

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0024		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 15:53

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 WISHARD MEMORIAL HOSPITAL 15-0024

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

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	188,022	741,048	24,983,919
2	SUBPROVIDER	0	96,142	0	0
100	TOTAL	0	284,164	741,048	24,983,919

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

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









COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	192	69,314					16,104
2 HMO					10,847		13,024
2 01 HMO - (IRF PPS SUBPROVIDER)					2,271		
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	192	69,314			10,847		16,104
6 INTENSIVE CARE UNIT	53	19,345			5,032		343
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT	11	4,015			660		413
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	30	10,950					2,974
11 NURSERY							2,683
12 TOTAL	286	103,624			16,539		22,517
13 RPCH VISITS							
14 SUBPROVIDER	26	9,490			1,711		1,183
14 01 SUBPROVIDER 2							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	312						
26 OBSERVATION BED DAYS							952
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS					11,114		
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							408

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			48,851				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			48,851				
6 INTENSIVE CARE UNIT			17,323				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT			3,386				
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			8,098				
11 NURSERY			4,122				
12 TOTAL			81,780			216.51	
13 RPCH VISITS							
14 SUBPROVIDER			6,796			2.32	
14 01 SUBPROVIDER 2							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL						218.83	
26 OBSERVATION BED DAYS			4,596				
26 01 OBSERVATION BED DAYS-SUB I			15				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			843				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,190	7,224	17,812
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

PROVIDER NO:  
 15-0024

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

PREPARED 5/25/2011  
 WORKSHEET S-3  
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	-----	DISCHARGES	-----	TOTAL ALL
	NET	EMPLOYEES	NONPAID	TITLE	TITLE	TITLE	PATIENTS
	9	ON PAYROLL	WORKERS	V	XVIII	XIX	15
12 TOTAL	216.51	3,660.00	10.00	12	3,190	7,224	17,812
13 RPCH VISITS							
14 SUBPROVIDER	2.32	52.00			165	180	704
14 01 SUBPROVIDER 2							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	218.83	3,712.00	10.00				
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	191,741,531		191,741,531	7,746,179.00	24.75	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	4,015,526		4,015,526	52,065.00	77.13	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R		12,579,423	12,579,423	441,881.00	28.47	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	17,278,072	4,216,207	21,494,279	1,394,144.00	15.42	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	12,908,233		12,908,233	443,961.00	29.08	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	161,402		161,402	1,240.00	130.16	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,472,304		10,472,304	234,882.00	44.59	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	49,024,099		49,024,099			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	6,338,969		6,338,969			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	1,184,236		1,184,236			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,623,982		2,623,982	79,098.00	33.17	
22 ADMINISTRATIVE & GENERAL	20,821,017		20,821,017	839,123.00	24.81	
22.01 A & G UNDER CONTRACT	161,402		161,402	1,240.00	130.16	
23 MAINTENANCE & REPAIRS	2,645,104		2,645,104	108,360.00	24.41	
24 OPERATION OF PLANT	2,770,987		2,770,987	158,690.00	17.46	
25 LAUNDRY & LINEN SERVICE	150,153		150,153	11,205.00	13.40	
26 HOUSEKEEPING	3,263,098		3,263,098	261,887.00	12.46	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,827,105	-1,688,514	1,138,591	80,571.00	14.13	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,688,514	1,688,514	119,486.00	14.13	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,990,538		1,990,538	53,817.00	36.99	
31 CENTRAL SERVICE AND SUPPLY	408,925		408,925	28,802.00	14.20	
32 PHARMACY	11,213,508	-340,367	10,873,141	322,145.00	33.75	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,902,326		1,902,326	99,200.00	19.18	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	187,887,407	-12,579,423	175,307,984	7,253,473.00	24.17	
2 EXCLUDED AREA SALARIES	17,278,072	4,216,207	21,494,279	1,394,144.00	15.42	
3 SUBTOTAL SALARIES	170,609,335	-16,795,630	153,813,705	5,859,329.00	26.25	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	23,541,939		23,541,939	680,083.00	34.62	
5 SUBTOTAL WAGE-RELATED COSTS	49,024,099		49,024,099		31.87	
6 TOTAL	243,175,373	-16,795,630	226,379,743	6,539,412.00	34.62	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	50,778,145	-340,367	50,437,778	2,163,624.00	23.31	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB						
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA						
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL						

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06		5
45 .19 LB1					
45 .20 CE2					
45 .21 CE1					
45 .22 CD2					
45 .23 CD1					
46 TOTAL					

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:  
 Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES THROUGH 12/31/2005

GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
		BASE RATE 3a	RATE 3	DAYS 3.01	BASE RATE 4a	RATE 4	DAYS 4.01
1	RUC	159.42			194.65		
2	RUB	146.31			194.65		
3	RUA	139.76			157.36		
3.01	RUX	186.11			266.82		
3.02	RUL	164.57			260.04		
4	RVC	126.99			169.25		
5	RVB	120.90			143.58		
6	RVA	109.67			143.10		
6.01	RVX	141.03			241.42		
6.02	RVL	131.67			214.30		
7	RHC	109.95			149.69		
8	RHB	105.26			133.22		
9	RHA	98.24			115.30		
9.01	RHX	119.31			221.85		
9.02	RHL	116.50			195.70		
10	RMC	101.14			133.41		
11	RMB	98.33			123.73		
12	RMA	96.46			99.51		
12.01	RMX	135.32			205.09		
12.02	RML	124.55			187.66		
13	RLB	88.68			132.28		
14	RLA	76.04			80.95		
14.01	RLX	96.17			182.17		
15	SE3	109.06					
16	SE2	93.15					
17	SE1	83.31					
18	SSC	81.91					
19	SSB	77.70					
20	SSA	76.29					
21	CC2	81.44			92.00		
22	CC1	74.89			85.22		
23	CB2	71.14			85.22		
24	CB1	67.86			78.93		
25	CA2	67.40			72.14		
26	CA1	63.65			67.30		
27	IB2	60.84					
28	IB1	59.90					
29	IA2	55.22					
30	IA1	53.35					
31	BB2	60.37			76.50		
32	BB1	58.97			73.11		
33	BA2	54.76			63.42		
34	BA1	51.01			60.52		
35	PE2	65.52			102.17		
36	PE1	64.59			97.33		
37	PD2	62.25			96.36		
38	PD1	61.31			91.52		
39	PC2	59.44			82.80		
40	PC1	58.97			78.93		
41	PB2	52.88			70.21		
42	PB1	51.95			67.30		
43	PA2	51.48			58.10		
44	PA1	50.07			55.68		
45	AAA	50.07			55.68		
45.01	ES3				202.92		
45.02	ES2				158.84		
45.03	ES1				141.89		
45.04	HE2				137.04		
45.05	HE1				113.80		
45.06	HD2				128.33		
45.07	HD1				107.02		
45.08	HC2				121.06		
45.09	HC1				101.20		
45.10	HB2				119.61		
45.11	HB1				100.24		
45.12	LE2				124.45		
45.13	LE1				104.11		
45.14	LD2				119.61		
45.15	LD1				100.24		
45.16	LC2				105.08		
45.17	LC1				88.61		
45.18	LB2				99.75		
45.19	LB1				84.74		
45.20	CE2				110.89		
45.21	CE1				102.17		
45.22	CD2				105.08		
45.23	CD1	50.07			55.68		
46	TOTAL						

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:  
15-0024

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

PREPARED 5/25/2011  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE 3a	RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE 4a	RATE 4	OCTOBER 1ST DAYS 4.01
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Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[ ] Calculate Total Days from this worksheet.  
 [x] Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	A I D S SERV PRIOR TO OCT. 1ST RATE 4.02	DIAGNOSIS OCT. 1ST DAYS 4.03	CODE SERV ON/AFTER OCT. 1ST RATE 4.04	O42 OCT. 1ST DAYS 4.05	SWING BED SNF DAYS 4.06	TOTAL 5
1	RUC	363.48		443.80			
2	RUB	333.59		443.80			
3	RUA	318.65		358.78			
3.01	RUX	424.33		608.35			
3.02	RUL	375.22		592.89			
4	RVC	289.54		385.89			
5	RVB	275.65		327.36			
6	RVA	250.05		326.27			
6.01	RVX	321.55		550.44			
6.02	RVL	300.21		488.60			
7	RHC	250.69		341.29			
8	RHB	239.99		303.74			
9	RHA	223.99		262.88			
9.01	RHX	272.03		505.82			
9.02	RHL	265.62		446.20			
10	RMC	230.60		304.17			
11	RMB	224.19		282.10			
12	RMA	219.93		226.88			
12.01	RMX	308.53		467.61			
12.02	RML	283.97		427.86			
13	RLB	202.19		301.60			
14	RLA	173.37		184.57			
14.01	RLX	219.27		415.35			
15	SE3	248.66					
16	SE2	212.38					
17	SE1	189.95					
18	SSC	186.75					
19	SSB	177.16					
20	SSA	173.94					
21	CC2	185.68		209.76			
22	CC1	170.75		194.30			
23	CB2	162.20		194.30			
24	CB1	154.72		179.96			
25	CA2	153.67		164.48			
26	CA1	145.12		153.44			
27	IB2	138.72					
28	IB1	136.57					
29	IA2	125.90					
30	IA1	121.64					
31	BB2	137.64		174.42			
32	BB1	134.45		166.69			
33	BA2	124.85		144.60			
34	BA1	116.30		137.99			
35	PE2	149.39		232.95			
36	PE1	147.27		221.91			
37	PD2	141.93		219.70			
38	PD1	139.79		208.67			
39	PC2	135.52		188.78			
40	PC1	134.45		179.96			
41	PB2	120.57		160.08			
42	PB1	118.45		153.44			
43	PA2	117.37		132.47			
44	PA1	114.16		126.95			
45	AAA	114.16		126.95			
45.01	ES3			462.66			
45.02	ES2			362.16			
45.03	ES1			323.51			
45.04	HE2			312.45			
45.05	HE1			259.46			
45.06	HD2			292.59			
45.07	HD1			244.01			
45.08	HC2			276.02			
45.09	HC1			230.74			
45.10	HB2			272.71			
45.11	HB1			228.55			
45.12	LE2			283.75			
45.13	LE1			237.37			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES THROUGH 12/31/2005

GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S		C O D E 042		S W I N G B E D S N F D A Y S	T O T A L
		SERV PRI OR TO	OCT. 1ST	SERV ON/AFTER	OCT. 1ST		
1	2	4.02	4.03	4.04	4.05	4.06	5
45 .14	LD2			272.71			
45 .15	LD1			228.55			
45 .16	LC2			239.58			
45 .17	LC1			202.03			
45 .18	LB2			227.43			
45 .19	LB1			193.21			
45 .20	CE2			252.83			
45 .21	CE1			232.95			
45 .22	CD2			239.58			
45 .23	CD1	114.16		126.95			
46	TOTAL						

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[ ] Calculate Total Days from this worksheet.  
 [x] Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET S-7  
 NOT A CMS WORKSHEET  
 SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1ST BASE RATE 3a	RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES ON OR AFTER OCTOBER 1ST BASE RATE 4a	RATE 4	OCTOBER 1ST DAYS 4.01
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Worksheet S-2 reference data:

Transition Period : 0  
Wage Index Factor (before 10/01): 0.0000  
Wage Index Factor (after 10/01): 0.0000  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : NOT SPECIFIED  
SNF MSA Code : NOT SPECIFIED  
SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

[ ] Calculate Total Days from this worksheet.  
[x] Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	A I D S SERV PRIOR TO OCT. 1ST RATE	DIAGNOSIS DAYS 4.03	CODE 042 SERV ON/AFTER OCT. 1ST RATE	OCT. 1ST DAYS 4.05	SWING BED SNF DAYS 4.06	TOTAL 5
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET S-7  
NOT A CMS WORKSHEET  
SERVICES ON OR AFTER 1/1/2006

GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S		C O D E O 4 2		S W I N G B E D S N F D A Y S	T O T A L
		SERV PRI OR TO	OCT. 1ST	SERV ON/AFTER	OCT. 1ST		
1	2	4.02	4.03	4.04	4.05	4.06	5
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:

Transition Period : 0  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.0000  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : NOT SPECIFIED  
 SNF MSA Code : NOT SPECIFIED  
 SNF CBSA Code : NOT SPECIFIED

Non-CMS S-7 options selected:

- Calculate Total Days from this worksheet.
- Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 370,000
17.01	GROSS MEDICAID REVENUES 73,969,000
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 35,673,000
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 8,558,000
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 118,570,000
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 339,628,000
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .476364
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 161,786,553
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 195,356,000

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	93,060,566
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	254,847,119

