874		2,773,874	0	2,773,874	69.00
69.01	TDOC - ELECTROCARDIOLOGY	1,286,884		1,286,884	0	1,286,884	69.01
70.00	ELECTROENCEPHALOGRAPHY	474,136		474,136	0	474,136	70.00
70.01	SLEEP MEDICINE CLINIC	3,656,839		3,656,839	1,190	3,658,029	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,244,173		16,244,173	0	16,244,173	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	27,351,325		27,351,325	0	27,351,325	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,402,077		21,402,077	0	21,402,077	73.00
74.00	RENAL DIALYSIS	835,019		835,019	0	835,019	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	546,987		546,987	0	546,987	76.01
76.02	CARDIAC REHAB	2,996,964		2,996,964	0	2,996,964	76.02
76.03	HYPERBARIC OXYGEN THERAPY	667,633		667,633	0	667,633	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	6,569		6,569	0	6,569	90.00
91.00	EMERGENCY	7,485,787		7,485,787	126,277	7,612,064	91.00
91.01	URGENT CARE CENTERS	8,656,736		8,656,736	21,099	8,677,835	91.01
91.02	ADULT DOWN SYNDROME CENTER	249,589		249,589	0	249,589	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,290,620		1,290,620		1,290,620	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	3,875,112		3,875,112		3,875,112	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	959,264		959,264		959,264	116.00
200.00	Subtotal (see instructions)	291,280,671	0	291,280,671	927,560	292,208,231	200.00
201.00	Less Observation Beds	1,290,620		1,290,620		1,290,620	201.00
202.00	Total (see instructions)	289,990,051	0	289,990,051	927,560	290,917,611	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am

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	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	59,931,300		59,931,300			30.00
31.00	INTENSIVE CARE UNIT	9,139,872		9,139,872			31.00
32.00	CORONARY CARE UNIT	9,924,758		9,924,758			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	5,722,375		5,722,375			43.00
44.00	SKILLED NURSING FACILITY	2,123,458		2,123,458			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	6,398,750		6,398,750			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	26,273,662	46,400,951	72,674,613	0.353826	0.000000	50.00
50.01	VASCULAR ACCESS CENTER	26,964	13,106,179	13,133,143	0.113370	0.000000	50.01
50.02	PAIN MGMT - BRAIN & SPINE	5,037	3,869,101	3,874,138	0.131787	0.000000	50.02
50.03	PAIN MGMT CENTER	462	0	462	1.000000	0.000000	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,942,432	10,892,283	12,834,715	0.280372	0.000000	50.04
51.00	RECOVERY ROOM	2,865,537	4,994,040	7,859,577	0.266623	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,267,428	1,945,819	8,213,247	0.263753	0.000000	52.00
53.00	ANESTHESIOLOGY	4,020,334	4,778,062	8,798,396	0.054088	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,581,542	62,268,668	80,850,210	0.183558	0.000000	54.00
54.01	TDOC RADIOLOGY	101,469	10,264,948	10,366,417	0.104665	0.000000	54.01
54.02	CDI RADIOLOGY	139,140	36,493,407	36,632,547	0.255684	0.000000	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	22,366,522	33,963,677	56,330,199	0.034691	0.000000	57.00
57.01	TDOC CT SCAN	136,126	11,089,077	11,225,203	0.050260	0.000000	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,529,637	9,089,401	15,619,038	0.062665	0.000000	58.00
58.01	TDOC - MRI	75,124	17,089,115	17,164,239	0.042897	0.000000	58.01
59.00	CARDIAC CATHETERIZATION	12,170,528	12,662,869	24,833,397	0.109426	0.000000	59.00
60.00	LABORATORY	69,141,234	82,518,453	151,659,687	0.114165	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	2,098,617	21,525,205	23,623,822	0.401986	0.000000	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	301,186	301,186	0.629979	0.000000	64.01
65.00	RESPIRATORY THERAPY	11,283,512	355,449	11,638,961	0.274955	0.000000	65.00
65.01	RESPIRATORY THERAPY - SURREY	18,575	0	18,575	0.976851	0.000000	65.01
66.00	PHYSICAL THERAPY	5,709,832	11,656,465	17,366,297	0.289052	0.000000	66.00
66.01	PHYSICAL THERAPY - SURREY	4,285,833	127,340	4,413,173	0.357907	0.000000	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	2,944,377	2,944,377	0.466520	0.000000	66.02
67.00	OCCUPATIONAL THERAPY	2,516,749	50,763	2,567,512	0.255111	0.000000	67.00
68.00	SPEECH PATHOLOGY	913,131	274,267	1,187,398	0.258448	0.000000	68.00
69.00	ELECTROCARDIOLOGY	18,670,666	8,488,219	27,158,885	0.102135	0.000000	69.00
69.01	TDOC - ELECTROCARDIOLOGY	217,312	17,212,826	17,430,138	0.073831	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	667,102	1,467,501	2,134,603	0.222119	0.000000	70.00
70.01	SLEEP MEDICINE CLINIC	24,214	5,588,394	5,612,608	0.651540	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,251,117	22,243,314	52,494,431	0.309446	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,094,053	17,672,195	42,766,248	0.639554	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	61,971,554	37,567,781	99,539,335	0.215011	0.000000	73.00
74.00	RENAL DIALYSIS	2,178,987	286,373	2,465,360	0.338701	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	NUTRITION/DIABETES EDUCATION	2,034,823	225,585	2,260,408	0.241986	0.000000	76.01
76.02	CARDIAC REHAB	684,880	2,001,877	2,686,757	1.115458	0.000000	76.02
76.03	HYPERBARIC OXYGEN THERAPY	200,223	2,332,970	2,533,193	0.263554	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	3,087	3,087	2.127956	0.000000	90.00
91.00	EMERGENCY	16,216,730	16,850,316	33,067,046	0.226382	0.000000	91.00
91.01	URGENT CARE CENTERS	41,269	23,788,837	23,830,106	0.363269	0.000000	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	8,436	8,436	29.586178	0.000000	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	516,184	6,180,328	6,696,512	0.192730	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	4,688,996	4,688,996			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	936,530	936,530			116.00
200.00	Subtotal (see instructions)	449,479,054	566,204,667	1,015,683,721			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	449,479,054	566,204,667	1,015,683,721			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.357785		50.00
50.01	VASCULAR ACCESS CENTER	0.113370		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787		50.02
50.03	PAIN MGMT CENTER	1.000000		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280770		50.04
51.00	RECOVERY ROOM	0.266623		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753		52.00
53.00	ANESTHESIOLOGY	0.054088		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558		54.00
54.01	TDOC RADIOLOGY	0.104665		54.01
54.02	CDI RADIOLOGY	0.255684		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.034691		57.00
57.01	TDOC CT SCAN	0.050260		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665		58.00
58.01	TDOC - MRI	0.042897		58.01
59.00	CARDIAC CATHETERIZATION	0.109426		59.00
60.00	LABORATORY	0.114165		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.401986		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.713612		64.01
65.00	RESPIRATORY THERAPY	0.274955		65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851		65.01
66.00	PHYSICAL THERAPY	0.289052		66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520		66.02
67.00	OCCUPATIONAL THERAPY	0.255111		67.00
68.00	SPEECH PATHOLOGY	0.258448		68.00
69.00	ELECTROCARDIOLOGY	0.102135		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119		70.00
70.01	SLEEP MEDICINE CLINIC	0.651752		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011		73.00
74.00	RENAL DIALYSIS	0.338701		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986		76.01
76.02	CARDIAC REHAB	1.115458		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	2.127956		90.00
91.00	EMERGENCY	0.230201		91.00
91.01	URGENT CARE CENTERS	0.364154		91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.192730		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	53,447,510		53,447,510	0	0	30.00
31.00	INTENSIVE CARE UNIT	5,744,387		5,744,387	0	0	31.00
32.00	CORONARY CARE UNIT	6,367,740		6,367,740	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	8,038,591		8,038,591	0	0	43.00
44.00	SKILLED NURSING FACILITY	3,847,937		3,847,937	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	5,628,355		5,628,355	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	25,714,200		25,714,200	0	0	50.00
50.01	VASCULAR ACCESS CENTER	1,488,909		1,488,909	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	510,562		510,562	0	0	50.02
50.03	PAIN MGMT CENTER	462		462	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	3,598,491		3,598,491	0	0	50.04
51.00	RECOVERY ROOM	2,095,545		2,095,545	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,166,267		2,166,267	0	0	52.00
53.00	ANESTHESIOLOGY	475,891		475,891	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,840,669		14,840,669	0	0	54.00
54.01	TDOC RADIOLOGY	1,085,001		1,085,001	0	0	54.01
54.02	CDI RADIOLOGY	9,366,341		9,366,341	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	1,954,151		1,954,151	0	0	57.00
57.01	TDOC CT SCAN	564,177		564,177	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	978,762		978,762	0	0	58.00
58.01	TDOC - MRI	736,287		736,287	0	0	58.01
59.00	CARDIAC CATHETERIZATION	2,717,421		2,717,421	0	0	59.00
60.00	LABORATORY	17,314,158		17,314,158	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	9,496,441		9,496,441	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	189,741		189,741	0	0	64.01
65.00	RESPIRATORY THERAPY	3,200,189	0	3,200,189	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	18,145	0	18,145	0	0	65.01
66.00	PHYSICAL THERAPY	5,019,755	0	5,019,755	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	1,579,507	0	1,579,507	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	1,373,610	0	1,373,610	0	0	66.02
67.00	OCCUPATIONAL THERAPY	655,000	0	655,000	0	0	67.00
68.00	SPEECH PATHOLOGY	306,881	0	306,881	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,773,874		2,773,874	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	1,286,884		1,286,884	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	474,136		474,136	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	3,656,839		3,656,839	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,244,173		16,244,173	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	27,351,325		27,351,325	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,402,077		21,402,077	0	0	73.00
74.00	RENAL DIALYSIS	835,019		835,019	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	546,987		546,987	0	0	76.01
76.02	CARDIAC REHAB	2,996,964		2,996,964	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	667,633		667,633	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	6,569		6,569	0	0	90.00
91.00	EMERGENCY	7,485,787		7,485,787	0	0	91.00
91.01	URGENT CARE CENTERS	8,656,736		8,656,736	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	249,589		249,589	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,283,226		1,283,226		0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	3,875,112		3,875,112		0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	959,264		959,264		0	116.00
200.00	Subtotal (see instructions)	291,273,277	0	291,273,277	0	0	200.00
201.00	Less Observation Beds	1,283,226		1,283,226		0	201.00
202.00	Total (see instructions)	289,990,051	0	289,990,051	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	59,931,300		59,931,300			30.00
31.00	INTENSIVE CARE UNIT	9,139,872		9,139,872			31.00
32.00	CORONARY CARE UNIT	9,924,758		9,924,758			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	5,722,375		5,722,375			43.00
44.00	SKILLED NURSING FACILITY	2,123,458		2,123,458			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	6,398,750		6,398,750			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	26,273,662	46,400,951	72,674,613	0.353826	0.000000	50.00
50.01	VASCULAR ACCESS CENTER	26,964	13,106,179	13,133,143	0.113370	0.000000	50.01
50.02	PAIN MGMT - BRAIN & SPINE	5,037	3,869,101	3,874,138	0.131787	0.000000	50.02
50.03	PAIN MGMT CENTER	462	0	462	1.000000	0.000000	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	1,942,432	10,892,283	12,834,715	0.280372	0.000000	50.04
51.00	RECOVERY ROOM	2,865,537	4,994,040	7,859,577	0.266623	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,267,428	1,945,819	8,213,247	0.263753	0.000000	52.00
53.00	ANESTHESIOLOGY	4,020,334	4,778,062	8,798,396	0.054088	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,581,542	62,268,668	80,850,210	0.183558	0.000000	54.00
54.01	TDOC RADIOLOGY	101,469	10,264,948	10,366,417	0.104665	0.000000	54.01
54.02	CDI RADIOLOGY	139,140	36,493,407	36,632,547	0.255684	0.000000	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	22,366,522	33,963,677	56,330,199	0.034691	0.000000	57.00
57.01	TDOC CT SCAN	136,126	11,089,077	11,225,203	0.050260	0.000000	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,529,637	9,089,401	15,619,038	0.062665	0.000000	58.00
58.01	TDOC - MRI	75,124	17,089,115	17,164,239	0.042897	0.000000	58.01
59.00	CARDIAC CATHETERIZATION	12,170,528	12,662,869	24,833,397	0.109426	0.000000	59.00
60.00	LABORATORY	69,141,234	82,518,453	151,659,687	0.114165	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	2,098,617	21,525,205	23,623,822	0.401986	0.000000	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	301,186	301,186	0.629979	0.000000	64.01
65.00	RESPIRATORY THERAPY	11,283,512	355,449	11,638,961	0.274955	0.000000	65.00
65.01	RESPIRATORY THERAPY - SURREY	18,575	0	18,575	0.976851	0.000000	65.01
66.00	PHYSICAL THERAPY	5,709,832	11,656,465	17,366,297	0.289052	0.000000	66.00
66.01	PHYSICAL THERAPY - SURREY	4,285,833	127,340	4,413,173	0.357907	0.000000	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	2,944,377	2,944,377	0.466520	0.000000	66.02
67.00	OCCUPATIONAL THERAPY	2,516,749	50,763	2,567,512	0.255111	0.000000	67.00
68.00	SPEECH PATHOLOGY	913,131	274,267	1,187,398	0.258448	0.000000	68.00
69.00	ELECTROCARDIOLOGY	18,670,666	8,488,219	27,158,885	0.102135	0.000000	69.00
69.01	TDOC - ELECTROCARDIOLOGY	217,312	17,212,826	17,430,138	0.073831	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	667,102	1,467,501	2,134,603	0.222119	0.000000	70.00
70.01	SLEEP MEDICINE CLINIC	24,214	5,588,394	5,612,608	0.651540	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,251,117	22,243,314	52,494,431	0.309446	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,094,053	17,672,195	42,766,248	0.639554	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	61,971,554	37,567,781	99,539,335	0.215011	0.000000	73.00
74.00	RENAL DIALYSIS	2,178,987	286,373	2,465,360	0.338701	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.00
76.01	NUTRITION/DIABETES EDUCATION	2,034,823	225,585	2,260,408	0.241986	0.000000	76.01
76.02	CARDIAC REHAB	684,880	2,001,877	2,686,757	1.115458	0.000000	76.02
76.03	HYPERBARIC OXYGEN THERAPY	200,223	2,332,970	2,533,193	0.263554	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	3,087	3,087	2.127956	0.000000	90.00
91.00	EMERGENCY	16,216,730	16,850,316	33,067,046	0.226382	0.000000	91.00
91.01	URGENT CARE CENTERS	41,269	23,788,837	23,830,106	0.363269	0.000000	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	8,436	8,436	29.586178	0.000000	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	516,184	6,180,328	6,696,512	0.191626	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	4,688,996	4,688,996			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	936,530	936,530			116.00
200.00	Subtotal (see instructions)	449,479,054	566,204,667	1,015,683,721			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	449,479,054	566,204,667	1,015,683,721			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	PPS Inpatient Ratio 11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	ADULTS & PEDIATRICS		30.00
31.00	INTENSIVE CARE UNIT		31.00
32.00	CORONARY CARE UNIT		32.00
33.00	BURN INTENSIVE CARE UNIT		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	SUBPROVIDER - IPF		40.00
41.00	SUBPROVIDER - IRF		41.00
42.00	SUBPROVIDER		42.00
43.00	NURSERY		43.00
44.00	SKILLED NURSING FACILITY		44.00
45.00	NURSING FACILITY		45.00
46.00	OTHER LONG TERM CARE		46.00
	ANCILLARY SERVICE COST CENTERS		
50.00	OPERATING ROOM	0.000000	50.00
50.01	VASCULAR ACCESS CENTER	0.000000	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.000000	50.02
50.03	PAIN MGMT CENTER	0.000000	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.000000	50.04
51.00	RECOVERY ROOM	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	ANESTHESIOLOGY	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	TDOC RADIOLOGY	0.000000	54.01
54.02	CDI RADIOLOGY	0.000000	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	RADIOISOTOPE	0.000000	56.00
57.00	CT SCAN	0.000000	57.00
57.01	TDOC CT SCAN	0.000000	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
58.01	TDOC - MRI	0.000000	58.01
59.00	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	LABORATORY	0.000000	60.00
60.01	BLOOD LABORATORY	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0.000000	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.000000	64.01
65.00	RESPIRATORY THERAPY	0.000000	65.00
65.01	RESPIRATORY THERAPY - SURREY	0.000000	65.01
66.00	PHYSICAL THERAPY	0.000000	66.00
66.01	PHYSICAL THERAPY - SURREY	0.000000	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.000000	66.02
67.00	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	SPEECH PATHOLOGY	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0.000000	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	70.00
70.01	SLEEP MEDICINE CLINIC	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	RENAL DIALYSIS	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	76.00
76.01	NUTRITION/DIABETES EDUCATION	0.000000	76.01
76.02	CARDIAC REHAB	0.000000	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.000000	76.03
	OUTPATIENT SERVICE COST CENTERS		
88.00	RURAL HEALTH CLINIC	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	CLINIC	0.000000	90.00
91.00	EMERGENCY	0.000000	91.00
91.01	URGENT CARE CENTERS	0.000000	91.01
91.02	ADULT DOWN SYNDROME CENTER	0.000000	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS		
94.00	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	AMBULANCE SERVICES	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,316,706	0	6,316,706	67,100	94.14	30.00
31.00	INTENSIVE CARE UNIT	449,763		449,763	3,509	128.17	31.00
32.00	CORONARY CARE UNIT	617,325		617,325	3,677	167.89	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	754,881		754,881	5,856	128.91	43.00
44.00	SKILLED NURSING FACILITY	220,921		220,921	10,724	20.60	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	8,359,596		8,359,596	90,866		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	34,987	3,293,676		30.00
31.00	INTENSIVE CARE UNIT	2,146	275,053		31.00
32.00	CORONARY CARE UNIT	2,134	358,277		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	10,518	216,671		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	49,785	4,143,677		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,657,990	72,674,613	0.036574	17,541,821	641,575	50.00
50.01	VASCULAR ACCESS CENTER	419,435	13,133,143	0.031937	26,872	858	50.01
50.02	PAIN MGMT - BRAIN & SPINE	68,541	3,874,138	0.017692	1,736	31	50.02
50.03	PAIN MGMT CENTER	4	462	0.008658	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	477,563	12,834,715	0.037209	1,205,555	44,857	50.04
51.00	RECOVERY ROOM	222,020	7,859,577	0.028248	1,767,116	49,917	51.00
52.00	DELIVERY ROOM & LABOR ROOM	255,981	8,213,247	0.031167	7,310	228	52.00
53.00	ANESTHESIOLOGY	22,958	8,798,396	0.002609	3,591,027	9,369	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,014,357	80,850,210	0.024915	10,164,776	253,255	54.00
54.01	TDOC RADIOLOGY	129,863	10,366,417	0.012527	57,354	718	54.01
54.02	CDI RADIOLOGY	2,093,515	36,632,547	0.057149	47,777	2,730	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	198,035	56,330,199	0.003516	11,338,974	39,868	57.00
57.01	TDOC CT SCAN	65,499	11,225,203	0.005835	88,556	517	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	188,849	15,619,038	0.012091	2,722,438	32,917	58.00
58.01	TDOC - MRI	107,236	17,164,239	0.006248	43,264	270	58.01
59.00	CARDIAC CATHETERIZATION	364,976	24,833,397	0.014697	7,542,676	110,855	59.00
60.00	LABORATORY	1,112,747	151,659,687	0.007337	37,790,301	277,267	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	214,009	23,623,822	0.009059	2,046,971	18,544	64.00
64.01	BRAIN & SPINE INFUSION CENTER	13,341	301,186	0.044295	0	0	64.01
65.00	RESPIRATORY THERAPY	114,948	11,638,961	0.009876	8,708,465	86,005	65.00
65.01	RESPIRATORY THERAPY - SURREY	1,981	18,575	0.106649	38	4	65.01
66.00	PHYSICAL THERAPY	669,884	17,366,297	0.038574	3,461,708	133,532	66.00
66.01	PHYSICAL THERAPY - SURREY	39,953	4,413,173	0.009053	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	164,926	2,944,377	0.056014	0	0	66.02
67.00	OCCUPATIONAL THERAPY	9,340	2,567,512	0.003638	1,682,981	6,123	67.00
68.00	SPEECH PATHOLOGY	7,304	1,187,398	0.006151	659,453	4,056	68.00
69.00	ELECTROCARDIOLOGY	251,794	27,158,885	0.009271	9,983,462	92,557	69.00
69.01	TDOC - ELECTROCARDIOLOGY	203,734	17,430,138	0.011689	121,272	1,418	69.01
70.00	ELECTROENCEPHALOGRAPHY	88,890	2,134,603	0.041642	475,094	19,784	70.00
70.01	SLEEP MEDICINE CLINIC	572,592	5,612,608	0.102019	2,798	285	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	465,085	52,494,431	0.008860	4,631,442	41,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	227,658	42,766,248	0.005323	13,180,685	70,161	72.00
73.00	DRUGS CHARGED TO PATIENTS	377,348	99,539,335	0.003791	35,260,112	133,671	73.00
74.00	RENAL DIALYSIS	83,845	2,465,360	0.034009	2,099,316	71,396	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	84,466	2,260,408	0.037368	1,295,885	48,425	76.01
76.02	CARDIAC REHAB	494,918	2,686,757	0.184206	603,669	111,199	76.02
76.03	HYPERBARIC OXYGEN THERAPY	96,061	2,533,193	0.037921	62,620	2,375	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	68	3,087	0.022028	0	0	90.00
91.00	EMERGENCY	519,062	33,067,046	0.015697	8,142,447	127,812	91.00
91.01	URGENT CARE CENTERS	1,234,249	23,830,106	0.051794	13,277	688	91.01
91.02	ADULT DOWN SYNDROME CENTER	52,056	8,436	6.170697	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	151,657	6,696,512	0.022647	68,592	1,553	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	16,538,738	916,817,682		186,437,840	2,435,855	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part III
Date/Time Prepared:
1/26/2012 10:48 am