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		27,280,340	27,280,340		27,280,340
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		1,377,446	1,377,446		1,377,446
5	0500 EMPLOYEE BENEFITS	2,623,982	28,929,663	31,553,645		31,553,645
6.01	0610 NONPATIENT TELEPHONES	209,562	1,643,651	1,853,213		1,853,213
6.02	0611 PURCHASING, RECEIVING AND STORES	1,379,734	1,992,339	3,372,073		3,372,073
6.03	0612 ADMITTING	592,162	593,750	1,185,912		1,185,912
6.04	0613 CASHIERING/ACCOUNTS RECEIVABLE	5,260,727	8,129,461	13,390,188	-3,840,048	9,550,140
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	13,378,832	72,924,653	86,303,485	-12,925,785	73,377,700
7	0700 MAINTENANCE & REPAIRS	2,645,104	4,243,540	6,888,644		6,888,644
8	0800 OPERATION OF PLANT	2,770,987	8,313,431	11,084,418		11,084,418
9	0900 LAUNDRY & LINEN SERVICE	150,153	1,288,132	1,438,285		1,438,285
10	1000 HOUSEKEEPING	3,263,098	1,837,895	5,100,993		5,100,993
11	1100 DIETARY	2,827,105	2,846,136	5,673,241	-3,388,395	2,284,846
12	1200 CAFETERIA				3,388,395	3,388,395
14	1400 NURSING ADMINISTRATION	1,990,538	278,868	2,269,406		2,269,406
15	1500 CENTRAL SERVICES & SUPPLY	408,925	1,675,298	2,084,223	-97,645	1,986,578
16	1600 PHARMACY	11,213,508	32,137,871	43,351,379	-647,410	42,703,969
17	1700 MEDICAL RECORDS & LIBRARY	1,902,326	1,255,800	3,158,126		3,158,126
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				12,925,785	12,925,785
24	2400 PARAMED ED PRGM	245,181	39,261	284,442		284,442
24.01	2401 PARAMED ED PRGM PHARMACY				355,795	355,795
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	21,083,054	5,132,874	26,215,928	-4,022,109	22,193,819
26	2600 INTENSIVE CARE UNIT	9,212,856	2,315,846	11,528,702	-1,365,146	10,163,556
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT	2,253,219	1,421,913	3,675,132	-1,002,202	2,672,930
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	3,648,847	587,277	4,236,124	-202,736	4,033,388
31	3100 SUBPROVIDER	2,755,005	5,601,744	8,356,749	-4,748,318	3,608,431
31.01	3101 SUBPROVIDER 2		17,628	17,628	257	17,885
33	3300 NURSERY				1,887,780	1,887,780
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY		97,299	97,299		97,299
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,237,635	15,092,214	21,329,849	-12,346,565	8,983,284
37.01	3701 AMBULATORY SURGERY		4,242	4,242		4,242
40	4000 ANESTHESIOLOGY	139,571	911,244	1,050,815	-541,486	509,329
41	4100 RADIOLOGY-DIAGNOSTIC	4,561,403	4,525,260	9,086,663	254,954	9,341,617
41.01	4101 NUCLEAR MEDICINE	369,214	546,491	915,705	-7,506	908,199
41.02	4102 CAT SCAN	1,144,221	781,489	1,925,710	-141,280	1,784,430
44	4400 LABORATORY	5,063,813	7,060,837	12,124,650	-26,777	12,097,873
47	4700 BLOOD STORING, PROCESSING & TRANS.	698,141	2,227,734	2,925,875	-1,281	2,924,594
49	4900 RESPIRATORY THERAPY	3,211,478	952,005	4,163,483	-133,903	4,029,580
50	5000 PHYSICAL THERAPY	2,275,985	333,377	2,609,362	-442,901	2,166,461
51	5100 OCCUPATIONAL THERAPY	1,009,586	129,124	1,138,710	9,855	1,148,565
52	5200 SPEECH PATHOLOGY	283,418	50,383	333,801	112	333,913
52.01	5201 PULMONARY FUNCTIONS	281,163	77,127	358,290	-10,788	347,502
53	5300 ELECTROCARDIOLOGY	2,049,375	683,090	2,732,465	-19,725	2,712,740
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,057,278	18,057,278
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				7,354,907	7,354,907
56	5600 DRUGS CHARGED TO PATIENTS				9,261	9,261
57	5700 RENAL DIALYSIS				739,921	739,921
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 MEDICINE CLINIC	4,605,991	3,271,853	7,877,844	-6,037,631	1,840,213
60.02	6002 OB/GYN CLINIC	1,775,387	1,588,759	3,364,146	335,948	3,700,094
60.03	6003 ORTHO CLINIC	645,990	232,295	878,285	71,144	949,429
60.04	6004 PEDIATRICS CLINIC					
60.05	6005 DENTISTRY CLINIC		14,381	14,381		14,381
60.06	6006 DERMATOLOGY CLINIC	186,332	52,739	239,071	88,775	327,846
60.07	6007 OPHTHALMOLOGY CLINIC	498,837	270,160	768,997	231,679	1,000,676
60.08	6008 ENT CLINIC	189,946	94,869	284,815	88,766	373,581
60.09	6009 GERIATRIC CLINIC		3,245	3,245	-239	3,006
60.10	6010 SURGERY CLINIC	465,006	79,487	544,493	197,904	742,397
60.11	6011 NEUROLOGY CLINIC	432,281	103,578	535,859	104,968	640,827
60.12	6012 ENDOSCOPY CLINIC	1,061,535	803,596	1,865,131	659,323	2,524,454
60.13	6013 OCCUPATIONAL THERAPY	218,162	66,735	284,897	145,437	430,334
60.14	6014 URGENT VISIT CLINIC	1,014,477	137,535	1,152,012	350,758	1,502,770
60.15	6015 SENIOR CARE CLINIC	1,228,259	1,541,392	2,769,651	158,935	2,928,586
60.16	6016 WOMENS VISIT CLINIC	991,181	202,150	1,193,331	331,860	1,525,191
60.17	6017 CHC CLINICS	12,419,736	13,479,673	25,899,409	211,382	26,110,791
60.18	6018 PSYCH CLINIC	22,129,494	7,481,626	29,611,120	-1,403,865	28,207,255
60.19	6019 ORAL SURGERY CLINIC		2,326,449	2,326,449	-45,954	2,280,495
60.20	6020 DIETARY CLINIC	598,260	49,224	647,484		647,484
60.21	6021 CENTER OF EXCELLENCE	574,482	80,855	655,337	113,470	768,807
60.22	6022 OP BURN CLINIC	159,790	55,520	215,310	26,999	242,309
60.23	6023 BARIATRIC CLINIC	189,610	54,671	244,281	-1,556	242,725
60.24	6024 PLASTIC CLINIC	168,281	79,561	247,842	-49,137	198,705
61	6100 EMERGENCY	10,770,700	2,453,932	13,224,632	-1,461,038	11,763,594
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	8,322,724	4,638,965	12,961,689	-448,834	12,512,855
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	185,786,369	284,499,983	470,286,352	-7,258,612	463,027,740
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	184,875	62,497	247,372		247,372
97	9700 RESEARCH		8,626	8,626		8,626
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7952 RENTAL SPACE					
100.03	7953 UNUSED SPACE					
100.04	7954 NON REIMB PSYCH PROGRAMS				6,920,855	6,920,855
100.05	7955 SR CONNECTIONS-NRCC					
100.06	7956 LV BEAUTY					
100.07	7957 LV DAY CARE					
100.08	7958 GRANT PROGRAMS	5,682,994	4,251,168	9,934,162	-56,185	9,877,977
100.09	7959 BLANK					
100.10	7960 DME	87,293	1,744,091	1,831,384	-127,719	1,703,665
100.11	7961 FATHER RESOURCE					
100.12	7962 NONREIMB HOUSE CALLS COSTS				521,661	521,661
100.13	7963 RENAL NONCERTIFIED					
100.14	7964 NONREIMBURSEABLE FREESTANDING CHC'S					
100.15	7965 OTHER NONREIMBURSABLE COST CENTERS					
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS					
100.17	7967 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	191,741,531	290,566,365	482,307,896	-0-	482,307,896

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,741,427	29,021,767
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		1,377,446
5	0500 EMPLOYEE BENEFITS	-9,008	31,544,637
6.01	0610 NONPATIENT TELEPHONES	-7,195	1,846,018
6.02	0611 PURCHASING, RECEIVING AND STORES	-2,138	3,369,935
6.03	0612 ADMINISTRATION		1,185,912
6.04	0613 CASHIERING/ACCOUNTS RECEIVABLE		9,550,140
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	2,529,190	75,906,890
7	0700 MAINTENANCE & REPAIRS		6,888,644
8	0800 OPERATION OF PLANT	-290,131	10,794,287
9	0900 LAUNDRY & LINEN SERVICE		1,438,285
10	1000 HOUSEKEEPING	-7,317	5,093,676
11	1100 DIETARY	-347,699	1,937,147
12	1200 CAFETERIA	-923,726	2,464,669
14	1400 NURSING ADMINISTRATION		2,269,406
15	1500 CENTRAL SERVICES & SUPPLY		1,986,578
16	1600 PHARMACY	-30,947	42,673,022
17	1700 MEDICAL RECORDS & LIBRARY	22,107	3,180,233
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		12,925,785
24	2400 PARAMEDICAL PRGM	-35,506	248,936
24.01	2401 PARAMEDICAL PRGM PHARMACY		355,795
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-556,303	21,637,516
26	2600 INTENSIVE CARE UNIT		10,163,556
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		2,672,930
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT		4,033,388
31	3100 SUBPROVIDER		3,608,431
31.01	3101 SUBPROVIDER 2	200	18,085
33	3300 NURSERY		1,887,780
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		97,299
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-470	8,982,814
37.01	3701 AMBULATORY SURGERY		4,242
40	4000 ANESTHESIOLOGY		509,329
41	4100 RADIOLOGY-DIAGNOSTIC	-9,969	9,331,648
41.01	4101 NUCLEAR MEDICINE		908,199
41.02	4102 CAT SCAN	-80	1,784,350
44	4400 LABORATORY	-510	12,097,363
47	4700 BLOOD STORING, PROCESSING & TRANS.		2,924,594
49	4900 RESPIRATORY THERAPY		4,029,580
50	5000 PHYSICAL THERAPY	75	2,166,536
51	5100 OCCUPATIONAL THERAPY		1,148,565
52	5200 SPEECH PATHOLOGY		333,913
52.01	5201 PULMONARY FUNCTIONS		347,502
53	5300 ELECTROCARDIOLOGY		2,712,740
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		18,057,278
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		7,354,907
56	5600 DRUGS CHARGED TO PATIENTS		9,261
57	5700 RENAL DIALYSIS		739,921
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 MEDICINE CLINIC	-36,071	1,804,142
60.02	6002 OB/GYN CLINIC	-1,282,073	2,418,021
60.03	6003 ORTHO CLINIC	200	949,629
60.04	6004 PEDIATRICS CLINIC		
60.05	6005 DENTISTRY CLINIC	-40	14,341
60.06	6006 DERMATOLOGY CLINIC	-60	327,786
60.07	6007 OPHTHALMOLOGY CLINIC	-114,604	886,072
60.08	6008 ENT CLINIC		373,581
60.09	6009 GERIATRIC CLINIC		3,006
60.10	6010 SURGERY CLINIC		742,397
60.11	6011 NEUROLOGY CLINIC		640,827
60.12	6012 ENDOSCOPY CLINIC	120	2,524,574
60.13	6013 OCCUPATIONAL THERAPY	-1,660	428,674
60.14	6014 URGENT VISIT CLINIC		1,502,770
60.15	6015 SENIOR CARE CLINIC	-1,400,355	1,528,231
60.16	6016 WOMENS VISIT CLINIC		1,525,191
60.17	6017 CHC CLINICS	-5,868,641	20,242,150
60.18	6018 PSYCH CLINIC	-5,593,169	22,614,086
60.19	6019 ORAL SURGERY CLINIC	-2,255,735	24,760
60.20	6020 DIETARY CLINIC		647,484
60.21	6021 CENTER OF EXCELLENCE		768,807
60.22	6022 OP BURN CLINIC		242,309
60.23	6023 BARIATRIC CLINIC		242,725
60.24	6024 PLASTIC CLINIC	-4,741	193,964
61	6100 EMERGENCY	-15,947	11,747,647
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	-218,570	12,294,285
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	OTHER REIMBURS COST CNTRS	6	7
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-14,719,346	448,308,394
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		247,372
97	9700 RESEARCH		8,626
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7952 RENTAL SPACE		
100.03	7953 UNUSED SPACE		
100.04	7954 NON REIMB PSYCH PROGRAMS		6,920,855
100.05	7955 SR CONNECTIONS-NRCC		
100.06	7956 LV BEAUTY		
100.07	7957 LV DAY CARE		
100.08	7958 GRANT PROGRAMS		9,877,977
100.09	7959 BLANK		
100.10	7960 DME		1,703,665
100.11	7961 FATHER RESOURCE		
100.12	7962 NONREIMB HOUSE CALLS COSTS		521,661
100.13	7963 RENAL NONCERTIFIED		
100.14	7964 NONREIMBURSEABLE FREESTANDING CHC'S		
100.15	7965 OTHER NONREIMBURSABLE COST CENTERS		
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS		
100.17	7967 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-14,719,346	467,588,550

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0611	NONPATIENT TELEPHONES
6.03	ADMITTING	0612	NONPATIENT TELEPHONES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0613	NONPATIENT TELEPHONES
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM PHARMACY	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE	4101	RADIOLOGY-DIAGNOSTIC
41.02	CAT SCAN	4102	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	PULMONARY FUNCTIONS	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	MEDICINE CLINIC	6001	CLINIC
60.02	OB/GYN CLINIC	6002	CLINIC
60.03	ORTHO CLINIC	6003	CLINIC
60.04	PEDIATRICS CLINIC	6004	CLINIC
60.05	DENTISTRY CLINIC	6005	CLINIC
60.06	DERMATOLOGY CLINIC	6006	CLINIC
60.07	OPHTHALMOLOGY CLINIC	6007	CLINIC
60.08	ENT CLINIC	6008	CLINIC
60.09	GERIATRIC CLINIC	6009	CLINIC
60.10	SURGERY CLINIC	6010	CLINIC
60.11	NEUROLOGY CLINIC	6011	CLINIC
60.12	ENDOSCOPY CLINIC	6012	CLINIC
60.13	OCCUPATIONAL THERAPY	6013	CLINIC
60.14	URGENT VISIT CLINIC	6014	CLINIC
60.15	SENIOR CARE CLINIC	6015	CLINIC
60.16	WOMENS VISIT CLINIC	6016	CLINIC
60.17	CHC CLINICS	6017	CLINIC
60.18	PSYCH CLINIC	6018	CLINIC
60.19	ORAL SURGERY CLINIC	6019	CLINIC
60.20	DIETARY CLINIC	6020	CLINIC
60.21	CENTER OF EXCELLENCE	6021	CLINIC
60.22	OP BURN CLINIC	6022	CLINIC
60.23	BARIATRIC CLINIC	6023	CLINIC
60.24	PLASTIC CLINIC	6024	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	RENTAL SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	UNUSED SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	NON REIMB PSYCH PROGRAMS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SR CONNECTIONS-NRCC	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LV BEAUTY	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	LV DAY CARE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	GRANT PROGRAMS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	BLANK	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	DME	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	FATHER RESOURCE	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	NONREIMB HOUSE CALLS COSTS	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	RENAL NONCERTIFIED	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NONREIMBURSEABLE FREESTANDING CHC'S	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	OTHER NONREIMBURSABLE COST CENTERS	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OTHER NONREIMBURSABLE COST CENTERS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	OTHER NONREIMBURSABLE COST CENTERS	7967	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
150024

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

PREPARED 5/25/2011  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	B	CAFETERIA	12	1,688,514	1,699,881
2 INTERNS AND RESIDENTS RECLASS	C	I&R SERVICES-SALARY & FRINGES APPRVD	22		12,925,785
3 PSYCH CLINIC RECLASS	E	NON REIMB PSYCH PROGRAMS	100.04	3,663,359	2,506,252
4 THERAPY ADMIN RECLASS	G	RESPIRATORY THERAPY	49	182,524	36,114
5		OCCUPATIONAL THERAPY	51	49,873	9,868
6		SPEECH PATHOLOGY	52	13,227	2,617
7		PULMONARY FUNCTIONS	52.01	15,806	3,127
8		DME	100.10	6,113	1,209
9 HOUSECALL RECLASS	H	NONREIMB HOUSE CALLS COSTS	100.12	206,368	317,206
10 RHC ADMIN RECLASS	I	OB/GYN CLINIC	60.02	138,064	212,333
11		ORTHO CLINIC	60.03	52,170	80,233
12		DERMATOLOGY CLINIC	60.06	32,650	50,214
13		OPHTHALMOLOGY CLINIC	60.07	77,102	118,578
14		ENT CLINIC	60.08	29,208	44,920
15		SURGERY CLINIC	60.10	64,414	99,064
16		NEUROLOGY CLINIC	60.11	37,601	57,827
17		ENDOSCOPY CLINIC	60.12	322,748	496,362
18		OCCUPATIONAL THERAPY	60.13	46,999	72,280
19		URGENT VISIT CLINIC	60.14	121,048	186,163
20		SENIOR CARE CLINIC	60.15	52,268	80,385
21		WOMENS VISIT CLINIC	60.16	122,384	188,218
22		CENTER OF EXCELLENCE	60.21	35,225	54,174
23		OP BURN CLINIC	60.22	20,803	31,993
24		BARIATRIC CLINIC	60.23	1,167	1,795
25		PLASTIC CLINIC	60.24	2,851	4,384
26 IP BURN RECLASS	K	OPERATING ROOM	37	5,397	1,021
27 ED RECLASS	M	ADULTS & PEDIATRICS	25	287,451	35,107
28 PARAMED PHARMACY RECLASS	N	PARAMED ED PRGM PHARMACY	24.01	340,367	15,428
29 PURCHASED SERVICES RECLASS	O	OPERATING ROOM	37		1,076,553
30		RADIOLOGY-DIAGNOSTIC	41		2,696,811
31		LABORATORY	44		9,975
32		ELECTROCARDIOLOGY	53		2,758
33		DRUGS CHARGED TO PATIENTS	56		9,261
34		MEDICINE CLINIC	60.01		8,932
35		ENDOSCOPY CLINIC	60.12		35,758
1 SUPPLIES AND IMPLANTABLE DEVICES	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		18,057,278
2		IMPL. DEV. CHARGED TO PATIENT	55.30		7,354,907
3		SUBPROVIDER 2	31.01		257
4					
5					
6					
7					
8					
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34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
150024