Title XVIII Hospital PPS

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	151,824	0	0	151,824	30.00
31.00	INTENSIVE CARE UNIT	0	8,135	0		8,135	31.00
32.00	CORONARY CARE UNIT	0	8,524	0		8,524	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	24,862	0		24,862	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	193,345	0		193,345	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	67,100	2.26	34,987	79,071	0	30.00
31.00	INTENSIVE CARE UNIT	3,509	2.32	2,146	4,979	0	31.00
32.00	CORONARY CARE UNIT	3,677	2.32	2,134	4,951	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	5,856	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	10,724	2.32	10,518	24,402	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	90,866		49,785	113,403	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	223,210	0	223,210	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	3,645	0	3,645	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	226,855	0	226,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	72,674,613	0.000000	0.000000	17,541,821	50.00
50.01	VASCULAR ACCESS CENTER	0	13,133,143	0.000000	0.000000	26,872	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	3,874,138	0.000000	0.000000	1,736	50.02
50.03	PAIN MGMT CENTER	0	462	0.000000	0.000000	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	12,834,715	0.000000	0.000000	1,205,555	50.04
51.00	RECOVERY ROOM	0	7,859,577	0.000000	0.000000	1,767,116	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,213,247	0.000000	0.000000	7,310	52.00
53.00	ANESTHESIOLOGY	0	8,798,396	0.000000	0.000000	3,591,027	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	80,850,210	0.000000	0.000000	10,164,776	54.00
54.01	TDOC RADIOLOGY	0	10,366,417	0.000000	0.000000	57,354	54.01
54.02	CDI RADIOLOGY	0	36,632,547	0.000000	0.000000	47,777	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	56,330,199	0.000000	0.000000	11,338,974	57.00
57.01	TDOC CT SCAN	0	11,225,203	0.000000	0.000000	88,556	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,619,038	0.000000	0.000000	2,722,438	58.00
58.01	TDOC - MRI	0	17,164,239	0.000000	0.000000	43,264	58.01
59.00	CARDIAC CATHETERIZATION	0	24,833,397	0.000000	0.000000	7,542,676	59.00
60.00	LABORATORY	0	151,659,687	0.000000	0.000000	37,790,301	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	23,623,822	0.000000	0.000000	2,046,971	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	301,186	0.000000	0.000000	0	64.01
65.00	RESPIRATORY THERAPY	0	11,638,961	0.000000	0.000000	8,708,465	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	18,575	0.000000	0.000000	38	65.01
66.00	PHYSICAL THERAPY	0	17,366,297	0.000000	0.000000	3,461,708	66.00
66.01	PHYSICAL THERAPY - SURREY	0	4,413,173	0.000000	0.000000	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	2,944,377	0.000000	0.000000	0	66.02
67.00	OCCUPATIONAL THERAPY	0	2,567,512	0.000000	0.000000	1,682,981	67.00
68.00	SPEECH PATHOLOGY	0	1,187,398	0.000000	0.000000	659,453	68.00
69.00	ELECTROCARDIOLOGY	0	27,158,885	0.000000	0.000000	9,983,462	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	17,430,138	0.000000	0.000000	121,272	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,134,603	0.000000	0.000000	475,094	70.00
70.01	SLEEP MEDICINE CLINIC	0	5,612,608	0.000000	0.000000	2,798	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,494,431	0.000000	0.000000	4,631,442	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	42,766,248	0.000000	0.000000	13,180,685	72.00
73.00	DRUGS CHARGED TO PATIENTS	223,210	99,539,335	0.002242	0.002242	35,260,112	73.00
74.00	RENAL DIALYSIS	0	2,465,360	0.000000	0.000000	2,099,316	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	2,260,408	0.000000	0.000000	1,295,885	76.01
76.02	CARDIAC REHAB	0	2,686,757	0.000000	0.000000	603,669	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	2,533,193	0.000000	0.000000	62,620	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	3,087	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	33,067,046	0.000000	0.000000	8,142,447	91.00
91.01	URGENT CARE CENTERS	0	23,830,106	0.000000	0.000000	13,277	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	8,436	0.000000	0.000000	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,645	6,696,512	0.000544	0.000544	68,592	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	226,855	916,817,682			186,437,840	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

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	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	12,777,494	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	10,910,206	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	2,005,904	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	2,241,366	0	0	0	50.04
51.00	RECOVERY ROOM	0	1,135,947	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,228	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	2,505,570	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	19,759,805	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	4,160,004	0	0	0	54.01
54.02	CDI RADIOLOGY	0	5,659,936	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	11,208,850	0	0	0	57.00
57.01	TDOC CT SCAN	0	4,670,242	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,514,269	0	0	0	58.00
58.01	TDOC - MRI	0	5,450,151	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	4,497,269	0	0	0	59.00
60.00	LABORATORY	0	2,990,349	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	10,801,269	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	109,575	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	17,945	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	5,051	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,125,549	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	6,718,524	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	1,363,686	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	166,134	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	811,680	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,117,892	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,053	12,277,439	27,526	0	0	73.00
74.00	RENAL DIALYSIS	0	10,499	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	22,928	0	0	0	76.01
76.02	CARDIAC REHAB	0	1,077,013	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	1,109,650	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	4,123,756	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	978,465	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	3,879	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	37	340,925	185	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	79,090	142,670,449	27,711	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

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	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	PAIN MGMT CENTER	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	TDOC RADIOLOGY	0	0		54.01
54.02	CDI RADIOLOGY	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
57.01	TDOC CT SCAN	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	TDOC - MRI	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	CARDIAC REHAB	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
91.01	URGENT CARE CENTERS	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 10:48 am

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	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.353826	12,777,494	-3	2		50.00
50.01	VASCULAR ACCESS CENTER	0.113370	10,910,206	-679	393		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	2,005,904	0	0		50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280372	2,241,366	0	0		50.04
51.00	RECOVERY ROOM	0.266623	1,135,947	-34	14		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	1,228	0	0		52.00
53.00	ANESTHESIOLOGY	0.054088	2,505,570	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	19,759,805	-702	1,302		54.00
54.01	TDOC RADIOLOGY	0.104665	4,160,004	-1,691	980		54.01
54.02	CDI RADIOLOGY	0.255684	5,659,936	519	103		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	CT SCAN	0.034691	11,208,850	-2,232	1,293		57.00
57.01	TDOC CT SCAN	0.050260	4,670,242	-279	161		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	2,514,269	-234	136		58.00
58.01	TDOC - MRI	0.042897	5,450,151	-503	291		58.01
59.00	CARDIAC CATHETERIZATION	0.109426	4,497,269	-304	176		59.00
60.00	LABORATORY	0.114165	2,990,349	-56	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.401986	10,801,269	-17,056	9,748		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.629979	0	0	0		64.01
65.00	RESPIRATORY THERAPY	0.274955	109,575	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	0	0	0		65.01
66.00	PHYSICAL THERAPY	0.289052	17,945	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	5,051	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0.255111	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.258448	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.102135	3,125,549	-50	29		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	6,718,524	-135	78		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	1,363,686	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0.651540	166,134	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	811,680	-362	210		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	7,117,892	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	12,277,439	-22,007	12,747		73.00
74.00	RENAL DIALYSIS	0.338701	10,499	-8	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	22,928	-20	0		76.01
76.02	CARDIAC REHAB	1.115458	1,077,013	-119	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	1,109,650	-76	44		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	2.127956	0	0	0		90.00
91.00	EMERGENCY	0.226382	4,123,756	0	0		91.00
91.01	URGENT CARE CENTERS	0.363269	978,465	-7	4		91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	3,879	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.192730	340,925	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		142,670,449	-46,038	27,711		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		142,670,449	-46,038	27,711		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	4,521,010	-1	1		50.00
50.01	VASCULAR ACCESS CENTER	1,236,890	-77	45		50.01
50.02	PAIN MGMT - BRAIN & SPINE	264,352	0	0		50.02
50.03	PAIN MGMT CENTER	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	628,416	0	0		50.04
51.00	RECOVERY ROOM	302,870	-9	4		51.00
52.00	DELIVERY ROOM & LABOR ROOM	324	0	0		52.00
53.00	ANESTHESIOLOGY	135,521	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,627,070	-129	239		54.00
54.01	TDOC RADIOLOGY	435,407	-177	103		54.01
54.02	CDI RADIOLOGY	1,447,155	133	26		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	388,846	-77	45		57.00
57.01	TDOC CT SCAN	234,726	-14	8		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	157,557	-15	9		58.00
58.01	TDOC - MRI	233,795	-22	12		58.01
59.00	CARDIAC CATHETERIZATION	492,118	-33	19		59.00
60.00	LABORATORY	341,393	-6	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	4,341,959	-6,856	3,919		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0		64.01
65.00	RESPIRATORY THERAPY	30,128	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0		65.01
66.00	PHYSICAL THERAPY	5,187	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	2,356	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	319,228	-5	3		69.00
69.01	TDOC - ELECTROCARDIOLOGY	496,035	-10	6		69.01
70.00	ELECTROENCEPHALOGRAPHY	302,901	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	108,243	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	251,171	-112	65		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,552,276	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,639,784	-4,732	2,741		73.00
74.00	RENAL DIALYSIS	3,556	-3	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	5,548	-5	0		76.01
76.02	CARDIAC REHAB	1,201,363	-133	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	292,453	-20	12		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	933,544	0	0		91.00
91.01	URGENT CARE CENTERS	355,446	-3	1		91.01
91.02	ADULT DOWN SYNDROME CENTER	114,765	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	65,706	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	30,469,099	-12,306	7,258		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	30,469,099	-12,306	7,258		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part IV
Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	223,210	0	223,210	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	223,210	0	223,210	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part IV
Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	72,674,613	0.000000	0.000000	0	50.00
50.01	VASCULAR ACCESS CENTER	0	13,133,143	0.000000	0.000000	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	3,874,138	0.000000	0.000000	0	50.02
50.03	PAIN MGMT CENTER	0	462	0.000000	0.000000	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	12,834,715	0.000000	0.000000	0	50.04
51.00	RECOVERY ROOM	0	7,859,577	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,213,247	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	8,798,396	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	80,850,210	0.000000	0.000000	39,544	54.00
54.01	TDOC RADIOLOGY	0	10,366,417	0.000000	0.000000	0	54.01
54.02	CDI RADIOLOGY	0	36,632,547	0.000000	0.000000	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	56,330,199	0.000000	0.000000	0	57.00
57.01	TDOC CT SCAN	0	11,225,203	0.000000	0.000000	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,619,038	0.000000	0.000000	0	58.00
58.01	TDOC - MRI	0	17,164,239	0.000000	0.000000	0	58.01
59.00	CARDIAC CATHETERIZATION	0	24,833,397	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	151,659,687	0.000000	0.000000	406,156	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	23,623,822	0.000000	0.000000	707	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	301,186	0.000000	0.000000	0	64.01
65.00	RESPIRATORY THERAPY	0	11,638,961	0.000000	0.000000	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	18,575	0.000000	0.000000	17,191	65.01
66.00	PHYSICAL THERAPY	0	17,366,297	0.000000	0.000000	254	66.00
66.01	PHYSICAL THERAPY - SURREY	0	4,413,173	0.000000	0.000000	2,852,118	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	2,944,377	0.000000	0.000000	0	66.02
67.00	OCCUPATIONAL THERAPY	0	2,567,512	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	1,187,398	0.000000	0.000000	3,336	68.00
69.00	ELECTROCARDIOLOGY	0	27,158,885	0.000000	0.000000	4,308	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	17,430,138	0.000000	0.000000	878	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,134,603	0.000000	0.000000	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	5,612,608	0.000000	0.000000	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,494,431	0.000000	0.000000	137,141	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	42,766,248	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	223,210	99,539,335	0.002242	0.002242	802,047	73.00
74.00	RENAL DIALYSIS	0	2,465,360	0.000000	0.000000	500	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	2,260,408	0.000000	0.000000	32	76.01
76.02	CARDIAC REHAB	0	2,686,757	0.000000	0.000000	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	2,533,193	0.000000	0.000000	3,745	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	3,087	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	33,067,046	0.000000	0.000000	0	91.00
91.01	URGENT CARE CENTERS	0	23,830,106	0.000000	0.000000	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	8,436	0.000000	0.000000	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,696,512	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	223,210	916,817,682			4,267,957	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part IV
Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,798	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	1,798	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	PAIN MGMT CENTER	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	TDOC RADIOLOGY	0	0		54.01
54.02	CDI RADIOLOGY	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
57.01	TDOC CT SCAN	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	TDOC - MRI	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	CARDIAC REHAB	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
91.01	URGENT CARE CENTERS	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part V
Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.353826	0	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0.113370	0	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	0	0	0		50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280372	0	0	0		50.04
51.00	RECOVERY ROOM	0.266623	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.054088	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	0	0	0		54.00
54.01	TDOC RADIOLOGY	0.104665	0	0	0		54.01
54.02	CDI RADIOLOGY	0.255684	0	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	CT SCAN	0.034691	0	0	0		57.00
57.01	TDOC CT SCAN	0.050260	0	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	0	0	0		58.00
58.01	TDOC - MRI	0.042897	0	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0.109426	0	0	0		59.00
60.00	LABORATORY	0.114165	0	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.401986	0	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.629979	0	0	0		64.01
65.00	RESPIRATORY THERAPY	0.274955	0	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	0	0	0		65.01
66.00	PHYSICAL THERAPY	0.289052	0	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	0	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0.255111	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.258448	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.102135	0	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	0	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	0	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0.651540	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	0	0	755		73.00
74.00	RENAL DIALYSIS	0.338701	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	0	0	0		76.01
76.02	CARDIAC REHAB	1.115458	0	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	2.127956	0	0	0		90.00
91.00	EMERGENCY	0.226382	0	0	0		91.00
91.01	URGENT CARE CENTERS	0.363269	0	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	0	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.192730	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		0	0	755		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	755		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part V
Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Skilled Nursing Facility | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0		50.02
50.03	PAIN MGMT CENTER	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0		50.04
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	TDOC RADIOLOGY	0	0	0		54.01
54.02	CDI RADIOLOGY	0	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
57.01	TDOC CT SCAN	0	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	TDOC - MRI	0	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0		64.01
65.00	RESPIRATORY THERAPY	0	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	162		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0		76.01
76.02	CARDIAC REHAB	0	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	0	0		91.00
91.01	URGENT CARE CENTERS	0	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	0	0	162		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	162		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,316,706	0	6,316,706	67,100	94.14	30.00
31.00	INTENSIVE CARE UNIT	449,763		449,763	3,509	128.17	31.00
32.00	CORONARY CARE UNIT	617,325		617,325	3,677	167.89	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	754,881		754,881	5,856	128.91	43.00
44.00	SKILLED NURSING FACILITY	220,921		220,921	10,724	20.60	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	8,359,596		8,359,596	90,866		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	855	80,490		30.00
31.00	INTENSIVE CARE UNIT	18	2,307		31.00
32.00	CORONARY CARE UNIT	84	14,103		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	79	10,184		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	1,036	107,084		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,657,990	72,674,613	0.036574	190,250	6,958	50.00
50.01	VASCULAR ACCESS CENTER	419,435	13,133,143	0.031937	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	68,541	3,874,138	0.017692	0	0	50.02
50.03	PAIN MGMT CENTER	4	462	0.008658	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	477,563	12,834,715	0.037209	29,482	1,097	50.04
51.00	RECOVERY ROOM	222,020	7,859,577	0.028248	16,538	467	51.00
52.00	DELIVERY ROOM & LABOR ROOM	255,981	8,213,247	0.031167	27,549	859	52.00
53.00	ANESTHESIOLOGY	22,958	8,798,396	0.002609	30,452	79	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,014,357	80,850,210	0.024915	203,912	5,080	54.00
54.01	TDOC RADIOLOGY	129,863	10,366,417	0.012527	0	0	54.01
54.02	CDI RADIOLOGY	2,093,515	36,632,547	0.057149	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	198,035	56,330,199	0.003516	310,667	1,092	57.00
57.01	TDOC CT SCAN	65,499	11,225,203	0.005835	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	188,849	15,619,038	0.012091	100,677	1,217	58.00
58.01	TDOC - MRI	107,236	17,164,239	0.006248	0	0	58.01
59.00	CARDIAC CATHETERIZATION	364,976	24,833,397	0.014697	133,278	1,959	59.00
60.00	LABORATORY	1,112,747	151,659,687	0.007337	1,094,344	8,029	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	214,009	23,623,822	0.009059	38,265	347	64.00
64.01	BRAIN & SPINE INFUSION CENTER	13,341	301,186	0.044295	0	0	64.01
65.00	RESPIRATORY THERAPY	114,948	11,638,961	0.009876	147,980	1,461	65.00
65.01	RESPIRATORY THERAPY - SURREY	1,981	18,575	0.106649	0	0	65.01
66.00	PHYSICAL THERAPY	669,884	17,366,297	0.038574	34,241	1,321	66.00
66.01	PHYSICAL THERAPY - SURREY	39,953	4,413,173	0.009053	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	164,926	2,944,377	0.056014	0	0	66.02
67.00	OCCUPATIONAL THERAPY	9,340	2,567,512	0.003638	24,291	88	67.00
68.00	SPEECH PATHOLOGY	7,304	1,187,398	0.006151	6,348	39	68.00
69.00	ELECTROCARDIOLOGY	251,794	27,158,885	0.009271	189,890	1,760	69.00
69.01	TDOC - ELECTROCARDIOLOGY	203,734	17,430,138	0.011689	487	6	69.01
70.00	ELECTROENCEPHALOGRAPHY	88,890	2,134,603	0.041642	3,314	138	70.00
70.01	SLEEP MEDICINE CLINIC	572,592	5,612,608	0.102019	540	55	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	465,085	52,494,431	0.008860	305,524	2,707	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	227,658	42,766,248	0.005323	108,235	576	72.00
73.00	DRUGS CHARGED TO PATIENTS	377,348	99,539,335	0.003791	914,646	3,467	73.00
74.00	RENAL DIALYSIS	83,845	2,465,360	0.034009	74,164	2,522	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	84,466	2,260,408	0.037368	38,348	1,433	76.01
76.02	CARDIAC REHAB	494,918	2,686,757	0.184206	2,421	446	76.02
76.03	HYPERBARIC OXYGEN THERAPY	96,061	2,533,193	0.037921	3,863	146	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	68	3,087	0.022028	0	0	90.00
91.00	EMERGENCY	519,062	33,067,046	0.015697	253,939	3,986	91.00
91.01	URGENT CARE CENTERS	1,234,249	23,830,106	0.051794	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	52,056	8,436	6.170697	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,696,512	0.000000	248	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	16,387,081	916,817,682		4,283,893	47,335	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part III Date/Time Prepared: 1/26/2012 10:48 am