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

PREPARED 5/25/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 SUPPLIES AND IMPLANTABLE DEVICES	P				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 FAMILY BEGINNINGS RECLASS	Q	NURSERY	33	1,541,839	345,941
14 HEALTH CONNECTIONS RECLASS	R	OB/GYN CLINIC	60.02	80,798	24,988
		ORTHO CLINIC	60.03	30,531	9,442
		DERMATOLOGY CLINIC	60.06	19,108	5,909
		OPHTHALMOLOGY CLINIC	60.07	45,122	13,954
		ENT CLINIC	60.08	17,093	5,286
		SURGERY CLINIC	60.10	37,696	11,658
		NEUROLOGY CLINIC	60.11	22,005	6,805
		ENDOSCOPY CLINIC	60.12	188,879	58,412
		OCCUPATIONAL THERAPY	60.13	27,505	8,506
		URGENT VISIT CLINIC	60.14	70,840	21,908
		SENIOR CARE CLINIC	60.15	30,589	9,460
		WOMENS VISIT CLINIC	60.16	71,622	22,150
		CHC CLINICS	60.17	529,194	163,657
		PSYCH CLINIC	60.18	695,501	215,089
		CENTER OF EXCELLENCE	60.21	20,615	6,375
		OP BURN CLINIC	60.22	12,174	3,765
		BARIATRIC CLINIC	60.23	683	211
		PLASTIC CLINIC	60.24	1,668	516
32 ALLOCATION OF MIDTOWN BENEFITS	S	PSYCH CLINIC	60.18		3,882,793
33		NON REIMB PSYCH PROGRAMS	100.04		770,279
34		GRANT PROGRAMS	100.08		67,186
35 RENAL DIALYSIS RECLASS	T	RENAL DIALYSIS	57	63,001	676,920
36 TOTAL RECLASSIFICATIONS				11,122,164	54,916,238

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

RECLASSIFICATIONS

PROVIDER NO:  
150024

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

PREPARED 5/25/2011  
WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 DIETARY RECLASS	B	DIETARY	11	1,688,514	1,699,881	
2 INTERNS AND RESIDENTS RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05		12,925,785	
3 PSYCH CLINIC RECLASS	E	PSYCH CLINIC	60.18	3,663,359	2,506,252	
4 THERAPY ADMIN RECLASS	G	PHYSICAL THERAPY	50	267,543	52,935	
5						
6						
7						
8						
9 HOUSECALL RECLASS	H	MEDICINE CLINIC	60.01	206,368	317,206	
10 RHC ADMIN RECLASS	I	MEDICINE CLINIC	60.01	1,156,702	1,778,923	
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26 IP BURN RECLASS	K	BURN INTENSIVE CARE UNIT	28	5,397	1,021	
27 ED RECLASS	M	EMERGENCY	61	287,451	35,107	
28 PARAMED PHARMACY RECLASS	N	PHARMACY	16	340,367	15,428	
29 PURCHASED SERVICES RECLASS	O	CASHIERING/ACCOUNTS RECEIVABLE	6.04		3,840,048	
30						
31						
32						
33						
34						
35						
1 SUPPLIES AND IMPLANTABLE DEVICES	P	CENTRAL SERVICES & SUPPLY	15		97,645	
2		PHARMACY	16		291,615	
3		ADULTS & PEDIATRICS	25		1,716,966	
4		INTENSIVE CARE UNIT	26		1,365,146	
5		BURN INTENSIVE CARE UNIT	28		995,784	
6		NEONATAL INTENSIVE CARE UNIT	30		202,736	
7		SUBPROVIDER	31		28,060	
8		OPERATING ROOM	37		13,429,536	
9		ANESTHESIOLOGY	40		541,486	
10		RADIOLOGY-DIAGNOSTIC	41		2,441,857	
11		NUCLEAR MEDICINE	41.01		7,506	
12		CAT SCAN	41.02		141,280	
13		LABORATORY	44		36,752	
14		BLOOD STORING, PROCESSING & TRANS.	47		1,281	
15		RESPIRATORY THERAPY	49		352,541	
16		PHYSICAL THERAPY	50		122,423	
17		OCCUPATIONAL THERAPY	51		49,886	
18		SPEECH PATHOLOGY	52		15,732	
19		PULMONARY FUNCTIONS	52.01		29,721	
20		ELECTROCARDIOLOGY	53		22,483	
21		MEDICINE CLINIC	60.01		97,650	
22		OB/GYN CLINIC	60.02		120,235	
23		ORTHO CLINIC	60.03		101,232	
24		DERMATOLOGY CLINIC	60.06		19,106	
25		OPHTHALMOLOGY CLINIC	60.07		23,077	
26		ENT CLINIC	60.08		7,741	
27		GERIATRIC CLINIC	60.09		239	
28		SURGERY CLINIC	60.10		14,928	
29		NEUROLOGY CLINIC	60.11		19,270	
30		ENDOSCOPY CLINIC	60.12		442,836	
31		OCCUPATIONAL THERAPY	60.13		9,853	
32		URGENT VISIT CLINIC	60.14		49,201	
33		SENIOR CARE CLINIC	60.15		13,767	
34		WOMENS VISIT CLINIC	60.16		72,514	
35		CHC CLINICS	60.17		481,469	

RECLASSIFICATIONS

PROVIDER NO:  
150024

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FROM 1/ 1/2010  
TO 12/31/2010

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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 SUPPLIES AND IMPLANTABLE DEVICES	P		60.18		27,637	
2			60.19		45,954	
3			60.21		2,919	
4			60.22		41,736	
5			60.23		5,412	
6			60.24		58,556	
7			61		1,138,480	
8			65		448,834	
9			100.04		19,035	
10			100.08		123,371	
11			100.10		135,041	
12			100.12		1,913	
13 FAMILY BEGINNINGS RECLASS	Q		25	1,541,839	345,941	
14 HEALTH CONNECTIONS RECLASS	R		60.01	1,901,623	588,091	
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32 ALLOCATION OF MIDTOWN BENEFITS	S		31		4,720,258	
33						
34						
35 RENAL DIALYSIS RECLASS	T		25	63,001	676,920	
36 TOTAL RECLASSIFICATIONS				11,122,164	54,916,238	

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

RECLASSIFICATIONS

PROVIDER NO:  
150024

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

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

RECLASS CODE: B  
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,388,395	DIETARY	11	3,388,395	
TOTAL RECLASSIFICATIONS FOR CODE B			3,388,395				3,388,395

RECLASS CODE: C  
EXPLANATION : INTERNS AND RESIDENTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	12,925,785	OTHER ADMINISTRATIVE AND GENER	6.05	12,925,785	
TOTAL RECLASSIFICATIONS FOR CODE C			12,925,785				12,925,785

RECLASS CODE: E  
EXPLANATION : PSYCH CLINIC RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NON REIMB PSYCH PROGRAMS	100.04	6,169,611	PSYCH CLINIC	60.18	6,169,611	
TOTAL RECLASSIFICATIONS FOR CODE E			6,169,611				6,169,611

RECLASS CODE: G  
EXPLANATION : THERAPY ADMIN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	218,638	PHYSICAL THERAPY	50	320,478	
2.00	OCCUPATIONAL THERAPY	51	59,741			0	
3.00	SPEECH PATHOLOGY	52	15,844			0	
4.00	PULMONARY FUNCTIONS	52.01	18,933			0	
5.00	DME	100.10	7,322			0	
TOTAL RECLASSIFICATIONS FOR CODE G			320,478				320,478

RECLASS CODE: H  
EXPLANATION : HOUSECALL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONREIMB HOUSE CALLS COSTS	100.12	523,574	MEDICINE CLINIC	60.01	523,574	
TOTAL RECLASSIFICATIONS FOR CODE H			523,574				523,574

RECLASS CODE: I  
EXPLANATION : RHC ADMIN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OB/GYN CLINIC	60.02	350,397	MEDICINE CLINIC	60.01	2,935,625	
2.00	ORTHO CLINIC	60.03	132,403			0	
3.00	DERMATOLOGY CLINIC	60.06	82,864			0	
4.00	OPHTHALMOLOGY CLINIC	60.07	195,680			0	
5.00	ENT CLINIC	60.08	74,128			0	
6.00	SURGERY CLINIC	60.10	163,478			0	
7.00	NEUROLOGY CLINIC	60.11	95,428			0	
8.00	ENDOSCOPY CLINIC	60.12	819,110			0	
9.00	OCCUPATIONAL THERAPY	60.13	119,279			0	
10.00	URGENT VISIT CLINIC	60.14	307,211			0	
11.00	SENIOR CARE CLINIC	60.15	132,653			0	
12.00	WOMENS VISIT CLINIC	60.16	310,602			0	
13.00	CENTER OF EXCELLENCE	60.21	89,399			0	
14.00	OP BURN CLINIC	60.22	52,796			0	
15.00	BARIATRIC CLINIC	60.23	2,962			0	
16.00	PLASTIC CLINIC	60.24	7,235			0	
TOTAL RECLASSIFICATIONS FOR CODE I			2,935,625				2,935,625

RECLASS CODE: K  
EXPLANATION : IP BURN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	6,418	BURN INTENSIVE CARE UNIT	28	6,418	
TOTAL RECLASSIFICATIONS FOR CODE K			6,418				6,418

RECLASSIFICATIONS

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RECLASS CODE: M  
EXPLANATION : ED RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	322,558
TOTAL RECLASSIFICATIONS FOR CODE M			322,558

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	322,558	
		322,558	

RECLASS CODE: N  
EXPLANATION : PARAMED PHARMACY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM PHARMACY	24.01	355,795
TOTAL RECLASSIFICATIONS FOR CODE N			355,795

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	355,795	
		355,795	

RECLASS CODE: O  
EXPLANATION : PURCHASED SERVICES RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	1,076,553
2.00	RADIOLOGY-DIAGNOSTIC	41	2,696,811
3.00	LABORATORY	44	9,975
4.00	ELECTROCARDIOLOGY	53	2,758
5.00	DRUGS CHARGED TO PATIENTS	56	9,261
6.00	MEDICINE CLINIC	60.01	8,932
7.00	ENDOSCOPY CLINIC	60.12	35,758
TOTAL RECLASSIFICATIONS FOR CODE O			3,840,048

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CASHIERING/ACCOUNTS RECEIVABLE	6.04	3,840,048	
		0	
		0	
		0	
		0	
		0	
		0	
		3,840,048	

RECLASS CODE: P  
EXPLANATION : SUPPLIES AND IMPLANTABLE DEVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	18,057,278
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,354,907
3.00	SUBPROVIDER 2	31.01	257
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
42.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	97,645	
PHARMACY	16	291,615	
ADULTS & PEDIATRICS	25	1,716,966	
INTENSIVE CARE UNIT	26	1,365,146	
BURN INTENSIVE CARE UNIT	28	995,784	
NEONATAL INTENSIVE CARE UNIT	30	202,736	
SUBPROVIDER	31	28,060	
OPERATING ROOM	37	13,429,536	
ANESTHESIOLOGY	40	541,486	
RADIOLOGY-DIAGNOSTIC	41	2,441,857	
NUCLEAR MEDICINE	41.01	7,506	
CAT SCAN	41.02	141,280	
LABORATORY	44	36,752	
BLOOD STORING, PROCESSING & TR	47	1,281	
RESPIRATORY THERAPY	49	352,541	
PHYSICAL THERAPY	50	122,423	
OCCUPATIONAL THERAPY	51	49,886	
SPEECH PATHOLOGY	52	15,732	
PULMONARY FUNCTIONS	52.01	29,721	
ELECTROCARDIOLOGY	53	22,483	
MEDICINE CLINIC	60.01	97,650	
OB/GYN CLINIC	60.02	120,235	
ORTHO CLINIC	60.03	101,232	
DERMATOLOGY CLINIC	60.06	19,106	
OPHTHALMOLOGY CLINIC	60.07	23,077	
ENT CLINIC	60.08	7,741	
GERIATRIC CLINIC	60.09	239	
SURGERY CLINIC	60.10	14,928	
NEUROLOGY CLINIC	60.11	19,270	
ENDOSCOPY CLINIC	60.12	442,836	
OCCUPATIONAL THERAPY	60.13	9,853	
URGENT VISIT CLINIC	60.14	49,201	
SENIOR CARE CLINIC	60.15	13,767	
WOMENS VISIT CLINIC	60.16	72,514	
CHC CLINICS	60.17	481,469	
PSYCH CLINIC	60.18	27,637	
ORAL SURGERY CLINIC	60.19	45,954	
CENTER OF EXCELLENCE	60.21	2,919	
OP BURN CLINIC	60.22	41,736	
BARIATRIC CLINIC	60.23	5,412	
PLASTIC CLINIC	60.24	58,556	
EMERGENCY	61	1,138,480	

RECLASSIFICATIONS

PROVIDER NO:  
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TO 12/31/2010

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RECLASS CODE: P  
EXPLANATION : SUPPLIES AND IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
43.00			0	AMBULANCE SERVICES	65	448,834	
44.00			0	NON REIMB PSYCH PROGRAMS	100.04	19,035	
45.00			0	GRANT PROGRAMS	100.08	123,371	
46.00			0	DME	100.10	135,041	
47.00			0	NONREIMB HOUSE CALLS COSTS	100.12	1,913	
TOTAL RECLASSIFICATIONS FOR CODE P			25,412,442				25,412,442

RECLASS CODE: Q  
EXPLANATION : FAMILY BEGINNINGS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,887,780	ADULTS & PEDIATRICS	25	1,887,780	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,887,780				1,887,780

RECLASS CODE: R  
EXPLANATION : HEALTH CONNECTIONS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OB/GYN CLINIC	60.02	105,786	MEDICINE CLINIC	60.01	2,489,714	
2.00	ORTHO CLINIC	60.03	39,973			0	
3.00	DERMATOLOGY CLINIC	60.06	25,017			0	
4.00	OPHTHALMOLOGY CLINIC	60.07	59,076			0	
5.00	ENT CLINIC	60.08	22,379			0	
6.00	SURGERY CLINIC	60.10	49,354			0	
7.00	NEUROLOGY CLINIC	60.11	28,810			0	
8.00	ENDOSCOPY CLINIC	60.12	247,291			0	
9.00	OCCUPATIONAL THERAPY	60.13	36,011			0	
10.00	URGENT VISIT CLINIC	60.14	92,748			0	
11.00	SENIOR CARE CLINIC	60.15	40,049			0	
12.00	WOMENS VISIT CLINIC	60.16	93,772			0	
13.00	CHC CLINICS	60.17	692,851			0	
14.00	PSYCH CLINIC	60.18	910,590			0	
15.00	CENTER OF EXCELLENCE	60.21	26,990			0	
16.00	OP BURN CLINIC	60.22	15,939			0	
17.00	BARIATRIC CLINIC	60.23	894			0	
18.00	PLASTIC CLINIC	60.24	2,184			0	
TOTAL RECLASSIFICATIONS FOR CODE R			2,489,714				2,489,714

RECLASS CODE: S  
EXPLANATION : ALLOCATION OF MIDTOWN BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCH CLINIC	60.18	3,882,793	SUBPROVIDER	31	4,720,258	
2.00	NON REIMB PSYCH PROGRAMS	100.04	770,279			0	
3.00	GRANT PROGRAMS	100.08	67,186			0	
TOTAL RECLASSIFICATIONS FOR CODE S			4,720,258				4,720,258

RECLASS CODE: T  
EXPLANATION : RENAL DIALYSIS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	739,921	ADULTS & PEDIATRICS	25	739,921	
TOTAL RECLASSIFICATIONS FOR CODE T			739,921				739,921

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,189,878	1,708,115		1,708,115		2,897,993	
2 LAND IMPROVEMENTS	6,248,352	435,637		435,637		6,683,989	
3 BUILDINGS & FIXTURE	178,727,521	4,836,100		4,836,100		183,563,621	
4 BUILDING IMPROVEMENT	1,818,534					1,818,534	
5 FIXED EQUIPMENT	63,853,372	1,565,271		1,565,271		65,418,643	
6 MOVABLE EQUIPMENT	151,080,167	11,630,333		11,630,333		162,710,500	
7 SUBTOTAL	402,917,824	20,175,456		20,175,456		423,093,280	
8 RECONCILING ITEMS							
9 TOTAL	402,917,824	20,175,456		20,175,456		423,093,280	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
* NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-BL								
5 TOTAL				1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
* NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-BL	29,006,617		15,150				29,021,767	
5 TOTAL	30,384,063		15,150				30,399,213	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
* NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-BL	27,280,340						27,280,340	
5 TOTAL	28,657,786						28,657,786	

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-32,367,919			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	37,148,416			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 FI CARRY FORWARDS	A	15,221	NEW CAP REL COSTS-BLDG &	3	11
38 FI CARRY FORWARDS	A	-71	NEW CAP REL COSTS-BLDG &	3	11
39 TV COSTS	A	-6,043	OTHER ADMINISTRATIVE AND	6.05	
40 TV COSTS	A	-224	PSYCH CLINIC	60.18	
40.01 TV COSTS	A	-441	MEDICINE CLINIC	60.01	
41 NONALLOWABLE ADV	A	-2,138	PURCHASING, RECEIVING AND	6.02	
42 NONALLOWABLE ADV	A	-873,813	OTHER ADMINISTRATIVE AND	6.05	
43 NONALLOWABLE ADV	A	-6,795	SENIOR CARE CLINIC	60.15	
44 NONALLOWABLE ADV	A	-278	CHC CLINICS	60.17	
45 PARKING LOT	A	-290,131	OPERATION OF PLANT	8	
46 IUMG SERVICES	A	-5,904,911	CHC CLINICS	60.17	
47 IUMG SERVICES	A	-5,233,562	OTHER ADMINISTRATIVE AND	6.05	
48 IUMG SERVICES	A	-527,043	ADULTS & PEDIATRICS	25	
49 IUMG SERVICES	A	-1,357,048	SENIOR CARE CLINIC	60.15	
49.01 MISC REV FROM EMPLOYEE BENEFITS	B	-9,008	EMPLOYEE BENEFITS	5	
49.02 MISC REV FROM NONPATIENT TELEPHONES	B	-7,195	NONPATIENT TELEPHONES	6.01	
49.03 MISC REV FROM ADMIN	B	-356,715	OTHER ADMINISTRATIVE AND	6.05	
49.07 MISC REV FROM CAFETERIA	B	-923,726	CAFETERIA	12	
49.09 MISC REV FROM HOUSEKEEPING	B	-7,317	HOUSEKEEPING	10	
49.10 MISC REV FROM DIETARY	B	-347,699	DIETARY	11	
49.11 MISC REV FROM PHARMACY	B	-30,947	PHARMACY	16	
49.12 MISC REV FROM MED RECORDS	B	22,107	MEDICAL RECORDS & LIBRARY	17	
49.13 MISC REV FROM PARAMED ED	B	-35,506	PARAMED ED PRGM	24	
49.14 MISC REV FROM ADULTS & PEDS	B	-29,260	ADULTS & PEDIATRICS	25	
49.15 MISC REV FROM OPERATING ROOM	B	-470	OPERATING ROOM	37	
49.16 MISC REV FROM RADIOLOGY	B	-9,969	RADIOLOGY-DIAGNOSTIC	41	
49.17 MISC REV FROM LABORATORY	B	-510	LABORATORY	44	
49.18 MISC REV FROM PHYSICAL THERAPY	B	75	PHYSICAL THERAPY	50	
49.19 MISC REV FROM MEDICINE CLINIC	B	-15,112	MEDICINE CLINIC	60.01	
49.20 MISC REV FROM ORTHO CLINIC	B	200	ORTHO CLINIC	60.03	
49.21 MISC REV FROM OPHTHALMOLOGY CLINIC	B	-114,604	OPHTHALMOLOGY CLINIC	60.07	
49.22 MISC REV FROM ENDOSCOPY CLINIC	B	120	ENDOSCOPY CLINIC	60.12	
49.23 MISC REV FROM OCC. HEALTH CLINIC	B	-1,660	OCCUPATIONAL THERAPY	60.13	
49.24 MISC REV FROM CHC CLINIC	B	36,548	CHC CLINICS	60.17	
49.25 MISC REV FROM PSYCH CLINIC	B	-220,419	PSYCH CLINIC	60.18	
49.26 MISC REV FROM DENTISTRY CLINIC	B	-40	DENTISTRY CLINIC	60.05	
49.27 MISC REV FROM PLASTICS CLINIC	B	-4,741	PLASTIC CLINIC	60.24	
49.28 MISC REV FROM ED	B	-15,947	EMERGENCY	61	
49.29 MISC REV FROM AMB SVS	B	-218,570	AMBULANCE SERVICES	65	
49.30 MISC REV FROM SUBPROVIDER 2	B	200	SUBPROVIDER 2	31.01	
49.31 MISC REV FROM CAT SCAN	B	-80	CAT SCAN	41.02	
49.32 MISC REV FROM DERMATOLOGY CLINIC	B	-60	DERMATOLOGY CLINIC	60.06	
49.33 MISC REV FROM SENIOR CARE CLINIC	B	-36,512	SENIOR CARE CLINIC	60.15	
49.35 HEALTH CONNECTION	B	-20,518	MEDICINE CLINIC	60.01	
49.36 NURSE PRACTITIONERS	A	-709,496	OB/GYN CLINIC	60.02	
49.37 IU SCHOOL OF DENTISTRY	A	-2,255,735	ORAL SURGERY CLINIC	60.19	
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,719,346			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
15-0024

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

PREPARED 5/25/2011  
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-14,719,346				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & HQ CAPITAL COSTS	1,726,277		1,726,277	9
2	6 5	OTHER ADMINISTRATIVE AND HQ OPERATING COSTS	35,422,139		35,422,139	
3						
4						
5		TOTALS	37,148,416		37,148,416	

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

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

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

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

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.  
 GOVERNMENTAL AGENCY

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/25/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 5	OTHER ADMINISTRATIVE AND	26,422,816	26,422,816					
2 37	OPERATING ROOM							
3 53	ELECTROCARDIOLOGY							
4 60 2	OB/GYN CLINIC	572,577	572,577					
5 60 18	PSYCH CLINICS	5,372,526	5,372,526					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	32,367,919	32,367,919					



COST ALLOCATION STATISTICS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	NO OF PHONES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	5	COST REQS	ENTERED
6.03	ADMINISTRATIVE	6	GROSS CHGS	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS CHGS	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF SERVICE	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	PAID HOURS	ENTERED
14	NURSING ADMINISTRATION	14	PAID HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	21	COST REQS	ENTERED
16	PHARMACY	16	100% ALLOC	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
24	PARAMED PRGM	19	ASSIGNED TIME	ENTERED
24.01	PARAMED PRGM PHARMACY	20	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINISTRATIVE
	0	3	3.01	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	29,021,767	29,021,767					
005 EMPLOYEE BENEFITS	1,377,446		1,377,446				
006 01 NONPATIENT TELEPHONES	31,544,637	257,485		31,802,122			
006 02 PURCHASING, RECEIVING AND	1,846,018	94,795		35,240	1,976,053		
006 03 ADMINISTRATION	3,369,935	301,043		232,017	26,881	3,929,876	
006 04 CASHIERING/ACCOUNTS RECEI	1,185,912	157,991		99,579		8,472	1,451,954
006 05 OTHER ADMINISTRATIVE AND	9,550,140	374,017		884,649	187,570	44,358	
007 MAINTENANCE & REPAIRS	75,906,890	2,755,461		2,249,798	338,703	188,140	
008 OPERATION OF PLANT	6,888,644	284,426		444,803	75,864	251,794	
009 LAUNDRY & LINEN SERVICE	10,794,287	4,394,810		465,972	41,815	79,539	
010 HOUSEKEEPING	1,438,285	59,042		25,250		3,177	
011 DIETARY	5,093,676	361,218		548,726	12,544	43,770	
012 CAFETERIA	1,937,147	323,514		191,467	20,907	31,180	
014 NURSING ADMINISTRATION	2,464,669	199,828		283,942			
015 CENTRAL SERVICES & SUPPLY	2,269,406	269,466		334,731	2,389	4,942	
016 PHARMACY	1,986,578	208,556		68,765		7,413	
017 MEDICAL RECORDS & LIBRARY	42,673,022	362,120		1,828,438	87,811	108,601	
022 I&R SERVICES-SALARY & FRI	3,180,233	602,652		319,897	30,465	20,002	
024 PARAMEDICAL PRGM	12,925,785			41,230		3,647	
024 01 PARAMEDICAL PRGM PHARMACY	248,936			57,236			
025 INPATIENT ROUTINE SRVC CNTRS	355,795	6,378					
025 ADULTS & PEDIATRICS	21,637,516	2,928,181		3,323,740	213,256	56,948	120,670
026 INTENSIVE CARE UNIT	10,163,556	220,956		1,549,243	48,386	16,708	108,247
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT	2,672,930	153,795		376,001	54,359	17,061	50,863
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	4,033,388	161,642		613,594	22,102	13,531	28,004
031 SUBPROVIDER	3,608,431	400,894		463,284	126,042	9,766	13,121
031 01 SUBPROVIDER 2	18,085						
033 NURSERY	1,887,780	13,470		259,277	597		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY	97,299						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,982,814	967,185		1,051,830	54,957	38,475	115,003
037 01 AMBULATORY SURGERY	4,242						
040 ANESTHESIOLOGY	509,329	105,726		23,470	20,907	10,119	21,187
041 RADIOLOGY-DIAGNOSTIC	9,331,648	954,366		767,050	90,798	27,415	167,894
041 01 NUCLEAR MEDICINE	908,199	117,497		62,087	6,571	4,236	9,451
041 02 CAT SCAN	1,784,350	37,725		192,413		3,530	146,001
044 LABORATORY	12,097,363	584,818		851,536	65,709	91,540	222,008
047 BLOOD STORAGE, PROCESSING	2,924,594	40,033		117,400		9,884	21,754
049 RESPIRATORY THERAPY	4,029,580	75,701		570,739	8,363	8,472	56,404
050 PHYSICAL THERAPY	2,166,536	163,635		337,742	26,284	8,119	21,280
051 OCCUPATIONAL THERAPY	1,148,565	122,091		178,160		1,412	10,185
052 SPEECH PATHOLOGY	333,913			49,884		118	2,141
052 01 PULMONARY FUNCTIONS	347,502	46,432		49,939	7,168	941	3,561
053 ELECTROCARDIOLOGY	2,712,740	534,714		344,625	20,310	13,884	19,521
055 MEDICAL SUPPLIES CHARGED	18,057,278					2,090,478	106,798
055 30 IMPL. DEV. CHARGED TO PAT	7,354,907					143,193	40,076
056 DRUGS CHARGED TO PATIENTS	9,261						163,690
057 RENAL DIALYSIS	739,921	101,865		10,594	4,779		4,095
060 OUTPAT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC	1,804,142	1,009,169		226,145		26,238	
060 02 OB/GYN CLINIC	2,418,021	568,725		335,998		21,885	
060 03 ORTHO CLINIC	949,629	212,585		122,780		3,883	
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC	14,341	226,013				471	
060 06 DERMATOLOGY CLINIC	327,786	161,054		40,189		1,530	
060 07 OPHTHALMOLOGY CLINIC	886,072	174,377		104,797		6,471	
060 08 ENT CLINIC	373,581	217,473		39,864		706	
060 09 GERIATRIC CLINIC	3,006					1,883	
060 10 SURGERY CLINIC	742,397	211,725		95,667		1,294	
060 11 NEUROLOGY CLINIC	640,827	205,976		82,891		1,177	
060 12 ENDOSCOPY CLINIC	2,524,574	123,623		266,046		18,120	
060 13 OCCUPATIONAL THERAPY	428,674	139,107		49,434		9,531	
060 14 URGENT VISIT CLINIC	1,502,770	21,926		203,427		1,530	
060 15 SENIOR CARE CLINIC	1,528,231	154,907		220,722		11,884	
060 16 WOMENS VISIT CLINIC	1,525,191	75,261		199,872		17,649	
060 17 CHC CLINICS	20,242,150	3,050,021		2,178,262		159,784	
060 18 PSYCH CLINIC	22,614,086	887,518		3,223,235		92,482	
060 19 ORAL SURGERY CLINIC	24,760	6,378				3,765	
060 20 DIETARY CLINIC	647,484			100,604		471	
060 21 CENTER OF EXCELLENCE	768,807	61,895		105,165		8,236	
060 22 OP BURN CLINIC	242,309	6,672		26,870		235	
060 23 BARIATRIC CLINIC	242,725	42,404		31,885		824	
060 24 PLASTIC CLINIC	193,964			28,298		1,177	
061 EMERGENCY	11,747,647	723,506		1,762,874	122,458	37,416	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	12,294,285			1,399,558	41,815	35,769	
066 DURABLE MEDICAL EQUIP-REN							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02	ADMINISTRATIVE 6.03
067 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	448,308,394	27,023,843		30,148,931	1,759,810	3,825,276	1,451,954
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	247,372	37,599		31,089	4,779		
097 RESEARCH	8,626	156,249			65,112		
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS							
100 01 OTHER NONREIMBURSABLE COSTS							
100 02 RENTAL SPACE		1,457,272			112,303		
100 03 UNUSED SPACE			1,377,446				
100 04 NON REIMB PSYCH PROGRAMS	6,920,855	229,622		616,034		46,594	
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS	9,877,977	86,696		955,658	30,465	53,300	
100 09 BLANK							
100 10 DME	1,703,665	12,295		15,707	3,584	4,706	
100 11 FATHER RESOURCE		18,191					
100 12 NONREIMB HOUSE CALLS COST	521,661			34,703			
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREESTAN							
100 15 OTHER NONREIMBURSABLE COSTS							
100 16 OTHER NONREIMBURSABLE COSTS							
100 17 OTHER NONREIMBURSABLE COSTS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	467,588,550	29,021,767	1,377,446	31,802,122	1,976,053	3,929,876	1,451,954