Title XIX Hospital Cost

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	151,824	0	0	151,824	30.00
31.00	INTENSIVE CARE UNIT	0	8,135	0		8,135	31.00
32.00	CORONARY CARE UNIT	0	8,524	0		8,524	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	24,862	0		24,862	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	193,345	0		193,345	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part III
Date/Time Prepared:
1/26/2012 10:48 am

Title XIX Hospital Cost

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	67,100	2.26	855	1,932	0	30.00
31.00	INTENSIVE CARE UNIT	3,509	2.32	18	42	0	31.00
32.00	CORONARY CARE UNIT	3,677	2.32	84	195	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	5,856	0.00	79	0	0	43.00
44.00	SKILLED NURSING FACILITY	10,724	2.32	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	90,866		1,036	2,169	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	223,210	0	223,210	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	223,210	0	223,210	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	72,674,613	0.000000	0.000000	190,250	50.00
50.01	VASCULAR ACCESS CENTER	0	13,133,143	0.000000	0.000000	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	3,874,138	0.000000	0.000000	0	50.02
50.03	PAIN MGMT CENTER	0	462	0.000000	0.000000	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	12,834,715	0.000000	0.000000	29,482	50.04
51.00	RECOVERY ROOM	0	7,859,577	0.000000	0.000000	16,538	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,213,247	0.000000	0.000000	27,549	52.00
53.00	ANESTHESIOLOGY	0	8,798,396	0.000000	0.000000	30,452	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	80,850,210	0.000000	0.000000	203,912	54.00
54.01	TDOC RADIOLOGY	0	10,366,417	0.000000	0.000000	0	54.01
54.02	CDI RADIOLOGY	0	36,632,547	0.000000	0.000000	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	56,330,199	0.000000	0.000000	310,667	57.00
57.01	TDOC CT SCAN	0	11,225,203	0.000000	0.000000	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,619,038	0.000000	0.000000	100,677	58.00
58.01	TDOC - MRI	0	17,164,239	0.000000	0.000000	0	58.01
59.00	CARDIAC CATHETERIZATION	0	24,833,397	0.000000	0.000000	133,278	59.00
60.00	LABORATORY	0	151,659,687	0.000000	0.000000	1,094,344	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	23,623,822	0.000000	0.000000	38,265	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	301,186	0.000000	0.000000	0	64.01
65.00	RESPIRATORY THERAPY	0	11,638,961	0.000000	0.000000	147,980	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	18,575	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	17,366,297	0.000000	0.000000	34,241	66.00
66.01	PHYSICAL THERAPY - SURREY	0	4,413,173	0.000000	0.000000	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	2,944,377	0.000000	0.000000	0	66.02
67.00	OCCUPATIONAL THERAPY	0	2,567,512	0.000000	0.000000	24,291	67.00
68.00	SPEECH PATHOLOGY	0	1,187,398	0.000000	0.000000	6,348	68.00
69.00	ELECTROCARDIOLOGY	0	27,158,885	0.000000	0.000000	189,890	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	17,430,138	0.000000	0.000000	487	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,134,603	0.000000	0.000000	3,314	70.00
70.01	SLEEP MEDICINE CLINIC	0	5,612,608	0.000000	0.000000	540	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,494,431	0.000000	0.000000	305,524	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	42,766,248	0.000000	0.000000	108,235	72.00
73.00	DRUGS CHARGED TO PATIENTS	223,210	99,539,335	0.002242	0.002242	914,646	73.00
74.00	RENAL DIALYSIS	0	2,465,360	0.000000	0.000000	74,164	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	2,260,408	0.000000	0.000000	38,348	76.01
76.02	CARDIAC REHAB	0	2,686,757	0.000000	0.000000	2,421	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	2,533,193	0.000000	0.000000	3,863	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	3,087	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	33,067,046	0.000000	0.000000	253,939	91.00
91.01	URGENT CARE CENTERS	0	23,830,106	0.000000	0.000000	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	8,436	0.000000	0.000000	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,696,512	0.000000	0.000000	248	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	223,210	916,817,682			4,283,893	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,051	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	2,051	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	PAIN MGMT CENTER	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	TDOC RADIOLOGY	0	0		54.01
54.02	CDI RADIOLOGY	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
57.01	TDOC CT SCAN	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	TDOC - MRI	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	CARDIAC REHAB	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
91.01	URGENT CARE CENTERS	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.353826	0	200,202	0		50.00
50.01	VASCULAR ACCESS CENTER	0.113370	0	637,018	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	0	0	0		50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280372	0	59,098	0		50.04
51.00	RECOVERY ROOM	0.266623	0	17,094	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	0	13,146	0		52.00
53.00	ANESTHESIOLOGY	0.054088	0	20,781	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	0	351,931	0		54.00
54.01	TDOC RADIOLOGY	0.104665	0	75,049	0		54.01
54.02	CDI RADIOLOGY	0.255684	0	84,797	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	CT SCAN	0.034691	0	212,443	0		57.00
57.01	TDOC CT SCAN	0.050260	0	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	0	20,698	0		58.00
58.01	TDOC - MRI	0.042897	0	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0.109426	0	86,018	0		59.00
60.00	LABORATORY	0.114165	0	427,106	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.401986	0	43,986	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.629979	0	0	0		64.01
65.00	RESPIRATORY THERAPY	0.274955	0	2,264	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	0	0	0		65.01
66.00	PHYSICAL THERAPY	0.289052	0	1,589	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	0	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0.255111	0	334	0		67.00
68.00	SPEECH PATHOLOGY	0.258448	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.102135	0	39,234	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	0	46,502	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	0	9,159	0		70.00
70.01	SLEEP MEDICINE CLINIC	0.651540	0	30,806	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	0	154,088	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	0	126,349	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	0	113,457	0		73.00
74.00	RENAL DIALYSIS	0.338701	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	0	957	0		76.01
76.02	CARDIAC REHAB	1.115458	0	5,866	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	0	22,802	0		76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	2.127956	0	0	0		90.00
91.00	EMERGENCY	0.226382	0	237,210	0		91.00
91.01	URGENT CARE CENTERS	0.363269	0	125,442	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	0	928	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.191626	0	23,878	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		0	3,190,232	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	3,190,232	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	70,837	0		50.00
50.01	VASCULAR ACCESS CENTER	0	72,219	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0		50.02
50.03	PAIN MGMT CENTER	0	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	16,569	0		50.04
51.00	RECOVERY ROOM	0	4,558	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,467	0		52.00
53.00	ANESTHESIOLOGY	0	1,124	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	64,600	0		54.00
54.01	TDOC RADIOLOGY	0	7,855	0		54.01
54.02	CDI RADIOLOGY	0	21,681	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	7,370	0		57.00
57.01	TDOC CT SCAN	0	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,297	0		58.00
58.01	TDOC - MRI	0	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	9,413	0		59.00
60.00	LABORATORY	0	48,761	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	17,682	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0		64.01
65.00	RESPIRATORY THERAPY	0	622	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	459	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	85	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	4,007	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	3,433	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,034	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	20,071	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,682	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	80,807	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	24,395	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	232	0		76.01
76.02	CARDIAC REHAB	0	6,543	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	6,010	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	53,700	0		91.00
91.01	URGENT CARE CENTERS	0	45,569	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	27,456	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,576	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	0	675,114	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	675,114	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 10:48 am

Title XIX | Skilled Nursing Facility | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	223,210	0	223,210	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	223,210	0	223,210	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part IV
Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Skilled Nursing Facility | Cost

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	72,674,613	0.000000	0.000000	0	50.00
50.01	VASCULAR ACCESS CENTER	0	13,133,143	0.000000	0.000000	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	3,874,138	0.000000	0.000000	0	50.02
50.03	PAIN MGMT CENTER	0	462	0.000000	0.000000	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	12,834,715	0.000000	0.000000	0	50.04
51.00	RECOVERY ROOM	0	7,859,577	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,213,247	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	8,798,396	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	80,850,210	0.000000	0.000000	0	54.00
54.01	TDOC RADIOLOGY	0	10,366,417	0.000000	0.000000	0	54.01
54.02	CDI RADIOLOGY	0	36,632,547	0.000000	0.000000	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	56,330,199	0.000000	0.000000	0	57.00
57.01	TDOC CT SCAN	0	11,225,203	0.000000	0.000000	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	15,619,038	0.000000	0.000000	0	58.00
58.01	TDOC - MRI	0	17,164,239	0.000000	0.000000	0	58.01
59.00	CARDIAC CATHETERIZATION	0	24,833,397	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	151,659,687	0.000000	0.000000	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	23,623,822	0.000000	0.000000	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	301,186	0.000000	0.000000	0	64.01
65.00	RESPIRATORY THERAPY	0	11,638,961	0.000000	0.000000	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	18,575	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	17,366,297	0.000000	0.000000	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	4,413,173	0.000000	0.000000	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	2,944,377	0.000000	0.000000	0	66.02
67.00	OCCUPATIONAL THERAPY	0	2,567,512	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	1,187,398	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	27,158,885	0.000000	0.000000	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	17,430,138	0.000000	0.000000	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,134,603	0.000000	0.000000	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	5,612,608	0.000000	0.000000	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,494,431	0.000000	0.000000	10,868	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	42,766,248	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	223,210	99,539,335	0.002242	0.002242	191	73.00
74.00	RENAL DIALYSIS	0	2,465,360	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0.000000	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	2,260,408	0.000000	0.000000	0	76.01
76.02	CARDIAC REHAB	0	2,686,757	0.000000	0.000000	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	2,533,193	0.000000	0.000000	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	3,087	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	33,067,046	0.000000	0.000000	0	91.00
91.01	URGENT CARE CENTERS	0	23,830,106	0.000000	0.000000	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	8,436	0.000000	0.000000	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,696,512	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	223,210	916,817,682			11,059	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/26/2012 10:48 am