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.05	7	8	9	10
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 PURCHASING, RECEIVING AND ADMITTING							
006	04 CASHIERING/ACCOUNTS RECEI	11,040,734						
006	05 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		81,438,992	81,438,992				
007	OPERATION OF PLANT		7,945,531	1,675,712	9,621,243			
008	LAUNDRY & LINEN SERVICE		15,776,423	3,327,248	1,711,202	20,814,873		
009	HOUSEKEEPING		1,525,754	321,782	22,989	60,495	1,931,020	
010	DIETARY		6,059,934	1,278,040	140,647	370,105		7,848,726
011	CAFETERIA		2,504,215	528,139	125,966	331,474		
012	NURSING ADMINISTRATION		2,948,439	621,826	77,807	204,745		11,541
014	CENTRAL SERVICES & SUPPLY PHARMACY		2,880,934	607,589	104,921	276,096		
015	MEDICAL RECORDS & LIBRARY		2,271,312	479,020	81,205	213,688	85,140	123,759
016	I&R SERVICES-SALARY & FRINGE		45,059,992	9,503,206	140,998	371,030		134,563
022	PARAMEDICAL PRGM		4,153,249	875,920	234,654	617,480		117,129
024	01 INPAT ROUTINE SRVC CNTRS		12,925,785	2,726,048				
024	ADULTS & PEDIATRICS	644,021	293,813	61,965				
026	INTENSIVE CARE UNIT	577,719	419,409	88,453	2,484	6,535		
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT	271,459						
029	SURGICAL INTENSIVE CARE UNIT		28,924,332	6,100,142	1,140,142	3,000,226	187,751	1,636,117
030	NEONATAL INTENSIVE CARE UNIT	149,460	577,719	12,684,815	2,675,227	86,033	226,393	102,608
031	01 SUBPROVIDER 2	70,027						
031	NURSERY	82,036						
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	613,774						
037	01 AMBULATORY SURGERY		11,824,038	2,493,690	376,592	990,982	951,849	59,669
040	ANESTHESIOLOGY	113,076						
041	RADIOLOGY-DIAGNOSTIC	896,057						
041	01 NUCLEAR MEDICINE	50,442						
041	02 CAT SCAN	779,217						
044	LABORATORY	1,186,038						
047	BLOOD STORAGE, PROCESSING	116,104						
049	RESPIRATORY THERAPY	301,033						
050	PHYSICAL THERAPY	113,574						
051	OCCUPATIONAL THERAPY	54,356						
052	SPEECH PATHOLOGY	11,428						
052	01 PULMONARY FUNCTIONS	19,006						
053	ELECTROCARDIOLOGY	104,187						
055	MEDICAL SUPPLIES CHARGED	569,984						
055	30 IMPL. DEV. CHARGED TO PAT	213,890						
056	DRUGS CHARGED TO PATIENTS	873,621						
057	RENAL DIALYSIS	21,857						
060	OUTPAT SERVICE COST CNTRS CLINIC							
060	01 MEDICINE CLINIC	61,550						
060	02 OB/GYN CLINIC	66,587						
060	03 ORTHO CLINIC	27,555						
060	04 PEDIATRICS CLINIC							
060	05 DENTISTRY CLINIC							
060	06 DERMATOLOGY CLINIC	17,247						
060	07 OPHTHALMOLOGY CLINIC	40,526						
060	08 ENT CLINIC	15,428						
060	09 GERIATRIC CLINIC							
060	10 SURGERY CLINIC	34,025						
060	11 NEUROLOGY CLINIC	19,862						
060	12 ENDOSCOPY CLINIC	158,558						
060	13 OCCUPATIONAL THERAPY	24,826						
060	14 URGENT VISIT CLINIC	63,940						
060	15 SENIOR CARE CLINIC	10,943						
060	16 WOMENS VISIT CLINIC	64,646						
060	17 CHC CLINICS	401,662						
060	18 PSYCH CLINIC	483,690						
060	19 ORAL SURGERY CLINIC							
060	20 DIETARY CLINIC							
060	21 CENTER OF EXCELLENCE	18,603						
060	22 OP BURN CLINIC	8,514						
060	23 BARIATRIC CLINIC	616						
060	24 PLASTIC CLINIC	1,296						
061	EMERGENCY	851,240						
062	OBSERVATION BEDS (NON-DIS)							
063	OTHER OUTPATIENT SERVICE							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	704,962						
066	DURABLE MEDICAL EQUIP-REN							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6a.04	6.05	7	8	9	10
067 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	10,908,642	442,826,898	76,216,761	8,877,070	18,856,621	1,931,020	7,744,366
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		320,839	67,665	14,640	38,524		
097 RESEARCH		229,987	48,504	60,839	160,094		104,360
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE		1,569,575	331,023	567,416	1,493,126		
100 03 UNUSED SPACE		1,377,446	290,503				
100 04 NON REIMB PSYCH PROGRAMS	132,033	7,945,138	1,675,630	89,408	235,271		
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		11,004,096	2,320,764				
100 09 BLANK							
100 10 DME	59	1,740,016	366,969	4,787	12,598		
100 11 FATHER RESOURCE		18,191	3,836	7,083	18,639		
100 12 NONREIMB HOUSE CALLS COST		556,364	117,337				
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREESTAN							
100 15 OTHER NONREIMBURSABLE COS							
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,040,734	467,588,550	81,438,992	9,621,243	20,814,873	1,931,020	7,848,726

COST ALLOCATION - GENERAL SERVICE COSTS

15-0024

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
		11	12	14	15	16	17	22
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 PURCHASING, RECEIVING AND							
006	03 ADMINISTRATION							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY	3,489,794						
012	CAFETERIA		3,864,358					
014	NURSING ADMINISTRATION			3,935,796				
015	CENTRAL SERVICES & SUPPLY				3,275,817			
016	PHARMACY					55,452,424		
017	MEDICAL RECORDS & LIBRARY						6,073,148	
022	I&R SERVICES-SALARY & FRI							15,651,833
024	PARAMED PRGM		7,101					
024	01 PARAMED PRGM PHARMACY		7,700					
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,316,506	494,103	1,173,821			350,056	3,924,775
026	INTENSIVE CARE UNIT	738,960	208,524	495,382			314,018	406,359
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT	144,426	55,068	130,823			147,551	103,695
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U		75,533	179,440			81,239	178,171
031	SUBPROVIDER	289,902	81,627				38,063	176,304
031	01 SUBPROVIDER 2							
033	NURSERY		32,606	77,461			44,590	
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM		167,341	397,546			333,616	1,378,206
037	01 AMBULATORY SURGERY							
040	ANESTHESIOLOGY		6,247				61,462	1,435,619
041	RADIOLOGY-DIAGNOSTIC		123,466				487,050	1,334,854
041	01 NUCLEAR MEDICINE		8,597				27,418	
041	02 CAT SCAN		26,030				423,542	
044	LABORATORY		145,503				644,878	68,434
047	BLOOD STORING, PROCESSING		18,187				63,108	
049	RESPIRATORY THERAPY		92,764				163,626	
050	PHYSICAL THERAPY		51,184				61,733	
051	OCCUPATIONAL THERAPY		25,282				29,545	1,721
052	SPEECH PATHOLOGY		6,705				6,212	
052	01 PULMONARY FUNCTIONS		8,013				10,331	88,133
053	ELECTROCARDIOLOGY		49,394				56,631	78,247
055	MEDICAL SUPPLIES CHARGED				3,065,815		309,814	
055	30 IMPL. DEV. CHARGED TO PAT				210,002		116,259	
056	DRUGS CHARGED TO PATIENTS					55,452,424	474,855	
057	RENAL DIALYSIS		1,327	3,153			11,881	69,533
060	OUTPAT SERVICE COST CNTRS							
060	01 MEDICINE CLINIC		52,805				33,455	177,805
060	02 OB/GYN CLINIC		75,976				36,193	1,036,840
060	03 ORTHO CLINIC		25,349				14,978	315,516
060	04 PEDIATRICS CLINIC							1,465
060	05 DENTISTRY CLINIC							602,727
060	06 DERMATOLOGY CLINIC		10,686				9,374	294,279
060	07 OPHTHALMOLOGY CLINIC		25,217				22,028	152,320
060	08 ENT CLINIC		8,848				8,386	131,633
060	09 GERIATRIC CLINIC							1,428
060	10 SURGERY CLINIC		18,257				18,494	145,437
060	11 NEUROLOGY CLINIC		18,182				10,796	382,119
060	12 ENDOSCOPY CLINIC		44,185				86,184	
060	13 OCCUPATIONAL THERAPY		10,581				13,494	
060	14 URGENT VISIT CLINIC		26,618				34,755	842
060	15 SENIOR CARE CLINIC		47,114				5,948	
060	16 WOMENS VISIT CLINIC		28,081				35,138	4,906
060	17 CHC CLINICS		517,376				218,323	292,594
060	18 PSYCH CLINIC						262,909	145,730
060	19 ORAL SURGERY CLINIC							217,020
060	20 DIETARY CLINIC		19,946					
060	21 CENTER OF EXCELLENCE		23,917				10,112	
060	22 OP BURN CLINIC		7,227				4,628	
060	23 BARIATRIC CLINIC		5,651				335	
060	24 PLASTIC CLINIC		4,659				704	
061	EMERGENCY		288,903	686,336			462,690	2,318,821
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES		333,311	791,834			383,181	
066	DURABLE MEDICAL EQUIP-REN							

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
	11	12	14	15	16	17	22
067 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,489,794	3,664,769	3,935,796	3,275,817	55,452,424	5,929,583	15,465,533
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH		9,782					186,300
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE							
100 03 UNUSED SPACE							
100 04 NON REIMB PSYCH PROGRAMS						143,533	
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		186,709					
100 09 BLANK							
100 10 DME		3,098					32
100 11 FATHER RESOURCE							
100 12 NONREIMB HOUSE CALLS COST							
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREESTAN							
100 15 OTHER NONREIMBURSABLE COS							
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,489,794	3,864,358	3,935,796	3,275,817	55,452,424	6,073,148	15,651,833

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 PURCHASING, RECEIVING AND					
006 03 ADMINITTING					
006 04 CASHIERING/ACCOUNTS RECEI					
006 05 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
022 I&R SERVICES-SALARY & FRI					
024 PARAMED ED PRGM	362,879				
024 01 PARAMED ED PRGM PHARMACY		524,581			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			49,247,971	-3,924,775	45,323,196
026 INTENSIVE CARE UNIT			18,271,718	-406,359	17,865,359
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT			5,431,538	-103,695	5,327,843
029 SURGICAL INTENSIVE CARE U					
030 NEONATAL INTENSIVE CARE U			7,049,549	-178,171	6,871,378
031 SUBPROVIDER			7,416,028	-176,304	7,239,724
031 01 SUBPROVIDER 2			21,899		21,899
033 NURSERY			2,916,282		2,916,282
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY			117,819		117,819
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM			18,973,529	-1,378,206	17,595,323
040 AMBULATORY SURGERY			5,137		5,137
041 ANESTHESIOLOGY			2,643,839	-1,435,619	1,208,220
041 01 RADIOLOGY-DIAGNOSTIC			18,344,631	-1,334,854	17,009,777
041 02 NUCLEAR MEDICINE			1,674,151		1,674,151
044 CAT SCAN			4,088,950		4,088,950
047 LABORATORY			20,101,724	-68,434	20,033,290
049 BLOOD STORING, PROCESSING			4,059,140		4,059,140
050 RESPIRATORY THERAPY			6,499,455		6,499,455
051 PHYSICAL THERAPY			3,822,387		3,822,387
052 OCCUPATIONAL THERAPY			2,092,882	-1,721	2,091,161
052 01 SPEECH PATHOLOGY			494,230		494,230
053 PULMONARY FUNCTIONS			760,086	-88,133	671,953
055 ELECTROCARDIOLOGY			5,506,751	-78,247	5,428,504
055 30 MEDICAL SUPPLIES CHARGED			28,592,062		28,592,062
056 IMPL. DEV. CHARGED TO PAT			9,713,238		9,713,238
057 DRUGS CHARGED TO PATIENTS		524,581	57,719,154		57,719,154
060 RENAL DIALYSIS			1,365,587	-69,533	1,296,054
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC					
060 02 MEDICINE CLINIC			5,896,421	-177,805	5,718,616
060 03 OB/GYN CLINIC			6,421,858	-1,036,840	5,385,018
060 04 ORTHO CLINIC			2,351,916	-315,516	2,036,400
060 05 PEDIATRICS CLINIC			1,465	-1,465	
060 06 DENTISTRY CLINIC			1,269,846	-602,727	667,119
060 07 DERMATOLOGY CLINIC			1,275,741	-294,279	981,462
060 08 OPHTHALMOLOGY CLINIC			1,977,759	-152,320	1,825,439
060 09 ENT CLINIC			1,315,885	-131,633	1,184,252
060 10 GERIATRIC CLINIC			7,348	-1,428	5,920
060 11 SURGERY CLINIC			1,889,635	-145,437	1,744,198
060 12 NEUROLOGY CLINIC			1,947,224	-382,119	1,565,105
060 13 ENDOSCOPY CLINIC			4,047,965		4,047,965
060 14 OCCUPATIONAL THERAPY			1,032,287		1,032,287
060 15 URGENT VISIT CLINIC			2,360,538	-842	2,359,696
060 16 SENIOR CARE CLINIC			2,605,121		2,605,121
060 17 WOMENS VISIT CLINIC			2,454,204	-4,906	2,449,298
060 18 CHC CLINICS			38,099,762	-292,594	37,807,168
060 19 PSYCH CLINIC			34,949,251	-145,730	34,803,521
060 20 ORAL SURGERY CLINIC			284,875	-217,020	67,855
060 21 DIETARY CLINIC			926,376		926,376
060 22 CENTER OF EXCELLENCE			1,290,983		1,290,983
060 23 OP BURN CLINIC			365,911		365,911
060 24 BARIATRIC CLINIC			451,560		451,560
061 PLASTIC CLINIC			277,495		277,495
061 EMERGENCY	362,879		24,760,570	-2,318,821	22,441,749
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
064 OTHER REIMBURS COST CNTRS					
065 HOME PROGRAM DIALYSIS					
065 AMBULANCE SERVICES			19,076,695		19,076,695
066 DURABLE MEDICAL EQUIP-REN					

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24	24.01	25		27
067 OTHER REIMBURS COST CNTRS					
069 DURABLE MEDICAL EQUIP-SOL CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
084 KIDNEY ACQUISITION					
085 LIVER ACQUISITION					
085 HEART ACQUISITION					
085 01 PANCREAS ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					
095 SUBTOTALS	362,879	524,581	434,268,428	-15,465,533	418,802,895
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			451,450		451,450
097 RESEARCH			790,084	-186,300	603,784
098 PHYSICIANS' PRIVATE OFFIC					
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE COS					
100 01 OTHER NONREIMBURSABLE COS					
100 02 RENTAL SPACE			3,961,140		3,961,140
100 03 UNUSED SPACE			1,667,949		1,667,949
100 04 NON REIMB PSYCH PROGRAMS			10,088,980		10,088,980
100 05 SR CONNECTIONS-NRCC					
100 06 LV BEAUTY					
100 07 LV DAY CARE					
100 08 GRANT PROGRAMS			13,511,569		13,511,569
100 09 BLANK					
100 10 DME			2,127,500		2,127,500
100 11 FATHER RESOURCE			47,749		47,749
100 12 NONREIMB HOUSE CALLS COST			673,701		673,701
100 13 RENAL NONCERTIFIED					
100 14 NONREIMBURSEABLE FREESTAN					
100 15 OTHER NONREIMBURSABLE COS					
100 16 OTHER NONREIMBURSABLE COS					
100 17 OTHER NONREIMBURSABLE COS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	362,879	524,581	467,588,550	-15,651,833	451,936,717