Title XIX | Skilled Nursing Facility | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	CDI RADIOLOGY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
57.01	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	TDOC - MRI	0	0	0	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
91.01	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
50.01	VASCULAR ACCESS CENTER	0	0		50.01
50.02	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	PAIN MGMT CENTER	0	0		50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0	0		50.04
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	TDOC RADIOLOGY	0	0		54.01
54.02	CDI RADIOLOGY	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
57.01	TDOC CT SCAN	0	0		57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	TDOC - MRI	0	0		58.01
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
64.01	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
66.01	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0	0		66.02
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	TDOC - ELECTROCARDIOLOGY	0	0		69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	SLEEP MEDICINE CLINIC	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	NUTRITION/DIABETES EDUCATION	0	0		76.01
76.02	CARDIAC REHAB	0	0		76.02
76.03	HYPERBARIC OXYGEN THERAPY	0	0		76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
91.01	URGENT CARE CENTERS	0	0		91.01
91.02	ADULT DOWN SYNDROME CENTER	0	0		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	67,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	67,100	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	23,118	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	43,982	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	34,987	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	53,755,873	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	53,755,873	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	55,910,814	28.00
29.00	Private room charges (excluding swing-bed charges)	19,362,160	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	36,548,654	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.961458	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	837.54	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	830.99	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	6.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	6.30	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	145,643	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	53,610,230	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	801.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	28,029,135	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	28,029,135	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,881,503	3,509	1,676.12	2,146	3,596,954	43.00
44.00	CORONARY CARE UNIT	6,383,288	3,677	1,736.00	2,134	3,704,624	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	41,884,173	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	77,214,886	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	4,016,007	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,514,945	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	6,530,952	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	70,683,934	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,611	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	801.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,290,620	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,316,706	53,755,873	0.117507	1,290,620	151,657	90.00
91.00	Nursing School cost	0	53,755,873	0.000000	1,290,620	0	91.00
92.00	Allied health cost	151,824	53,755,873	0.002824	1,290,620	3,645	92.00
93.00	All other Medical Education	0	53,755,873	0.000000	1,290,620	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,724	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,724	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	10,724	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	10,518	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,847,937	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,847,937	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	2,122,708	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	2,122,708	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.812749	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	197.94	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,847,937	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	3,847,937	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	358.82	71.00
72.00	Program routine service cost (line 9 x line 71)	3,774,069	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	3,774,069	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	3,774,069	83.00
84.00	Program inpatient ancillary services (see instructions)	1,308,989	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	5,083,058	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	67,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	67,100	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	23,118	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	43,982	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	855	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,856	15.00
16.00	Nursery days (title V or XIX only)	79	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	53,447,510	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	53,447,510	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	55,910,814	28.00
29.00	Private room charges (excluding swing-bed charges)	19,362,160	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	36,548,654	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.955942	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	837.54	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	830.99	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	6.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	6.26	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	144,719	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	53,302,791	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	794.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	679,195	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	679,195	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	8,038,591	5,856	1,372.71	79	108,444	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,744,387	3,509	1,637.04	18	29,467	43.00
44.00	CORONARY CARE UNIT	6,367,740	3,677	1,731.78	84	145,470	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	833,339	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,795,915	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,611	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	796.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,283,226	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	10,724	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	10,724	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	10,724	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	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)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	5,856	15.00
16.00	Nursery days (title V or XIX only)	79	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,847,937	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,847,937	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	2,122,708	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	2,122,708	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.812749	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	197.94	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,847,937	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	3,847,937	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	358.82	71.00
72.00	Program routine service cost (line 9 x line 71)	0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	220,921	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	20.60	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	0	83.00
84.00	Program inpatient ancillary services (see instructions)	3,404	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	3,404	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/26/2012 10:48 am

Title XVIII | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		29,184,720		30.00
31.00	INTENSIVE CARE UNIT		4,438,714		31.00
32.00	CORONARY CARE UNIT		4,586,661		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.357785	17,541,821	6,276,200	50.00
50.01	VASCULAR ACCESS CENTER	0.113370	26,872	3,046	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	1,736	229	50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280770	1,205,555	338,484	50.04
51.00	RECOVERY ROOM	0.266623	1,767,116	471,154	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	7,310	1,928	52.00
53.00	ANESTHESIOLOGY	0.054088	3,591,027	194,231	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	10,164,776	1,865,826	54.00
54.01	TDOC RADIOLOGY	0.104665	57,354	6,003	54.01
54.02	CDI RADIOLOGY	0.255684	47,777	12,216	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.034691	11,338,974	393,360	57.00
57.01	TDOC CT SCAN	0.050260	88,556	4,451	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	2,722,438	170,602	58.00
58.01	TDOC - MRI	0.042897	43,264	1,856	58.01
59.00	CARDIAC CATHETERIZATION	0.109426	7,542,676	825,365	59.00
60.00	LABORATORY	0.114165	37,790,301	4,314,330	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.401986	2,046,971	822,854	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.713612	0	0	64.01
65.00	RESPIRATORY THERAPY	0.274955	8,708,465	2,394,436	65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	38	37	65.01
66.00	PHYSICAL THERAPY	0.289052	3,461,708	1,000,614	66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0.255111	1,682,981	429,347	67.00
68.00	SPEECH PATHOLOGY	0.258448	659,453	170,434	68.00
69.00	ELECTROCARDIOLOGY	0.102135	9,983,462	1,019,661	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	121,272	8,954	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	475,094	105,527	70.00
70.01	SLEEP MEDICINE CLINIC	0.651752	2,798	1,824	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	4,631,442	1,433,181	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	13,180,685	8,429,760	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	35,260,112	7,581,312	73.00
74.00	RENAL DIALYSIS	0.338701	2,099,316	711,040	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	1,295,885	313,586	76.01
76.02	CARDIAC REHAB	1.115458	603,669	673,367	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	62,620	16,504	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.127956	0	0	90.00
91.00	EMERGENCY	0.230201	8,142,447	1,874,399	91.00
91.01	URGENT CARE CENTERS	0.364154	13,277	4,835	91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.192730	68,592	13,220	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		186,437,840	41,884,173	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		186,437,840		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.353826	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0.113370	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	0	0	50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280372	0	0	50.04
51.00	RECOVERY ROOM	0.266623	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	0	0	52.00
53.00	ANESTHESIOLOGY	0.054088	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	39,544	7,259	54.00
54.01	TDOC RADIOLOGY	0.104665	0	0	54.01
54.02	CDI RADIOLOGY	0.255684	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.034691	0	0	57.00
57.01	TDOC CT SCAN	0.050260	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	0	0	58.00
58.01	TDOC - MRI	0.042897	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0.109426	0	0	59.00
60.00	LABORATORY	0.114165	406,156	46,369	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.401986	707	284	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.629979	0	0	64.01
65.00	RESPIRATORY THERAPY	0.274955	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	17,191	16,793	65.01
66.00	PHYSICAL THERAPY	0.289052	254	73	66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	2,852,118	1,020,793	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0.255111	0	0	67.00
68.00	SPEECH PATHOLOGY	0.258448	3,336	862	68.00
69.00	ELECTROCARDIOLOGY	0.102135	4,308	440	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	878	65	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0.651540	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	137,141	42,438	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	802,047	172,449	73.00
74.00	RENAL DIALYSIS	0.338701	500	169	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	32	8	76.01
76.02	CARDIAC REHAB	1.115458	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	3,745	987	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.127956	0	0	90.00
91.00	EMERGENCY	0.226382	0	0	91.00
91.01	URGENT CARE CENTERS	0.363269	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.192730	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
200.00	Total (sum of lines 50-94 and 96-98)		4,267,957	1,308,989	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		4,267,957		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/26/2012 10:48 am

Title XIX | Hospital | Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		864,507		30.00
31.00	INTENSIVE CARE UNIT		48,681		31.00
32.00	CORONARY CARE UNIT		209,586		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.353826	190,250	67,315	50.00
50.01	VASCULAR ACCESS CENTER	0.113370	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	0	0	50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280372	29,482	8,266	50.04
51.00	RECOVERY ROOM	0.266623	16,538	4,409	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	27,549	7,266	52.00
53.00	ANESTHESIOLOGY	0.054088	30,452	1,647	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	203,912	37,430	54.00
54.01	TDOC RADIOLOGY	0.104665	0	0	54.01
54.02	CDI RADIOLOGY	0.255684	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.034691	310,667	10,777	57.00
57.01	TDOC CT SCAN	0.050260	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	100,677	6,309	58.00
58.01	TDOC - MRI	0.042897	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0.109426	133,278	14,584	59.00
60.00	LABORATORY	0.114165	1,094,344	124,936	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.401986	38,265	15,382	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.629979	0	0	64.01
65.00	RESPIRATORY THERAPY	0.274955	147,980	40,688	65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	0	0	65.01
66.00	PHYSICAL THERAPY	0.289052	34,241	9,897	66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0.255111	24,291	6,197	67.00
68.00	SPEECH PATHOLOGY	0.258448	6,348	1,641	68.00
69.00	ELECTROCARDIOLOGY	0.102135	189,890	19,394	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	487	36	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	3,314	736	70.00
70.01	SLEEP MEDICINE CLINIC	0.651540	540	352	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	305,524	94,543	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	108,235	69,222	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	914,646	196,659	73.00
74.00	RENAL DIALYSIS	0.338701	74,164	25,119	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	38,348	9,280	76.01
76.02	CARDIAC REHAB	1.115458	2,421	2,701	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	3,863	1,018	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	2.127956	0	0	90.00
91.00	EMERGENCY	0.226382	253,939	57,487	91.00
91.01	URGENT CARE CENTERS	0.363269	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.191626	248	48	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		4,283,893	833,339	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		4,283,893		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260179
Component CCN: 265414

Period:
From 07/01/2010
To 06/30/2011

Worksheet D-3
Date/Time Prepared:
1/26/2012 10:48 am

Title XIX | Skilled Nursing Facility | Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.353826	0	0	50.00
50.01	VASCULAR ACCESS CENTER	0.113370	0	0	50.01
50.02	PAIN MGMT - BRAIN & SPINE	0.131787	0	0	50.02
50.03	PAIN MGMT CENTER	1.000000	0	0	50.03
50.04	WOMEN'S DIAGNOSTIC SVCS/GI SVCS	0.280372	0	0	50.04
51.00	RECOVERY ROOM	0.266623	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.263753	0	0	52.00
53.00	ANESTHESIOLOGY	0.054088	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.183558	0	0	54.00
54.01	TDOC RADIOLOGY	0.104665	0	0	54.01
54.02	CDI RADIOLOGY	0.255684	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.034691	0	0	57.00
57.01	TDOC CT SCAN	0.050260	0	0	57.01
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.062665	0	0	58.00
58.01	TDOC - MRI	0.042897	0	0	58.01
59.00	CARDIAC CATHETERIZATION	0.109426	0	0	59.00
60.00	LABORATORY	0.114165	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.401986	0	0	64.00
64.01	BRAIN & SPINE INFUSION CENTER	0.629979	0	0	64.01
65.00	RESPIRATORY THERAPY	0.274955	0	0	65.00
65.01	RESPIRATORY THERAPY - SURREY	0.976851	0	0	65.01
66.00	PHYSICAL THERAPY	0.289052	0	0	66.00
66.01	PHYSICAL THERAPY - SURREY	0.357907	0	0	66.01
66.02	THERAPY SVCS - BRAIN & SPINE	0.466520	0	0	66.02
67.00	OCCUPATIONAL THERAPY	0.255111	0	0	67.00
68.00	SPEECH PATHOLOGY	0.258448	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.102135	0	0	69.00
69.01	TDOC - ELECTROCARDIOLOGY	0.073831	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.222119	0	0	70.00
70.01	SLEEP MEDICINE CLINIC	0.651540	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.309446	10,868	3,363	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.639554	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.215011	191	41	73.00
74.00	RENAL DIALYSIS	0.338701	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	NUTRITION/DIABETES EDUCATION	0.241986	0	0	76.01
76.02	CARDIAC REHAB	1.115458	0	0	76.02
76.03	HYPERBARIC OXYGEN THERAPY	0.263554	0	0	76.03
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	2.127956	0	0	90.00
91.00	EMERGENCY	0.226382	0	0	91.00
91.01	URGENT CARE CENTERS	0.363269	0	0	91.01
91.02	ADULT DOWN SYNDROME CENTER	29.586178	0	0	91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.191626	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Skilled Nursing Facility	Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
200.00	Total (sum of lines 50-94 and 96-98)		11,059	3,404	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		11,059		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1
		1.00	1.01

	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	61,582,699		1.00
2.00	Outlier payments for discharges. (see instructions)	2,081,340		2.00
3.00	Managed Care Simulated Payments	14,052,373		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	402.81		4.00
	Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	40.04		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	2.33		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	37.71		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	37.04		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	37.04		12.00
13.00	Total allowable FTE count for the prior year.	36.26		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	36.87		14.00
15.00	Sum of lines 12 through 14 divided by 3.	36.72		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	36.72		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.091160		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.090147		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.090147		21.00
22.00	IME payment adjustment (see instructions)	3,632,450		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	3,632,450		29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.00		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.00		31.00
32.00	Sum of lines 30 and 31	0.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00		33.00
34.00	Disproportionate share adjustment (see instructions)	0		34.00
	Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	67,296,489		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	67,296,489		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	5,509,961		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	1,781,879		52.00
53.00	Nursing and Allied Health Managed Care payment	121,782		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	89,001		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	79,090		58.00
59.00	Total (sum of amounts on lines 49 through 58)	74,878,202		59.00
60.00	Primary payer payments	8,818		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	74,869,384		61.00
62.00	Deductibles billed to program beneficiaries	6,053,796		62.00
63.00	Coinsurance billed to program beneficiaries	221,175		63.00
64.00	Allowable bad debts (see instructions)	613,387		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	429,371		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	402,268		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	69,023,784		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	69,023,784		71.00
72.00	Interim payments	69,293,377		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	-269,593		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
	TO BE COMPLETED BY CONTRACTOR			
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	-5,048	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	30,441,388	2.00
3.00	PPS payments	34,442,702	3.00
4.00	Outlier payment (see instructions)	27,620	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	27,711	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	-5,048	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	-18,327	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	-18,327	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	-18,327	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	13,279	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	-18,327	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	34,498,033	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	7	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	7,710,192	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	26,769,507	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	634,411	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	27,403,918	30.00
31.00	Primary payer payments	858	31.00
32.00	Subtotal (line 30 minus line 31)	27,403,060	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	2,011	33.00
34.00	Allowable bad debts (see instructions)	377,025	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	263,918	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	175,283	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	27,668,989	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-107	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	27,669,096	40.00
41.00	Interim payments	27,594,403	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	74,693	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	162	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments		3.00
4.00	Outlier payment (see instructions)		4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	162	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	755	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	755	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	755	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	593	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	162	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	162	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	162	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	162	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	162	37.00
38.00	MSP-LCC reconciliation amount from PS&R		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	162	40.00
41.00	Interim payments	151	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	11	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		91.00
92.00	The rate used to calculate the Time Value of Money		92.00
93.00	Time Value of Money (see instructions)		93.00
94.00	Total (sum of lines 91 and 93)		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		69,293,377		27,550,903	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0	01/26/2011	43,500	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		43,500	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		69,293,377		27,594,403	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		74,693	6.01
6.02	SETTLEMENT TO PROGRAM		269,593		0	6.02
7.00	Total Medicare program liability (see instructions)		69,023,784		27,669,096	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,031,685		151	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,031,685		151	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		15,343		11	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,047,028		162	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	4,561,602	1.00
2.00	Routine service other pass through costs	24,402	2.00
3.00	Ancillary service other pass through costs	1,798	3.00
4.00	Subtotal (sum of lines 1 through 3)	4,587,802	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	555,448	7.00
8.00	Allowable bad debts (see instructions)	28,633	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	20,043	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	4,052,397	12.00
13.00	Inpatient primary payer payments	5,369	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	4,047,028	15.00
16.00	Interim payments	4,031,685	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	15,343	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	1,795,915	1.00
2.00	Medical and other services	675,114	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,471,029	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,471,029	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	1,122,774	8.00
9.00	Ancillary service charges	7,474,125	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	8,596,899	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	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)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	8,596,899	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	6,125,870	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	2,471,029	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	4,220	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	2,471,029	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	2,471,029	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	2,471,029	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,471,029	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	49,360	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	2,520,389	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	2,520,389	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 Component CCN: 265414	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Skilled Nursing Facility	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	3,404	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,404	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,404	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	11,059	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	11,059	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	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)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	11,059	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	7,655	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (line 7)	3,404	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	2,169	26.00
27.00	Subtotal (sum of lines 22 through 26, plus line 3 minus lines 5 and 6)	0	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (see instructions)	3,404	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus line 29 minus line 30)	3,404	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,404	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,404	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,404	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	3,404	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			37.73	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	36.75	0.00	36.75	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	36.54	0.00	36.54	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	36.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	35.82	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.44	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.27	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.27	0.00		17.00
18.00	Per resident amount	103,349.08	103,349.08		18.00
19.00	Approved amount for resident costs	3,748,471	0	3,748,471	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.21	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			92,808.72	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,748,471	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	39,267	8,827		26.00
27.00	Total Inpatient Days	72,675	72,675		27.00
28.00	Ratio of inpatient days to total inpatient days	0.540310	0.121459		28.00
29.00	Program direct GME amount	2,025,336	455,286		29.00
30.00	Reduction for nursing/allied health		64,332		30.00
31.00	Net Program direct GME amount			2,416,290	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	2,465,360	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	85,576,757	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	14,187	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	85,562,570	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	30,464,213	42.00
43.00	Primary payer payments (see instructions)	858	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	30,463,355	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	116,025,925	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.737444	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.262556	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	2,416,290	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	1,781,879	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	634,411	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			39.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.81	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			37.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			37.73	6.00
7.00	Enter the lesser of line 5 or line 6			37.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	36.75	0.00	36.75	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	36.54	0.00	36.54	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	36.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	35.82	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	36.44	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	36.27	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	36.27	0.00		17.00
18.00	Per resident amount	103,349.08	103,349.08		18.00
19.00	Approved amount for resident costs	3,748,471	0	3,748,471	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.21	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			92,808.72	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,748,471	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	957	0		26.00
27.00	Total Inpatient Days	72,675	72,675		27.00
28.00	Ratio of inpatient days to total inpatient days	0.013168	0.000000		28.00
29.00	Program direct GME amount	49,360	0		29.00
30.00	Reduction for nursing/allied health		0		30.00
31.00	Net Program direct GME amount			49,360	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/26/2012 10:48 am
	Title XIX	Hospital	Cost

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	0	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	0	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	0	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.000000	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	49,360	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	0	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet G

Date/Time Prepared: 1/26/2012 10:48 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	11,358,818	0	0	0	1.00
2.00	Temporary investments	154,266,150	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	92,350,522	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-49,021,120	0	0	0	6.00
7.00	Inventory	6,222,629	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	8,748,212	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	223,925,211	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	15,085,984	0	0	0	12.00
13.00	Land improvements	10,436,802	0	0	0	13.00
14.00	Accumulated depreciation	-4,645,895	0	0	0	14.00
15.00	Buildings	265,661,593	0	0	0	15.00
16.00	Accumulated depreciation	-138,927,474	0	0	0	16.00
17.00	Leasehold improvements	7,148,087	0	0	0	17.00
18.00	Accumulated depreciation	-3,137,358	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	178,045,614	0	0	0	23.00
24.00	Accumulated depreciation	-127,383,681	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,590	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	202,348,320	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	58,956,362	6,551,728	4,282,266	29,240	34.00
35.00	Total other assets (sum of lines 31-34)	58,956,362	6,551,728	4,282,266	29,240	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	485,229,893	6,551,728	4,282,266	29,240	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	8,444,512	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,544,590	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,250,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,638,462	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,877,564	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	106,499,583	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	31,485,961	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	137,985,544	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	180,863,108	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	304,366,785				52.00
53.00	Specific purpose fund		6,551,728			53.00
54.00	Donor created - endowment fund balance - restricted			4,282,266		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				29,240	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	304,366,785	6,551,728	4,282,266	29,240	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	485,229,893	6,551,728	4,282,266	29,240	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/26/2012 10:48 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		266,983,346		5,696,544		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		21,026,358				2.00
3.00	Total (sum of line 1 and line 2)		288,009,704		5,696,544		3.00
4.00	Additions (credit adjustments) (specify)	1,243,768		3,192,409			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		1,243,768		3,192,409		10.00
11.00	Subtotal (line 3 plus line 10)		289,253,472		8,888,953		11.00
12.00	Deductions (debit adjustments) (specify)	15,113,320		2,337,225			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		15,113,320		2,337,225		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		274,140,152		6,551,728		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/26/2012 10:48 am

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		3,141,369		29,240		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		3,141,369		29,240		3.00
4.00	Additions (credit adjustments) (specify)	1,140,897		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		1,140,897		0		10.00
11.00	Subtotal (line 3 plus line 10)		4,282,266		29,240		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,282,266		29,240		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 260179 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/26/2012 10:48 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	65,653,674		65,653,674	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,123,458		2,123,458	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	6,398,750		6,398,750	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,175,882		74,175,882	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	9,139,872		9,139,872	11.00
12.00	CORONARY CARE UNIT	9,924,758		9,924,758	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	19,064,630		19,064,630	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	93,240,512		93,240,512	17.00
18.00	Ancillary services	355,937,388	560,880,291	916,817,679	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,688,996	4,688,996	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	936,530	936,530	26.00
27.00	MEDICAL GROUP AND NON-REIMB/PRO FEES	0	117,329,706	117,329,706	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	449,177,900	683,835,523	1,133,013,423	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		344,316,277		29.00
30.00	BAD DEBTS	2,759,531			30.00
31.00	MEDICAL GROUP EXPENSE	55,605,239			31.00
32.00	DEVELOPMENT CORP EXPENSE	0			32.00
33.00	FRA EXPENSE	17,308,653			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		75,673,423		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		419,989,700		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/26/2012 10:48 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,133,013,423	1.00
2.00	Less contractual allowances and discounts on patients' accounts	718,070,353	2.00
3.00	Net patient revenues (line 1 minus line 2)	414,943,070	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	419,989,700	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,046,630	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	5,092,990	6.00
7.00	Income from investments	2,231,166	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	1,100	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,758,903	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	1,121	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	107	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	558,032	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	7,737,037	22.00
23.00	Governmental appropriations	0	23.00
24.00	PHYSICIAN MEALS	5,188	24.00
24.01	INTENSIVISTS INCOME	0	24.01
24.02	JOINT VENTURE REVENUE	1,647,597	24.02
24.03	OTHER OPERATING	960,096	24.03
24.04	RETAIL PHARMACY	4,210,529	24.04
24.05	MEDICAL GROUP OTHER INCOME	5,177,518	24.05
24.06	ASSETS RELEASED FROM RESTRICTION	480,470	24.06
24.07	GAIN ON SALE OF ASSETS, NET	76,130	24.07
25.00	Total other income (sum of lines 6-24)	29,937,984	25.00
26.00	Total (line 5 plus line 25)	24,891,354	26.00
27.00	SHARED EXPENSES	3,864,996	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,864,996	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	21,026,358	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

Worksheet H
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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	557,231	133,735	5,416	0	296,430	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,044,322	252,242	56,673	0	0	6.00
7.00	Physical Therapy	502,062	120,495	33,491	0	0	7.00
8.00	Occupational Therapy	153,109	36,746	15,508	0	0	8.00
9.00	Speech Pathology	11,084	2,660	1,195	0	0	9.00
10.00	Medical Social Services	8,969	2,153	1,616	0	0	10.00
11.00	Home Health Aide	28,112	6,747	6,791	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	69,483	12.00
13.00	Drugs	0	0	0	0	2,242	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,304,889	554,778	120,690	0	368,155	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