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS	2,872	257,485		260,357	260,357		
006 01 NONPATIENT TELEPHONES	523,965	94,795		618,760	289	619,049	
006 02 PURCHASING, RECEIVING AND	12,136	301,043		313,179	1,900	8,421	323,500
006 03 ADMINISTRATION	1,371	157,991		159,362	815		697
006 04 CASHIERING/ACCOUNTS RECEI	142,832	374,017		516,849	7,244	58,761	3,651
006 05 OTHER ADMINISTRATIVE AND	1,263,748	2,755,461		4,019,209	18,423	106,104	15,487
007 MAINTENANCE & REPAIRS	97,471	284,426		381,897	3,642	23,766	20,727
008 OPERATION OF PLANT	49,498	4,394,810		4,444,308	3,816	13,100	6,547
009 LAUNDRY & LINEN SERVICE		59,042		59,042	207		262
010 HOUSEKEEPING	31,503	361,218		392,721	4,493	3,930	3,603
011 DIETARY	47,455	323,514		370,969	1,568	6,550	2,567
012 CAFETERIA		199,828		199,828	2,325		
014 NURSING ADMINISTRATION	61,500	269,466		330,966	2,741	749	407
015 CENTRAL SERVICES & SUPPLY	197,333	208,556		405,889	563		610
016 PHARMACY	482,489	362,120		844,609	14,972	27,509	8,940
017 MEDICAL RECORDS & LIBRARY	45,144	602,652		647,796	2,620	9,544	1,647
022 I&R SERVICES-SALARY & FRI							
024 01 PARAMED ED PRGM	4,242			4,242	338		300
024 01 PARAMED ED PRGM PHARMACY		6,378		6,378	469		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	243,142	2,928,181		3,171,323	27,159	66,808	4,688
026 INTENSIVE CARE UNIT	88,114	220,956		309,070	12,686	15,158	1,375
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT	154,218	153,795		308,013	3,079	17,029	1,404
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	68,926	161,642		230,568	5,024	6,924	1,114
031 SUBPROVIDER	16,733	400,894		417,627	3,794	39,486	804
031 01 SUBPROVIDER 2	17,885			17,885			
033 NURSERY		13,470		13,470	2,123	187	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY	89,734			89,734			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	645,779	967,185		1,612,964	8,613	17,217	3,167
037 01 AMBULATORY SURGERY	4,238			4,238			
040 ANESTHESIOLOGY	208,973	105,726		314,699	192	6,550	833
041 RADIOLOGY-DIAGNOSTIC	906,882	954,366		1,861,248	6,281	28,445	2,257
041 01 NUCLEAR MEDICINE	79,544	117,497		197,041	508	2,059	349
041 02 CAT SCAN	294,928	37,725		332,653	1,576		291
044 LABORATORY	120,542	584,818		705,360	6,973	20,585	7,535
047 BLOOD STORING, PROCESSING	8,321	40,033		48,354	961		814
049 RESPIRATORY THERAPY	132,015	75,701		207,716	4,674	2,620	697
050 PHYSICAL THERAPY	11,501	163,635		175,136	2,766	8,234	668
051 OCCUPATIONAL THERAPY	140	122,091		122,231	1,459		116
052 SPEECH PATHOLOGY	12,023			12,023	408		10
052 01 PULMONARY FUNCTIONS	185	46,432		46,617	409	2,246	77
053 ELECTROCARDIOLOGY	88,022	534,714		622,736	2,822	6,363	1,143
055 MEDICAL SUPPLIES CHARGED							172,083
055 30 IMPL. DEV. CHARGED TO PAT							11,787
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		101,865		101,865	87	1,497	
060 OUTPAT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC	74,816	1,009,169		1,083,985	1,852		2,160
060 02 OB/GYN CLINIC	53,189	568,725		621,914	2,751		1,802
060 03 ORTHO CLINIC	14,815	212,585		227,400	1,005		320
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC	7,810	226,013		233,823			39
060 06 DERMATOLOGY CLINIC	5,598	161,054		166,652	329		126
060 07 OPHTHALMOLOGY CLINIC	81,319	174,377		255,696	858		533
060 08 ENT CLINIC	27,326	217,473		244,799	326		58
060 09 GERIATRIC CLINIC	1,098			1,098			155
060 10 SURGERY CLINIC	14,753	211,725		226,478	783		107
060 11 NEUROLOGY CLINIC	26,377	205,976		232,353	679		97
060 12 ENDOSCOPY CLINIC	45,008	123,623		168,631	2,179		1,492
060 13 OCCUPATIONAL THERAPY	5,591	139,107		144,698	405		785
060 14 URGENT VISIT CLINIC	1,665	21,926		23,591	1,666		126
060 15 SENIOR CARE CLINIC	18,496	154,907		173,403	1,807		978
060 16 WOMENS VISIT CLINIC	2,278	75,261		77,539	1,637		1,453
060 17 CHC CLINICS	202,051	3,050,021		3,252,072	17,837		13,153
060 18 PSYCH CLINIC	77,347	887,518		964,865	26,394		7,613
060 19 ORAL SURGERY CLINIC	1,850	6,378		8,228			310
060 20 DIETARY CLINIC					824		39
060 21 CENTER OF EXCELLENCE	5,318	61,895		67,213	861		678
060 22 OP BURN CLINIC		6,672		6,672	220		19
060 23 BARIATRIC CLINIC	5,609	42,404		48,013	261		68
060 24 PLASTIC CLINIC	1,542			1,542	232		97
061 EMERGENCY	85,040	723,506		808,546	14,435	38,363	3,080
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	405,035			405,035	11,460	13,100	2,944
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE	PURCHASING, R ECEIVING AND
	0	3	3.01	4a	5	6.01	6.02	
067 OTHER REIMBURS COST CNTRS								
069 DURABLE MEDICAL EQUIP-SOL CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION								
083 SPEC PURPOSE COST CENTERS								
084 KIDNEY ACQUISITION								
085 LIVER ACQUISITION								
085 HEART ACQUISITION								
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS	7,319,335	27,023,843		34,343,178	246,820	551,305	314,889	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	391	37,599		37,990	255	1,497		
097 RESEARCH		156,249		156,249		20,398		
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS								
100 01 OTHER NONREIMBURSABLE COS								
100 02 RENTAL SPACE		1,457,272		1,457,272		35,182		
100 03 UNUSED SPACE			1,377,446	1,377,446				
100 04 NON REIMB PSYCH PROGRAMS		229,622		229,622	5,044		3,836	
100 05 SR CONNECTIONS-NRCC								
100 06 LV BEAUTY								
100 07 LV DAY CARE								
100 08 GRANT PROGRAMS	301,659	86,696		388,355	7,825	9,544	4,388	
100 09 BLANK								
100 10 DME	3,553	12,295		15,848	129	1,123	387	
100 11 FATHER RESOURCE		18,191		18,191				
100 12 NONREIMB HOUSE CALLS COST					284			
100 13 RENAL NONCERTIFIED								
100 14 NONREIMBURSEABLE FREESTAN								
100 15 OTHER NONREIMBURSABLE COS								
100 16 OTHER NONREIMBURSABLE COS								
100 17 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	7,624,938	29,021,767	1,377,446	38,024,151	260,357	619,049	323,500	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	ADMINING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	7	8	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINING	160,874						
006 04 CASHIERING/ACCOUNTS RECEI		586,505					
006 05 OTHER ADMINIS TRATIVE AND			4,159,223				
007 MAINTENANCE & REPAIRS			85,581	515,613			
008 OPERATION OF PLANT			169,928	91,704	4,729,403		
009 LAUNDRY & LINEN SERVICE			16,434	1,232	13,745	90,922	
010 HOUSEKEEPING			65,272	7,537	84,093		561,649
011 DIETARY			26,973	6,751	75,315		
012 CAFETERIA			31,758	4,170	46,521		826
014 NURSING ADMINISTRATION			31,031	5,623	62,732		1,841
015 CENTRAL SERVICES & SUPPLY			24,464	4,352	48,553	4,009	8,856
016 PHARMACY			485,345	7,556	84,303		9,629
017 MEDICAL RECORDS & LIBRARY			44,735	12,575	140,299		8,382
022 I&R SERVICES-SALARY & FRI			139,224				
024 PARAMED ED PRGM			3,165				
024 01 PARAMED ED PRGM PHARMACY			4,517	133	1,485		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,350	34,204	311,544	61,101	681,689	8,840	117,076
026 INTENSIVE CARE UNIT	11,976	30,682	136,628	4,611	51,439	4,831	23,858
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT	5,627	14,417	38,738	3,209	35,804	7,710	8,144
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	3,098	7,938	54,089	3,373	37,631	2,981	11,628
031 SUBPROVIDER	1,452	3,719	50,533	8,365	93,329	720	40,573
031 01 SUBPROVIDER 2			195				
033 NURSERY		4,357	24,161	281	3,136		1,885
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY			1,048				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	12,723	32,597	127,357	20,182	225,164	44,817	4,270
037 01 AMBULATORY SURGERY			46				
040 ANESTHESIOLOGY	2,344	6,005	8,658	2,206	24,613		1,265
041 RADIOLOGY-DIAGNOSTIC	18,575	47,589	131,786	19,914	222,179	308	16,289
041 01 NUCLEAR MEDICINE	1,046	2,679	12,478	2,452	27,354	206	4,639
041 02 CAT SCAN	16,153	41,384	31,702	787	8,782	103	1,423
044 LABORATORY	24,798	63,128	162,631	12,203	136,147		9,489
047 BLOOD STORING, PROCESSING	2,407	6,166	34,788	835	9,320		738
049 RESPIRATORY THERAPY	6,240	15,988	54,397	1,580	17,623		1,476
050 PHYSICAL THERAPY	2,354	6,032	30,559	3,415	38,095	617	2,109
051 OCCUPATIONAL THERAPY	1,127	2,887	16,316	2,548	28,423		2,109
052 SPEECH PATHOLOGY	237	607	4,281				
052 01 PULMONARY FUNCTIONS	394	1,009	5,111	969	10,810	142	738
053 ELECTROCARDIOLOGY	2,160	5,533	40,391	11,158	124,483	648	843
055 MEDICAL SUPPLIES CHARGED	11,816	30,272	224,301				
055 30 IMPL. DEV. CHARGED TO PAT	4,434	11,360	83,498				
056 DRUGS CHARGED TO PATIENTS	18,110	46,398	11,273				
057 RENAL DIALYSIS	453	1,161	9,512	2,126	23,715		4,744
060 OUTPAT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC		3,269	33,684	21,058	234,938	461	29,257
060 02 OB/GYN CLINIC		3,536	36,742	11,867	132,401	1,667	21,657
060 03 ORTHO CLINIC		1,463	14,179	4,436	49,490	142	7,042
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC			2,594	4,716	52,616	142	3,787
060 06 DERMATOLOGY CLINIC		916	5,900	3,361	37,494	106	4,872
060 07 OPHTHALMOLOGY CLINIC		2,152	13,057	3,639	40,596	142	4,345
060 08 ENT CLINIC		819	6,969	4,538	50,628	142	5,223
060 09 GERIATRIC CLINIC			53				
060 10 SURGERY CLINIC		1,807	11,688	4,418	49,290	674	5,711
060 11 NEUROLOGY CLINIC		1,055	10,240	4,298	47,952	709	5,623
060 12 ENDOSCOPY CLINIC		8,421	33,292	2,580	28,780		
060 13 OCCUPATIONAL THERAPY		1,318	7,018	2,903	32,385		1,612
060 14 URGENT VISIT CLINIC		3,396	19,319	458	5,104		6,831
060 15 SENIOR CARE CLINIC		581	20,752	3,232	36,063		
060 16 WOMENS VISIT CLINIC		3,433	20,278	1,570	17,521		
060 17 CHC CLINICS		21,332	280,389	63,644	710,054	1,525	86,189
060 18 PSYCH CLINIC		25,689	294,059	18,520	206,617		16,236
060 19 ORAL SURGERY CLINIC			376	133	1,485	780	
060 20 DIETARY CLINIC			8,063				
060 21 CENTER OF EXCELLENCE		988	10,369	1,292	14,409	174	
060 22 OP BURN CLINIC		452	3,065	139	1,553		
060 23 BARIATRIC CLINIC		33	3,430	885	9,872		
060 24 PLASTIC CLINIC		69	2,421				
061 EMERGENCY		45,209	164,205	15,097	168,434	7,812	70,963
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		37,440	155,925			514	2,003
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	7	8	9	10
067 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	160,874	579,490	3,892,515	475,732	4,284,464	90,922	554,181
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			3,456	785	8,753		
097 RESEARCH			2,477	3,260	36,375		7,468
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE			16,906	30,408	339,257		
100 03 UNUSED SPACE			14,836				
100 04 NON REIMB PSYCH PROGRAMS		7,012	85,577	4,791	53,457		
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS			118,525				
100 09 BLANK							
100 10 DME		3	18,742	257	2,862		
100 11 FATHER RESOURCE			196	380	4,235		
100 12 NONREIMB HOUSE CALLS COST			5,993				
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREESTAN							
100 15 OTHER NONREIMBURSABLE COS							
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	160,874	586,505	4,159,223	515,613	4,729,403	90,922	561,649