Worksheet H
Date/Time Prepared:
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		Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	992,812	-166,030	826,782	-21,200	805,582	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,353,237	-252,242	1,100,995	0	1,100,995	6.00
7.00	Physical Therapy	656,048	-120,495	535,553	0	535,553	7.00
8.00	Occupational Therapy	205,363	-36,746	168,617	0	168,617	8.00
9.00	Speech Pathology	14,939	-2,660	12,279	0	12,279	9.00
10.00	Medical Social Services	12,738	-2,153	10,585	0	10,585	10.00
11.00	Home Health Aide	41,650	-6,747	34,903	0	34,903	11.00
12.00	Supplies (see instructions)	69,483	0	69,483	0	69,483	12.00
13.00	Drugs	2,242	0	2,242	0	2,242	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,348,512	-587,073	2,761,439	-21,200	2,740,239	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0				1.00
2.00	Capital Related - Movable Equipment	0		0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	805,582	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,100,995	0	0	0	0	6.00
7.00	Physical Therapy	535,553	0	0	0	0	7.00
8.00	Occupational Therapy	168,617	0	0	0	0	8.00
9.00	Speech Pathology	12,279	0	0	0	0	9.00
10.00	Medical Social Services	10,585	0	0	0	0	10.00
11.00	Home Health Aide	34,903	0	0	0	0	11.00
12.00	Supplies (see instructions)	69,483	0	0	0	0	12.00
13.00	Drugs	2,242	0	0	0		13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,740,239	0	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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		Subtotal (cols. 0-4)	Administrative & General	Total (cols. 4A + 5)		
		4A.00	5.00	6.00		
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0				1.00
2.00	Capital Related - Movable Equipment	0				2.00
3.00	Plant Operation & Maintenance	0				3.00
4.00	Transportation					4.00
5.00	Administrative and General	805,582	805,582			5.00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	1,100,995	458,449	1,559,444		6.00
7.00	Physical Therapy	535,553	223,002	758,555		7.00
8.00	Occupational Therapy	168,617	70,211	238,828		8.00
9.00	Speech Pathology	12,279	5,113	17,392		9.00
10.00	Medical Social Services	10,585	4,408	14,993		10.00
11.00	Home Health Aide	34,903	14,533	49,436		11.00
12.00	Supplies (see instructions)	69,483	28,932	98,415		12.00
13.00	Drugs	2,242	934	3,176		13.00
14.00	DME	0	0	0		14.00
	HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0		17.00
18.00	Clinic	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0		19.00
20.00	Day Care Program	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0		21.00
22.00	Homemaker Service	0	0	0		22.00
23.00	All Others (specify)	0	0	0		23.00
24.00	Total (sum of lines 1-23)	1,934,657		2,740,239		24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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		Capital Related Costs					
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		1.00	2.00	3.00	4.00	5A.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	1,293				0	1.00
2.00	Capital Related - Movable Equipment		1,293			0	2.00
3.00	Plant Operation & Maintenance	0	0	1,293		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	804	804	804	0	-805,582	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	283	283	283	0	0	6.00
7.00	Physical Therapy	116	116	116	0	0	7.00
8.00	Occupational Therapy	57	57	57	0	0	8.00
9.00	Speech Pathology	4	4	4	0	0	9.00
10.00	Medical Social Services	4	4	4	0	0	10.00
11.00	Home Health Aide	25	25	25	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,293	1,293	1,293	0	-805,582	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-1 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		Administrative & General (ACCUM. COST)		
		5.00		
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation (see instructions)			4.00
5.00	Administrative and General	1,934,657		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,100,995		6.00
7.00	Physical Therapy	535,553		7.00
8.00	Occupational Therapy	168,617		8.00
9.00	Speech Pathology	12,279		9.00
10.00	Medical Social Services	10,585		10.00
11.00	Home Health Aide	34,903		11.00
12.00	Supplies (see instructions)	69,483		12.00
13.00	Drugs	2,242		13.00
14.00	DME	0		14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0		15.00
16.00	Respiratory Therapy	0		16.00
17.00	Private Duty Nursing	0		17.00
18.00	Clinic	0		18.00
19.00	Health Promotion Activities	0		19.00
20.00	Day Care Program	0		20.00
21.00	Home Delivered Meals Program	0		21.00
22.00	Homemaker Service	0		22.00
23.00	All Others (specify)	0		23.00
24.00	Total (sum of lines 1-23)	1,934,657		24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	805,582		25.00
26.00	Unit Cost Multiplier	0.416395		26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/26/2012 10:48 am
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			CAPITAL RELATED COSTS				
		HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	2.00	2.01	4.00	
1.00	Administrative and General	0	11,290	17,548	0	129,204	1.00
2.00	Skilled Nursing Care	1,559,444	3,974	6,177	0	257,040	2.00
3.00	Physical Therapy	758,555	1,629	2,532	0	123,574	3.00
4.00	Occupational Therapy	238,828	800	1,244	0	37,685	4.00
5.00	Speech Pathology	17,392	56	87	0	2,728	5.00
6.00	Medical Social Services	14,993	56	87	0	2,208	6.00
7.00	Home Health Aide	49,436	351	546	0	6,919	7.00
8.00	Supplies (see instructions)	98,415	0	0	0	0	8.00
9.00	Drugs	3,176	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,740,239	18,156	28,221	0	559,358	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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		NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	1,237	0	0	0	159,279	1.00
2.00	Skilled Nursing Care	2,474	0	0	0	1,829,109	2.00
3.00	Physical Therapy	1,237	0	0	0	887,527	3.00
4.00	Occupational Therapy	412	0	0	0	278,969	4.00
5.00	Speech Pathology	0	0	0	0	20,263	5.00
6.00	Medical Social Services	0	0	0	0	17,344	6.00
7.00	Home Health Aide	412	0	0	0	57,664	7.00
8.00	Supplies (see instructions)	0	0	0	0	98,415	8.00
9.00	Drugs	0	0	0	0	3,176	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,772	0	0	0	3,351,746	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

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		ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
1.00	Administrative and General	382	159,661	21,101	24,819	1,247	1.00
2.00	Skilled Nursing Care	4,383	1,833,492	242,316	8,736	0	2.00
3.00	Physical Therapy	2,127	889,654	117,578	3,581	0	3.00
4.00	Occupational Therapy	669	279,638	36,957	1,760	0	4.00
5.00	Speech Pathology	49	20,312	2,684	123	0	5.00
6.00	Medical Social Services	42	17,386	2,298	123	0	6.00
7.00	Home Health Aide	138	57,802	7,639	772	0	7.00
8.00	Supplies (see instructions)	236	98,651	13,038	0	1,625	8.00
9.00	Drugs	8	3,184	421	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	8,034	3,359,780	444,032	39,914	2,872	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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		MAINTENANCE & REPAIRS - SURREY	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.02	7.00	8.00	8.01	9.00	
1.00	Administrative and General	0	0	0	0	7,831	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,756	2.00
3.00	Physical Therapy	0	0	0	0	1,130	3.00
4.00	Occupational Therapy	0	0	0	0	555	4.00
5.00	Speech Pathology	0	0	0	0	39	5.00
6.00	Medical Social Services	0	0	0	0	39	6.00
7.00	Home Health Aide	0	0	0	0	243	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	12,593	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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		HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
From 07/01/2010
To 06/30/2011

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Part I
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		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	
		12.00	13.00	13.01	14.00	15.00	
1.00	Administrative and General	0	0	0	4,946	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	10,975	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	15,921	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/26/2012 10:48 am
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		MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY		
		16.00	16.01	17.00	17.01		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
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To 06/30/2011

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		OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 260179
HHA CCN: 267561

Period:
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		PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
1.00	Administrative and General	0	0	0	219,605	0	1.00
2.00	Skilled Nursing Care	0	0	0	2,087,300	0	2.00
3.00	Physical Therapy	0	0	0	1,011,943	0	3.00
4.00	Occupational Therapy	0	0	0	318,910	0	4.00
5.00	Speech Pathology	0	0	0	23,158	0	5.00
6.00	Medical Social Services	0	0	0	19,846	0	6.00
7.00	Home Health Aide	0	0	0	66,456	0	7.00
8.00	Supplies (see instructions)	0	0	0	124,289	0	8.00
9.00	Drugs	0	0	0	3,605	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	3,875,112	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/26/2012 10:48 am
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		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	219,605				1.00
2.00	Skilled Nursing Care	2,087,300	125,395	2,212,695		2.00
3.00	Physical Therapy	1,011,943	60,792	1,072,735		3.00
4.00	Occupational Therapy	318,910	19,159	338,069		4.00
5.00	Speech Pathology	23,158	1,391	24,549		5.00
6.00	Medical Social Services	19,846	1,192	21,038		6.00
7.00	Home Health Aide	66,456	3,992	70,448		7.00
8.00	Supplies (see instructions)	124,289	7,467	131,756		8.00
9.00	Drugs	3,605	217	3,822		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	3,875,112	219,605	3,875,112		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.060075			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	804	804	0	524,936	3	1.00
2.00	Skilled Nursing Care	283	283	0	1,044,322	6	2.00
3.00	Physical Therapy	116	116	0	502,062	3	3.00
4.00	Occupational Therapy	57	57	0	153,109	1	4.00
5.00	Speech Pathology	4	4	0	11,084	0	5.00
6.00	Medical Social Services	4	4	0	8,969	0	6.00
7.00	Home Health Aide	25	25	0	28,112	1	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	1,293	0	2,272,594	14	20.00
21.00	Total cost to be allocated	18,156	28,221	0	559,358	5,772	21.00
22.00	Unit cost multiplier	14.041763	21.825986	0.000000	0.246132	412.285714	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
1.00	Administrative and General	0	0	0	0	159,279	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,829,109	2.00
3.00	Physical Therapy	0	0	0	0	887,527	3.00
4.00	Occupational Therapy	0	0	0	0	278,969	4.00
5.00	Speech Pathology	0	0	0	0	20,263	5.00
6.00	Medical Social Services	0	0	0	0	17,344	6.00
7.00	Home Health Aide	0	0	0	0	57,664	7.00
8.00	Supplies (see instructions)	0	0	0	0	98,415	8.00
9.00	Drugs	0	0	0	0	3,176	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0		3,351,746	20.00
21.00	Total cost to be allocated	0	0	0		8,034	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.002397	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
1.00	Administrative and General	0	159,661	804	53,284	0	1.00
2.00	Skilled Nursing Care	0	1,833,492	283	0	0	2.00
3.00	Physical Therapy	0	889,654	116	0	0	3.00
4.00	Occupational Therapy	0	279,638	57	0	0	4.00
5.00	Speech Pathology	0	20,312	4	0	0	5.00
6.00	Medical Social Services	0	17,386	4	0	0	6.00
7.00	Home Health Aide	0	57,802	25	0	0	7.00
8.00	Supplies (see instructions)	0	98,651	0	69,483	0	8.00
9.00	Drugs	0	3,184	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)		3,359,780	1,293	122,767	0	20.00
21.00	Total cost to be allocated		444,032	39,914	2,872	0	21.00
22.00	Unit cost multiplier		0.132161	30.869296	0.023394	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		7.00	8.00	8.01	9.00	9.01	
1.00	Administrative and General	804	0	0	804	0	1.00
2.00	Skilled Nursing Care	283	0	0	283	0	2.00
3.00	Physical Therapy	116	0	0	116	0	3.00
4.00	Occupational Therapy	57	0	0	57	0	4.00
5.00	Speech Pathology	4	0	0	4	0	5.00
6.00	Medical Social Services	4	0	0	4	0	6.00
7.00	Home Health Aide	25	0	0	25	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,293	0	0	1,293	0	20.00
21.00	Total cost to be allocated	0	0	0	12,593	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	9.739366	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		10.00	10.01	11.00	11.01	12.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	13.01	14.00	15.00	16.00	
1.00	Administrative and General	0	0	31,310	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	69,483	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	100,793	0	0	20.00
21.00	Total cost to be allocated	0	0	15,921	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.157957	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		16.01	17.00	17.01	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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			INTERNS & RESIDENTS				
		NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/26/2012 10:48 am
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		PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/26/2012 10:48 am
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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	2,212,695		2,212,695	12,396	1.00
2.00	Physical Therapy	3.00	1,072,735	0	1,072,735	9,232	2.00
3.00	Occupational Therapy	4.00	338,069	0	338,069	3,016	3.00
4.00	Speech Pathology	5.00	24,549	0	24,549	225	4.00
5.00	Medical Social Services	6.00	21,038		21,038	133	5.00
6.00	Home Health Aide	7.00	70,448		70,448	859	6.00
7.00	Total (sum of lines 1-6)		3,739,534	0	3,739,534	25,861	7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care		41180	5,303	2,266		8.00
9.00	Physical Therapy		41180	4,408	1,321		9.00
10.00	Occupational Therapy		41180	1,531	459		10.00
11.00	Speech Pathology		41180	98	18		11.00
12.00	Medical Social Services		41180	68	35		12.00
13.00	Home Health Aide		41180	416	266		13.00
14.00	Total (sum of lines 8-13)			11,824	4,365		14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	131,756	0	131,756	62,505	15.00
16.00	Cost of Drugs	9.00	3,822	0	3,822	0	16.00

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	66.00	0.289052	0	0	1.00
1.01	Physical Therapy 1	66.01	0.357907	0	0	1.01
1.02	Physical Therapy 2	66.02	0.466520	0	0	1.02
2.00	Occupational Therapy	67.00	0.255111	0	0	2.00
3.00	Speech Pathology	68.00	0.258448	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.309446	0	0	4.00
5.00	Cost of Drugs	73.00	0.215011	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/26/2012 10:48 am
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	Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	178.50	5,303	2,266			1.00
2.00	Physical Therapy	116.20	4,408	1,321			2.00
3.00	Occupational Therapy	112.09	1,531	459			3.00
4.00	Speech Pathology	109.11	98	18			4.00
5.00	Medical Social Services	158.18	68	35			5.00
6.00	Home Health Aide	82.01	416	266			6.00
7.00	Total (sum of lines 1-6)		11,824	4,365			7.00
	Cost Center Description						
		5.00	6.00	7.00	8.00	9.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges: Part A	Program Covered Charges: Part B Not Subject to Deductibles & Coinsurance	Program Covered Charges: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	2.107927	30,016	32,488	0		15.00
16.00	Cost of Drugs	0.000000	0	0	0		16.00