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES-SALARY & FRI 22
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	490,693						
012 CAFETERIA		285,428					
014 NURSING ADMINISTRATION		2,994	439,084				
015 CENTRAL SERVICES & SUPPLY		1,602		498,898			
016 PHARMACY		17,921			1,500,784		
017 MEDICAL RECORDS & LIBRARY		5,519				873,117	
022 I&R SERVICES-SALARY & FRI							139,224
024 PARAMEDICAL PRGM		525					
024 01 PARAMEDICAL PRGM PHARMACY		569					
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	325,719	36,495	130,952			50,348	
026 INTENSIVE CARE UNIT	103,904	15,402	55,266			45,165	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT	20,307	4,067	14,595			21,222	
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U		5,579	20,019			11,684	
031 SUBPROVIDER	40,763	6,029				5,475	
031 01 SUBPROVIDER 2							
033 NURSERY		2,408	8,642			6,413	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		12,360	44,351			47,983	
040 AMBULATORY SURGERY							
040 ANESTHESIOLOGY		461				8,840	
041 RADIOLOGY-DIAGNOSTIC		9,119				70,052	
041 01 NUCLEAR MEDICINE		635				3,943	
041 02 CAT SCAN		1,923				60,917	
044 LABORATORY		10,747				92,378	
047 BLOOD STORAGE, PROCESSING		1,343				9,077	
049 RESPIRATORY THERAPY		6,852				23,534	
050 PHYSICAL THERAPY		3,781				8,879	
051 OCCUPATIONAL THERAPY		1,867				4,249	
052 SPEECH PATHOLOGY		495				893	
052 01 PULMONARY FUNCTIONS		592				1,486	
053 ELECTROCARDIOLOGY		3,648				8,145	
055 MEDICAL SUPPLIES CHARGED				466,915		44,560	
055 30 IMPL. DEV. CHARGED TO PAT				31,983		16,721	
056 DRUGS CHARGED TO PATIENTS					1,500,784	68,298	
057 RENAL DIALYSIS		98	352			1,709	
060 OUTPATIENT SERVICE COST CNTRS							
060 01 MEDICINE CLINIC		3,900				4,812	
060 02 OB/GYN CLINIC		5,612				5,206	
060 03 ORTHO CLINIC		1,872				2,154	
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC							
060 06 DERMATOLOGY CLINIC		789				1,348	
060 07 OPHTHALMOLOGY CLINIC		1,863				3,168	
060 08 ENT CLINIC		654				1,206	
060 09 GERIATRIC CLINIC							
060 10 SURGERY CLINIC		1,349				2,660	
060 11 NEUROLOGY CLINIC		1,343				1,553	
060 12 ENDOSCOPY CLINIC		3,264				12,396	
060 13 OCCUPATIONAL THERAPY		782				1,941	
060 14 URGENT VISIT CLINIC		1,966				4,999	
060 15 SENIOR CARE CLINIC		3,480				856	
060 16 WOMENS VISIT CLINIC		2,074				5,054	
060 17 CHC CLINICS		38,213				31,401	
060 18 PSYCH CLINIC						37,814	
060 19 ORAL SURGERY CLINIC							
060 20 DIETARY CLINIC		1,473					
060 21 CENTER OF EXCELLENCE		1,767				1,454	
060 22 OP BURN CLINIC		534				666	
060 23 BARIATRIC CLINIC		417				48	
060 24 PLASTIC CLINIC		344				101	
061 EMERGENCY		21,339	76,569			66,548	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURSE COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		24,619	88,338			55,112	
066 DURABLE MEDICAL EQUIP-REN							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I&R SERVICES-SALARY & FRI 22
067 OTHER REIMBURS COST CNTRS							
069 DURABLE MEDICAL EQUIP-SOL CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	490,693	270,685	439,084	498,898	1,500,784	852,468	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH		723					
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE							
100 03 UNUSED SPACE							
100 04 NON REIMB PSYCH PROGRAMS						20,644	
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		13,791					
100 09 BLANK							
100 10 DME		229				5	
100 11 FATHER RESOURCE							
100 12 NONREIMB HOUSE CALLS COST							
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREESTAN							
100 15 OTHER NONREIMBURSABLE COS							
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							139,224
102 NEGATIVE COST CENTER							
103 TOTAL	490,693	285,428	439,084	498,898	1,500,784	873,117	139,224

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0024

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 PURCHASING, RECEIVING AND					
006 03 ADMINITTING					
006 04 CASHIERING/ACCOUNTS RECEI					
006 05 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
022 I&R SERVICES-SALARY & FRI					
024 PARAMED ED PRGM	8,570				
024 01 PARAMED ED PRGM PHARMACY		13,551			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			5,041,296		5,041,296
026 INTENSIVE CARE UNIT			822,051		822,051
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT			503,365		503,365
029 SURGICAL INTENSIVE CARE U					
030 NEONATAL INTENSIVE CARE U			401,650		401,650
031 SUBPROVIDER			712,669		712,669
031 01 SUBPROVIDER 2			18,080		18,080
033 NURSERY			67,063		67,063
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY			90,782		90,782
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM			2,213,765		2,213,765
040 AMBULATORY SURGERY			4,284		4,284
041 ANESTHESIOLOGY			376,666		376,666
041 01 RADIOLOGY-DIAGNOSTIC			2,434,042		2,434,042
041 02 NUCLEAR MEDICINE			255,389		255,389
044 CAT SCAN			497,694		497,694
047 LABORATORY			1,251,974		1,251,974
049 BLOOD STORING, PROCESSING			114,803		114,803
050 RESPIRATORY THERAPY			343,397		343,397
051 PHYSICAL THERAPY			282,645		282,645
052 OCCUPATIONAL THERAPY			183,332		183,332
052 01 SPEECH PATHOLOGY			18,954		18,954
053 PULMONARY FUNCTIONS			70,600		70,600
055 ELECTROCARDIOLOGY			830,073		830,073
055 30 MEDICAL SUPPLIES CHARGED			949,947		949,947
056 IMPL. DEV. CHARGED TO PAT			159,783		159,783
057 DRUGS CHARGED TO PATIENTS			1,644,863		1,644,863
060 RENAL DIALYSIS			147,319		147,319
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC					
060 01 MEDICINE CLINIC			1,419,376		1,419,376
060 02 OB/GYN CLINIC			845,155		845,155
060 03 ORTHO CLINIC			309,503		309,503
060 04 PEDIATRICS CLINIC					
060 05 DENTISTRY CLINIC			297,717		297,717
060 06 DERMATOLOGY CLINIC			221,893		221,893
060 07 OPHTHALMOLOGY CLINIC			326,049		326,049
060 08 ENT CLINIC			315,362		315,362
060 09 GERIATRIC CLINIC			1,306		1,306
060 10 SURGERY CLINIC			304,965		304,965
060 11 NEUROLOGY CLINIC			305,902		305,902
060 12 ENDOSCOPY CLINIC			261,035		261,035
060 13 OCCUPATIONAL THERAPY			193,847		193,847
060 14 URGENT VISIT CLINIC			67,456		67,456
060 15 SENIOR CARE CLINIC			241,152		241,152
060 16 WOMENS VISIT CLINIC			130,559		130,559
060 17 CHC CLINICS			4,515,809		4,515,809
060 18 PSYCH CLINIC			1,597,807		1,597,807
060 19 ORAL SURGERY CLINIC			11,312		11,312
060 20 DIETARY CLINIC			10,399		10,399
060 21 CENTER OF EXCELLENCE			99,205		99,205
060 22 OP BURN CLINIC			13,320		13,320
060 23 BARIATRIC CLINIC			63,027		63,027
060 24 PLASTIC CLINIC			4,806		4,806
061 EMERGENCY			1,500,600		1,500,600
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
064 OTHER REIMBURS COST CNTRS					
065 HOME PROGRAM DIALYSIS					
065 AMBULANCE SERVICES			796,490		796,490
066 DURABLE MEDICAL EQUIP-REN					

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0024

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	24.01	25	26	27
067 OTHER REIMBURS COST CNTRS					
069 DURABLE MEDICAL EQUIP-SOL CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
084 KIDNEY ACQUISITION					
085 LIVER ACQUISITION					
085 HEART ACQUISITION					
085 01 PANCREAS ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					
095 SUBTOTALS			33,290,538		33,290,538
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			53,459		53,459
097 RESEARCH			226,227		226,227
098 PHYSICIANS' PRIVATE OFFIC					
099 NONPAID WORKERS					
100 OTHER NONREIMBURSABLE COS					
100 01 OTHER NONREIMBURSABLE COS					
100 02 RENTAL SPACE			1,879,025		1,879,025
100 03 UNUSED SPACE			1,392,282		1,392,282
100 04 NON REIMB PSYCH PROGRAMS			409,983		409,983
100 05 SR CONNECTIONS-NRCC					
100 06 LV BEAUTY					
100 07 LV DAY CARE					
100 08 GRANT PROGRAMS			542,428		542,428
100 09 BLANK					
100 10 DME			39,585		39,585
100 11 FATHER RESOURCE			23,002		23,002
100 12 NONREIMB HOUSE CALLS COST			6,277		6,277
100 13 RENAL NONCERTIFIED					
100 14 NONREIMBURSEABLE FREESTAN					
100 15 OTHER NONREIMBURSABLE COS					
100 16 OTHER NONREIMBURSABLE COS					
100 17 OTHER NONREIMBURSABLE COS					
101 CROSS FOOT ADJUSTMENTS	8,570	13,551	161,345		161,345
102 NEGATIVE COST CENTER					
103 TOTAL	8,570	13,551	38,024,151		38,024,151

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET	C NEW CAP REL COSTS-BLDG & (SQUARE FEET	C EMPLOYEE BENEFITS (GROSS SALARIES	NONPATIENT TELEPHONES (NO OF PHONES	TELEPHONE PURCHASING RECEIVING (COST REQS	R ADMITTING (GROSS CHGS
	3	3.01	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	1,383,206					
005 EMPLOYEE BENEFITS	12,272	51,824	189,117,551			
006 01 NONPATIENT TELEPHONES	4,518		209,562	3,308		
006 02 PURCHASING, RECEIVING	14,348		1,379,734	45	33,400	
006 03 ADMITTING	7,530		592,162		72	622,722,078
006 04 CASHIERING/ACCOUNTS R	17,826		5,260,727	314	377	
006 05 OTHER ADMINISTRATIVE	131,328		13,378,832	567	1,599	
007 MAINTENANCE & REPAIRS	13,556		2,645,104	127	2,140	
008 OPERATION OF PLANT	209,461		2,770,987	70	676	
009 LAUNDRY & LINEN SERVI	2,814		150,153		27	
010 HOUSEKEEPING	17,216		3,263,098	21	372	
011 DIETARY	15,419		1,138,591	35	265	
012 CAFETERIA	9,524		1,688,514			
014 NURSING ADMINISTRATION	12,843		1,990,538	4	42	
015 CENTRAL SERVICES & SU	9,940		408,925		63	
016 PHARMACY	17,259		10,873,141	147	923	
017 MEDICAL RECORDS & LIB	28,723		1,902,326	51	170	
022 I&R SERVICES-SALARY &						
024 PARAMED PRGM			245,181		31	
024 01 PARAMED PRGM PHARM	304		340,367			
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	139,560		19,765,665	357	484	51,745,195
026 INTENSIVE CARE UNIT	10,531		9,212,856	81	142	46,418,060
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U	7,330		2,235,956	91	145	21,810,946
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	7,704		3,648,847	37	115	12,008,673
031 SUBPROVIDER	19,107		2,755,005	211	83	5,626,448
031 01 SUBPROVIDER 2						
033 NURSERY	642		1,541,839	1		
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	46,097		6,254,898	92	327	49,314,997
037 01 AMBULATORY SURGERY						
040 ANESTHESIOLOGY	5,039		139,571	35	86	9,085,341
041 RADIOLOGY-DIAGNOSTIC	45,486		4,561,403	152	233	71,995,588
041 01 NUCLEAR MEDICINE	5,600		369,214	11	36	4,052,884
041 02 CAT SCAN	1,798		1,144,221		30	62,607,812
044 LABORATORY	27,873		5,063,813	110	778	95,300,219
047 BLOOD STORING, PROCES	1,908		698,141		84	9,328,629
049 RESPIRATORY THERAPY	3,608		3,394,002	14	72	24,187,140
050 PHYSICAL THERAPY	7,799		2,008,443	44	69	9,125,342
051 OCCUPATIONAL THERAPY	5,819		1,059,459		12	4,367,325
052 SPEECH PATHOLOGY			296,645		1	918,224
052 01 PULMONARY FUNCTIONS	2,213		296,969	12	8	1,527,089
053 ELECTROCARDIOLOGY	25,485		2,049,375	34	118	8,371,104
055 MEDICAL SUPPLIES CHAR					17,767	45,796,570
055 30 IMPL. DEV. CHARGED TO					1,217	17,185,407
056 DRUGS CHARGED TO PATI						70,192,900
057 RENAL DIALYSIS	4,855		63,001	8		1,756,185
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 MEDICINE CLINIC	48,098		1,344,813		223	
060 02 OB/GYN CLINIC	27,106		1,998,071		186	
060 03 ORTHO CLINIC	10,132		730,135		33	
060 04 PEDIATRICS CLINIC						
060 05 DENTISTRY CLINIC	10,772				4	
060 06 DERMATOLOGY CLINIC	7,676		238,993		13	
060 07 OPHTHALMOLOGY CLINIC	8,311		623,195		55	
060 08 ENT CLINIC	10,365		237,056		6	
060 09 GERIATRIC CLINIC					16	
060 10 SURGERY CLINIC	10,091		568,899		11	
060 11 NEUROLOGY CLINIC	9,817		492,927		10	
060 12 ENDOSCOPY CLINIC	5,892		1,582,093		154	
060 13 OCCUPATIONAL THERAPY	6,630		293,966		81	
060 14 URGENT VISIT CLINIC	1,045		1,209,715		13	
060 15 SENIOR CARE CLINIC	7,383		1,312,563		101	
060 16 WOMENS VISIT CLINIC	3,587		1,188,574		150	
060 17 CHC CLINICS	145,367		12,953,433		1,358	
060 18 PSYCH CLINIC	42,300		19,167,554		786	
060 19 ORAL SURGERY CLINIC	304				32	
060 20 DIETARY CLINIC			598,260		4	
060 21 CENTER OF EXCELLENCE	2,950		625,383		70	
060 22 OP BURN CLINIC	318		159,790		2	
060 23 BARIATRIC CLINIC	2,021		189,610		7	
060 24 PLASTIC CLINIC			168,281		10	
061 EMERGENCY	34,483		10,483,249	205	318	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	EMPLOYEE BENE FITS (GROSS SALARIES	NONPATIENT TE LEPHONES (NO OF PHONES	PURCHASING, R ECEIVING AND (COST REQS	ADMITTING (GROSS CHGS
OUTPAT SERVICE COST C	3	3.01	5	6.01	6.02	6.03
064 OTHER REIMBURS COST C						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES			8,322,724	70	304	
067 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
082 HOME HEALTH AGENCY						
LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,287,983		179,286,549	2,946	32,511	622,722,078
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,792		184,875	8		
097 RESEARCH	7,447			109		
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 OTHER NONREIMBURSABLE						
100 02 RENTAL SPACE	69,455			188		
100 03 UNUSED SPACE		51,824				
100 04 NON REIMB PSYCH PROGR	10,944		3,663,359		396	
100 05 SR CONNECTIONS-NRCC						
100 06 LV BEAUTY						
100 07 LV DAY CARE						
100 08 GRANT PROGRAMS	4,132		5,682,994	51	453	
100 09 BLANK						
100 10 DME	586		93,406	6	40	
100 11 FATHER RESOURCE	867					
100 12 NONREIMB HOUSE CALLS			206,368			
100 13 RENAL NONCERTIFIED						
100 14 NONREIMBURSEABLE FREE						
100 15 OTHER NONREIMBURSABLE						
100 16 OTHER NONREIMBURSABLE						
100 17 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	29,021,767	1,377,446	31,802,122	1,976,053	3,929,876	1,451,954
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	20.981522		.168161		117.660958	
(WRKSHT B, PT I)		26.579307		597.355804		.002332
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			260,357	619,049	323,500	160,874
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001377		9.685629	
(WRKSHT B, PT III)				187.136941		.000258