	Cost Center Description	Transfer to Part I as Indicated			
		4.00			
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS				
1.00	Physical Therapy	col. 2, line 2.00			1.00
1.01	Physical Therapy 1	col. 2, line 2.01			1.01
1.02	Physical Therapy 2	col. 2, line 2.02			1.02
2.00	Occupational Therapy	col. 2, line 3.00			2.00
3.00	Speech Pathology	col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
5.00	Cost of Drugs	col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/26/2012 10:48 am
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	Cost Center Description	Cost of Services: Part A	Cost of Services: Part B: Not Subject to Deductibles & Coinsurance	Cost of Services: Part B: Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols. 9-10)		
		9.00	10.00	11.00	12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	946,585	404,481		1,351,066		1.00
2.00	Physical Therapy	512,210	153,500		665,710		2.00
3.00	Occupational Therapy	171,610	51,449		223,059		3.00
4.00	Speech Pathology	10,693	1,964		12,657		4.00
5.00	Medical Social Services	10,756	5,536		16,292		5.00
6.00	Home Health Aide	34,116	21,815		55,931		6.00
7.00	Total (sum of lines 1-6)	1,685,970	638,745		2,324,715		7.00
	Cost Center Description	10.00	11.00	12.00			
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Cost of Services: Part A	Cost of Services: Part B: Not Subject to Deductibles & Coinsurance	Cost of Services: Part B: Subject to Deductibles & Coinsurance		
		9.00	10.00	11.00		
	Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	63,272	68,482	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/26/2012 10:48 am
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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	2,057,018	769,588	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	2,057,018	769,588	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,057,018	769,588	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	2,049,736	662,536	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	7,286	21,276	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	32,774	17,484	13.00
14.00	Total PPS Reimbursement - PEP Episodes	12,059	19,128	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	5,412	8,884	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	30	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	2,107,297	729,308	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	2,107,297	729,308	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	2,107,297	729,308	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	2,107,297	729,308	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	2,107,297	729,308	31.00
32.00	Interim payments (see instructions)	2,107,297	729,307	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 260179 HHA CCN: 267561	Period: From 07/01/2010 To 06/30/2011	Worksheet H-5 Date/Time Prepared: 1/26/2012 10:48 am
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,107,297		729,307	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,107,297		729,307	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,107,297		729,308	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet I-1

Date/Time Prepared: 1/26/2012 10:48 am

		Renal Dialysis			PPS	
		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	361,172	Hours of Service	9,063.00	4.36	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	361,172				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	2,998	Percentage of Time			13.00
14.00	Supplies	61,383	Requisitions			14.00
15.00	Drugs	11,226	Requisitions			15.00
16.00	Other	5,093	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	441,872				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	23,576	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	36,646	Percentage of Time			19.00
20.00	Employee Benefits	88,896	Salary			20.00
21.00	Administrative & General	85,438	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	69,635	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	7,669	Requisitions			24.00
25.00	Pharmacy	-10,499	Requisitions			25.00
26.00	Other Allocated Costs	91,786	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	835,019				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	5,591		30.00
31.00	Total costs (sum of lines 27-30)	835,019				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet I-2

Date/Time Prepared: 1/26/2012 10:48 am

		Renal Dialysis				PPS	
		Capital Related Costs		Direct Patient Care Salary			
		Building	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	93,211	39,644	361,172	0	88,896	1.00
	MAINTENANCE						
2.00	Hemodialysis	16,488	7,136	63,882	0	15,719	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	76,723	32,508	297,290	0	73,177	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	93,211	39,644	361,172	0	88,896	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet I-2

Date/Time Prepared: 1/26/2012 10:48 am

		Renal Dialysis				PPS	
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	727	69,052	0	652,702	182,317	1.00
	MAINTENANCE						
2.00	Hemodialysis	129	12,210	0	115,564	32,280	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	598	56,842	0	537,138	150,037	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	10,499					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	727	69,052	0	652,702	182,317	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet I-2

Date/Time Prepared: 1/26/2012 10:48 am

		Renal Dialysis	PPS
		Total (col. 9 + col. 10)	
		11.00	
1.00	Total Renal Department Costs	835,019	1.00
	MAINTENANCE		
2.00	Hemodialysis	147,844	2.00
3.00	Intermittent Peritoneal	0	3.00
	TRAINING		
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
	HOME		
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
	OTHER BILLABLE SERVICES		
12.00	Inpatient Dialysis	687,175	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	835,019	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	835,019	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet I-3

Date/Time Prepared: 1/26/2012 10:48 am

			Capital Related Costs		Direct Patient Care Salary		
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		93,211	39,644	361,172	0	1.00
	MAINTENANCE						
2.00	Hemodialysis		297	18.00	1,603.00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
	TRAINING						
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
	HOME						
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	945	1,382	82.00	7,460.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		1,679	100.00	9,063.00	0.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		55.515783	396.440000	39.851263	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179

Period: From 07/01/2010 To 06/30/2011

Worksheet I-3

Date/Time Prepared: 1/26/2012 10:48 am

		Renal Dialysis				PPS	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	88,896	727	69,052	0	652,702	1.00
	MAINTENANCE						
2.00	Hemodialysis	63,866	129	8,585	5,591		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
	HOME						
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	297,306	598	39,967	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		0				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	361,172	727	48,552	5,591		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.246132	1.000000	1.422228	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet I-3 Date/Time Prepared: 1/26/2012 10:48 am
		Renal Dialysis	PPS

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	182,317		1.00
	MAINTENANCE			
2.00	Hemodialysis			2.00
3.00	Intermittent Peritoneal			3.00
	TRAINING			
4.00	Hemodialysis			4.00
5.00	Intermittent Peritoneal			5.00
6.00	CAPD			6.00
7.00	CCDP			7.00
	HOME			
8.00	Hemodialysis			8.00
9.00	Intermittent Peritoneal			9.00
10.00	CAPD			10.00
11.00	CCDP			11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments			12.00
13.00	Method II Home Patient			13.00
14.00	EPO			14.00
15.00	ARANESP			15.00
16.00	Other			16.00
17.00	Total Statistical Basis	652,702		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.279327		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet I-4 Date/Time Prepared: 1/26/2012 10:48 am
	Rate 0	Renal Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	203	147,844	728.30	85	61,906	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	203	147,844		85	61,906	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet I-4 Date/Time Prepared: 1/26/2012 10:48 am
	Rate 0	Renal Dialysis	PPS

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	14,251	167.66		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	14,251			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet I-5 Date/Time Prepared: 1/26/2012 10:48 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	61,906	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	14,251	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	2,850	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	2,011	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	1,612	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	839	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	11,401	9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	49,666	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	2,011	11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period: From 07/01/2010 To 06/30/2011

Worksheet K
Date/Time Prepared: 1/26/2012 10:48 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	150,002	0	1,562	0	213,141	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	217,943	0	13,464	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	53,381	0	2,866	0	0	15.00
16.00	Spiritual Counseling	42,030	0	1,410	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	39,668	0	7,804	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	503,024	0	27,106	0	213,141	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	364,705	-52,109	312,596	-337	312,259	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	231,407	0	231,407	0	231,407	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	56,247	0	56,247	0	56,247	15.00
16.00	Spiritual Counseling	43,440	0	43,440	0	43,440	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	47,472	0	47,472	0	47,472	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	743,271	-52,109	691,162	-337	690,825	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-1

Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	63,870	0	0	20,926	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	217,943	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	53,381	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	63,870	0	53,381	20,926	217,943	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-1

Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	65,206	150,002		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	217,943		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	53,381		15.00
16.00	Spiritual Counseling		0	42,030	42,030		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		39,668	0	39,668		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	39,668	107,236	503,024		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST BUILDINGS & FIXTURES	CAPITAL RELATED COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	312,259	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	231,407	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	56,247	0	0	0	0	15.00
16.00	Spiritual Counseling	43,440	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	47,472	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	690,825	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0				1.00
2.00	Capital Related Costs-Movable Equip.		0				2.00
3.00	Plant Operation and Maintenance		0				3.00
4.00	Transportation - Staff		0				4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	312,259				6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	231,407	190,876	422,283		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	56,247	46,395	102,642		15.00
16.00	Spiritual Counseling	0	43,440	35,831	79,271		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	47,472	39,157	86,629		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	378,566	312,259	690,825		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	393					1.00
2.00	Capital Related Costs-Movable Equip.	393	393				2.00
3.00	Plant Operation and Maintenance	0	393	393			3.00
4.00	Transportation - Staff	0	0	393	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-4
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-312,259	378,566		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	231,407		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	56,247		15.00
16.00	Spiritual Counseling	0	43,440		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	47,472		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		312,259		39.00
40.00	Unit Cost Multiplier		0.824847		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	EMPLOYEE BENEFITS	
		0	1.00	2.00	2.01	4.00	
1.00	Administrative and General		5,518	8,578	0	35,340	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	422,283	0	0	0	51,347	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	102,642	0	0	0	12,576	10.00
11.00	Spiritual Counseling	79,271	0	0	0	9,902	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	86,629	0	0	0	9,346	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	690,825	5,518	8,578	0	118,511	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY	ADMITTING	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	826	0	0	0	50,262	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	412	0	0	0	474,042	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	412	0	0	0	115,630	10.00
11.00	Spiritual Counseling	412	0	0	0	89,585	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	412	0	0	0	96,387	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,474	0	0	0	825,906	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	
		5.05	5A.05	5.06	6.00	6.01	
1.00	Administrative and General	120	50,382	6,659	12,132	972	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,137	475,179	62,800	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	277	115,907	15,318	0	0	10.00
11.00	Spiritual Counseling	215	89,800	11,868	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	231	96,618	12,769	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,980	827,886	109,414	12,132	972	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS - SURREY	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
		6.02	7.00	8.00	8.01	9.00	
1.00	Administrative and General	0	0	0	0	3,828	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	3,828	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
		9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	CENTRAL SERVICES & SUPPLY	PHARMACY	
		12.00	13.00	13.01	14.00	15.00	
1.00	Administrative and General	0	0	0	5,032	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	5,032	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY		
		16.00	16.01	17.00	17.01		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	PARAMED ED PRGM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
1.00	Administrative and General	0	0	0	79,005		1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	537,979	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	131,225	0	10.00
11.00	Spiritual Counseling	0	0	0	101,668	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	109,387	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	959,264	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part I
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	537,979	48,284	586,263		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	131,225	11,778	143,003		10.00
11.00	Spiritual Counseling	101,668	9,125	110,793		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	109,387	9,818	119,205		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	959,264		959,264		34.00
35.00	Unit Cost Multiplier (see instructions)		0.089752			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	
		1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	393	393	0	150,002	2	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	217,943	1	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	53,381	1	10.00
11.00	Spiritual Counseling	0	0	0	42,030	1	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	39,668	1	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	393	393	0	503,024	6	34.00
35.00	Total cost to be allocated	5,518	8,578	0	118,511	2,474	35.00
36.00	Unit Cost Multiplier (see instructions)	14.040712	21.826972	0.000000	0.235597	412.333333	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	NONPATIENT TELEPHONES - SURREY (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
1.00	Administrative and General	0	0	0	0	50,262	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	474,042	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	115,630	10.00
11.00	Spiritual Counseling	0	0	0	0	89,585	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	96,387	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0		825,906	34.00
35.00	Total cost to be allocated	0	0	0		1,980	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		0.002397	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	Reconciliation	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	
		5A.06	5.06	6.00	6.01	6.02	
1.00	Administrative and General	0	50,382	393	41,540	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	475,179	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	115,907	0	0	0	10.00
11.00	Spiritual Counseling	0	89,800	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	96,618	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		827,886	393	41,540	0	34.00
35.00	Total cost to be allocated		109,414	12,132	972	0	35.00
36.00	Unit Cost Multiplier (see instructions)		0.132161	30.870229	0.023399	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		7.00	8.00	8.01	9.00	9.01	
1.00	Administrative and General	393	0	0	393	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	393	0	0	393	0	34.00
35.00	Total cost to be allocated	0	0	0	3,828	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	9.740458	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
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Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTE'S)	CAFETERIA - SURREY (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		10.00	10.01	11.00	11.01	12.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	NURSING ADMINISTRATION (NURSING FTE'S)	NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	13.01	14.00	15.00	16.00	
1.00	Administrative and General	0	0	31,855	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	31,855	0	0	34.00
35.00	Total cost to be allocated	0	0	5,032	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.157966	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE - SURREY (TOTAL DAYS)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		16.01	17.00	17.01	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
		20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		34.00
35.00	Total cost to be allocated	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part III
Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.289052	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.357907	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.466520	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.255111	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.258448	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.215011	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.114165	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.309446	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	0.241986	0	0	10.01
10.02	CARDIAC REHAB	76.02	1.115458	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.263554	0	0	10.03
10.98	HYPERBARIC OXYGEN THERAPY	76.98				10.98
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 260179
Hospice CCN: 261627

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-6

Date/Time Prepared:
1/26/2012 10:48 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				959,264	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,176	2.00
3.00	Average cost per diem (line 1 divided by line 2)				155.32	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	5,836				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	906,448				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		21			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		3,262			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			319		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			49,547		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 260179	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/26/2012 10:48 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	4,985,807	1.00
2.00	Capital DRG outlier payments	206,060	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	199.11	3.00
4.00	Number of interns & residents (see instructions)	36.72	4.00
5.00	Indirect medical education percentage (see instructions)	5.34	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	266,242	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.74	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	3.38	8.00
9.00	Sum of lines 7 and 8	5.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)	1.04	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	51,852	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	5,509,961	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00