COST ALLOCATION - STATISTICAL BASIS

15-0024

FROM 1/1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	MAINTENANCE & OPERATI ON OF	LAUNDRY & LIN	HOUSEKEEPING	
	(GROSS CHGS )	RECONCILI- IATION	( ACCUM. COST	(SQUARE )FEET	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(HOURS OF )SERVICE
	6.04	6a.05	6.05	7	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS R	887,096,568						
006 05 OTHER ADMINISTRATIVE		-81,438,992	386,149,558				
007 MAINTENANCE & REPAIRS			7,945,531	1,177,696			
008 OPERATION OF PLANT			15,776,423	209,461	968,235		
009 LAUNDRY & LINEN SERVI			1,525,754	2,814	2,814	920,283	
010 HOUSEKEEPING			6,059,934	17,216	17,216		127,854
011 DIETARY			2,504,215	15,419	15,419		
012 CAFETERIA			2,948,439	9,524	9,524		188
014 NURSING ADMINISTRATIO			2,880,934	12,843	12,843		419
015 CENTRAL SERVICES & SU			2,271,312	9,940	9,940	40,576	2,016
016 PHARMACY			45,059,992	17,259	17,259		2,192
017 MEDICAL RECORDS & LIB			4,153,249	28,723	28,723		1,908
022 I&R SERVICES-SALARY &			12,925,785				
024 PARAMED PRGM			293,813				
024 01 PARAMED PRGM PHARM			419,409	304	304		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	51,745,195		28,924,332	139,560	139,560	89,478	26,652
026 INTENSIVE CARE UNIT	46,418,060		12,684,815	10,531	10,531	48,901	5,431
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U	21,810,946		3,596,468	7,330	7,330	78,033	1,854
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA	12,008,673		5,021,721	7,704	7,704	30,173	2,647
031 SUBPROVIDER	5,626,448		4,691,565	19,107	19,107	7,283	9,236
031 01 SUBPROVIDER 2			18,085				
033 NURSERY	6,591,340		2,243,160	642	642		429
034 SKILLED NURSING FACIL							
035 NURSING FACILITY			97,299				
ANCILLARY SRVC COST C							
037 OPERATING ROOM	49,314,997		11,824,038	46,097	46,097	453,631	972
037 01 AMBULATORY SURGERY			4,242				
040 ANESTHESIOLOGY	9,085,341		803,814	5,039	5,039		288
041 RADIOLOGY-DIAGNOSTIC	71,995,588		12,235,228	45,486	45,486	3,121	3,708
041 01 NUCLEAR MEDICINE	4,052,884		1,158,483	5,600	5,600	2,081	1,056
041 02 CAT SCAN	62,607,812		2,943,236	1,798	1,798	1,040	324
044 LABORATORY	95,300,219		15,099,012	27,873	27,873		2,160
047 BLOOD STORING, PROCES	9,328,629		3,229,769	1,908	1,908		168
049 RESPIRATORY THERAPY	24,187,140		5,050,292	3,608	3,608		336
050 PHYSICAL THERAPY	9,125,342		2,837,170	7,799	7,799	6,243	480
051 OCCUPATIONAL THERAPY	4,367,325		1,514,769	5,819	5,819		480
052 SPEECH PATHOLOGY	918,224		397,484				
052 01 PULMONARY FUNCTIONS	1,527,089		474,549	2,213	2,213	1,435	168
053 ELECTROCARDIOLOGY	8,371,104		3,749,981	25,485	25,485	6,562	192
055 MEDICAL SUPPLIES CHAR	45,796,570		20,824,538				
055 30 IMPL. DEV. CHARGED TO	17,185,407		7,752,066				
056 DRUGS CHARGED TO PATI	70,192,900		1,046,572				
057 RENAL DIALYSIS	1,756,185		883,111	4,855	4,855		1,080
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MEDICINE CLINIC	4,945,357		3,127,244	48,098	48,098	4,667	6,660
060 02 OB/GYN CLINIC	5,350,060		3,411,216	27,106	27,106	16,872	4,930
060 03 ORTHO CLINIC	2,213,993		1,316,432	10,132	10,132	1,435	1,603
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC			240,825	10,772	10,772	1,435	862
060 06 DERMATOLOGY CLINIC	1,385,723		547,806	7,676	7,676	1,076	1,109
060 07 OPHTHALMOLOGY CLINIC	3,256,172		1,212,243	8,311	8,311	1,435	989
060 08 ENT CLINIC	1,239,629		647,052	10,365	10,365	1,435	1,189
060 09 GERIATRIC CLINIC			4,889				
060 10 SURGERY CLINIC	2,733,798		1,085,108	10,091	10,091	6,821	1,300
060 11 NEUROLOGY CLINIC	1,595,828		950,733	9,817	9,817	7,179	1,280
060 12 ENDOSCOPY CLINIC	12,739,643		3,090,921	5,892	5,892		
060 13 OCCUPATIONAL THERAPY	1,994,681		651,572	6,630	6,630		367
060 14 URGENT VISIT CLINIC	5,137,430		1,793,593	1,045	1,045		1,555
060 15 SENIOR CARE CLINIC	879,264		1,926,687	7,383	7,383		
060 16 WOMENS VISIT CLINIC	5,194,133		1,882,619	3,587	3,587		
060 17 CHC CLINICS	32,272,386		26,031,879	145,367	145,367	15,436	19,620
060 18 PSYCH CLINIC	38,863,089		27,301,011	42,300	42,300		3,696
060 19 ORAL SURGERY CLINIC			34,903	304	304	7,898	
060 20 DIETARY CLINIC			748,559				
060 21 CENTER OF EXCELLENCE	1,494,706		962,706	2,950	2,950	1,761	
060 22 OP BURN CLINIC	684,040		284,600	318	318		
060 23 BARIATRIC CLINIC	49,531		318,454	2,021	2,021		
060 24 PLASTIC CLINIC	104,108		224,735				
061 EMERGENCY	68,394,705		15,245,141	34,483	34,483	79,073	16,154
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	(GROSS CHGS )	RECONCILI- TATION	( ACCUM. COST	(SQUARE )FEET	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(HOURS OF )SERVICE )
OUTPAT SERVICE COST C	6.04	6a.05	6.05	7	8	9	10
064 OTHER REIMBURS COST C							
065 HOME PROGRAM DIALYSIS	56,641,661		14,476,389			5,203	456
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	876,483,355	-81,438,992	361,387,906	1,086,605	877,144	920,283	126,154
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			320,839	1,792	1,792		
097 RESEARCH			229,987	7,447	7,447		1,700
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE							
100 02 RENTAL SPACE			1,569,575	69,455	69,455		
100 03 UNUSED SPACE			1,377,446				
100 04 NON REIMB PSYCH PROGR	10,608,468		7,945,138	10,944	10,944		
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS			11,004,096				
100 09 BLANK							
100 10 DME	4,745		1,740,016	586	586		
100 11 FATHER RESOURCE			18,191	867	867		
100 12 NONREIMB HOUSE CALLS			556,364				
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREE							
100 15 OTHER NONREIMBURSABLE							
100 16 OTHER NONREIMBURSABLE							
100 17 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	11,040,734		81,438,992	9,621,243	20,814,873	1,931,020	7,848,726
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.012446		.210900	8.169547	21.497749	2.098289	61.388193
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	586,505		4,159,223	515,613	4,729,403	90,922	561,649
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000661		.010771	.437815	4.884561	.098798	4.392893
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

15-0024

FROM 1/1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	NURSING ADMINISTRATION (PAID HOURS)	CENTRAL SERVICES & SUPPLY (COST REQS)	PHARMACY (100% ALLOC)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	11	12	14	15	16	17	22
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	255,888						
012 CAFETERIA		5,113,530					
014 NURSING ADMINISTRATION		53,637	2,192,256				
015 CENTRAL SERVICES & SU		28,706		18,984			
016 PHARMACY		321,068			1,000		
017 MEDICAL RECORDS & LIB		98,868				897,705,036	
022 I&R SERVICES-SALARY &							427,465
024 PARAMED PRGM		9,397					
024 01 PARAMED PRGM PHARM		10,189					
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	169,857	653,824	653,824			51,745,195	107,189
026 INTENSIVE CARE UNIT	54,184	275,930	275,930			46,418,060	11,098
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U	10,590	72,869	72,869			21,810,946	2,832
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA		99,949	99,949			12,008,673	4,866
031 SUBPROVIDER	21,257	108,014				5,626,448	4,815
031 01 SUBPROVIDER 2							
033 NURSERY		43,146	43,146			6,591,340	
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		221,435	221,435			49,314,997	37,640
037 01 AMBULATORY SURGERY							
040 ANESTHESIOLOGY		8,267				9,085,341	39,208
041 RADIOLOGY-DIAGNOSTIC		163,377				71,995,588	36,456
041 01 NUCLEAR MEDICINE		11,376				4,052,884	
041 02 CAT SCAN		34,445				62,607,812	
044 LABORATORY		192,538				95,300,219	1,869
047 BLOOD STORING, PROCES		24,066				9,328,629	
049 RESPIRATORY THERAPY		122,751				24,187,140	
050 PHYSICAL THERAPY		67,730				9,125,342	
051 OCCUPATIONAL THERAPY		33,454				4,367,325	47
052 SPEECH PATHOLOGY		8,872				918,224	
052 01 PULMONARY FUNCTIONS		10,603				1,527,089	2,407
053 ELECTROCARDIOLOGY		65,361				8,371,104	2,137
055 MEDICAL SUPPLIES CHAR				17,767		45,796,570	
055 30 IMPL. DEV. CHARGED TO				1,217		17,185,407	
056 DRUGS CHARGED TO PATI					1,000	70,192,900	
057 RENAL DIALYSIS		1,756	1,756			1,756,185	1,899
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MEDICINE CLINIC		69,874				4,945,357	4,856
060 02 OB/GYN CLINIC		100,535				5,350,060	28,317
060 03 ORTHO CLINIC		33,543				2,213,993	8,617
060 04 PEDIATRICS CLINIC							40
060 05 DENTISTRY CLINIC							16,461
060 06 DERMATOLOGY CLINIC		14,140				1,385,723	8,037
060 07 OPHTHALMOLOGY CLINIC		33,368				3,256,172	4,160
060 08 ENT CLINIC		11,708				1,239,629	3,595
060 09 GERIATRIC CLINIC							39
060 10 SURGERY CLINIC		24,159				2,733,798	3,972
060 11 NEUROLOGY CLINIC		24,059				1,595,828	10,436
060 12 ENDOSCOPY CLINIC		58,468				12,739,643	
060 13 OCCUPATIONAL THERAPY		14,001				1,994,681	
060 14 URGENT VISIT CLINIC		35,222				5,137,430	23
060 15 SENIOR CARE CLINIC		62,344				879,264	
060 16 WOMENS VISIT CLINIC		37,158				5,194,133	134
060 17 CHC CLINICS		684,621				32,272,386	7,991
060 18 PSYCH CLINIC						38,863,089	3,980
060 19 ORAL SURGERY CLINIC							5,927
060 20 DIETARY CLINIC		26,393					
060 21 CENTER OF EXCELLENCE		31,648				1,494,706	
060 22 OP BURN CLINIC		9,563				684,040	
060 23 BARIATRIC CLINIC		7,478				49,531	
060 24 PLASTIC CLINIC		6,165				104,108	
061 EMERGENCY		382,292	382,292			68,394,705	63,329
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							

COST ALLOCATION - STATISTICAL BASIS

15-0024

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	NURSING ADMINISTRATION (PAID HOURS)	CENTRAL SERVICES & SUPPLY (COST REQS)	PHARMACY (100% ALLOC)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	11	12	14	15	16	17	22
064 OUTPAT SERVICE COST C							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES		441,055	441,055			56,641,661	
069 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 CORF							
072 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
087 HEART ACQUISITION							
088 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITI							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
096 SUBTOTALS	255,888	4,849,422	2,192,256	18,984	1,000	876,483,355	422,377
097 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE		12,944					
099 RESEARCH							5,088
100 PHYSICIANS' PRIVATE O							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE							
100 02 RENTAL SPACE							
100 03 UNUSED SPACE							
100 04 NON REIMB PSYCH PROGR						21,216,936	
100 05 SR CONNECTIONS-NRCC							
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		247,064					
100 09 BLANK							
100 10 DME		4,100				4,745	
100 11 FATHER RESOURCE							
100 12 NONREIMB HOUSE CALLS							
100 13 RENAL NONCERTIFIED							
100 14 NONREIMBURSEABLE FREE							
100 15 OTHER NONREIMBURSABLE							
100 16 OTHER NONREIMBURSABLE							
100 17 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,489,794	3,864,358	3,935,796	3,275,817	55,452,424	6,073,148	15,651,833
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.755712		172.556732		.006765	
(WRKSHT B, PT I)	13.637974		1.795318		55,452.424000		36.615473
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	490,693	285,428	439,084	498,898	1,500,784	873,117	139,224
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.055818		26.279920		.000973	
(WRKSHT B, PT III)	1.917608		.200289		1,500.784000		.325697

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY
	(ASSIGNED TIME	(ASSIGNED TIME )
GENERAL SERVICE COST	24	24.01
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-BLD		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 PURCHASING, RECEIVING		
006 03 ADMITTING		
006 04 CASHIERING/ACCOUNTS R		
006 05 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
022 I&R SERVICES-SALARY &		
024 PARAMED ED PRGM	100	
024 01 PARAMED ED PRGM PHARM		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE U		
029 SURGICAL INTENSIVE CA		
030 NEONATAL INTENSIVE CA		
031 SUBPROVIDER		
031 01 SUBPROVIDER 2		
033 NURSERY		
034 SKILLED NURSING FACIL		
035 NURSING FACILITY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
037 01 AMBULATORY SURGERY		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
041 01 NUCLEAR MEDICINE		
041 02 CAT SCAN		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
052 01 PULMONARY FUNCTIONS		
053 ELECTROCARDIOLOGY		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		100
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
OUTPAT SERVICE COST C		
060 CLINIC		
060 01 MEDICINE CLINIC		
060 02 OB/GYN CLINIC		
060 03 ORTHO CLINIC		
060 04 PEDIATRICS CLINIC		
060 05 DENTISTRY CLINIC		
060 06 DERMATOLOGY CLINIC		
060 07 OPHTHALMOLOGY CLINIC		
060 08 ENT CLINIC		
060 09 GERIATRIC CLINIC		
060 10 SURGERY CLINIC		
060 11 NEUROLOGY CLINIC		
060 12 ENDOSCOPY CLINIC		
060 13 OCCUPATIONAL THERAPY		
060 14 URGENT VISIT CLINIC		
060 15 SENIOR CARE CLINIC		
060 16 WOMENS VISIT CLINIC		
060 17 CHC CLINICS		
060 18 PSYCH CLINIC		
060 19 ORAL SURGERY CLINIC		
060 20 DIETARY CLINIC		
060 21 CENTER OF EXCELLENCE		
060 22 OP BURN CLINIC		
060 23 BARIATRIC CLINIC		
060 24 PLASTIC CLINIC		
061 EMERGENCY	100	
062 OBSERVATION BEDS (NON		
063 OTHER OUTPATIENT SERV		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED PR GM	PARAMED PR GM PHARMACY
	(ASSIGNED TIME	(ASSIGNED TIME
	24	24.01
064 OUTPAT SERVICE COST C		
065 OTHER REIMBURS COST C		
066 HOME PROGRAM DIALYSIS		
067 AMBULANCE SERVICES		
069 DURABLE MEDICAL EQUIP		
070 DURABLE MEDICAL EQUIP		
071 CORF		
072 I&R SERVICES-NOT APPR		
082 HOME HEALTH AGENCY		
083 LUNG ACQUISITION		
084 SPEC PURPOSE COST CEN		
085 KIDNEY ACQUISITION		
086 LIVER ACQUISITION		
087 HEART ACQUISITION		
088 01 PANCREAS ACQUISITION		
092 OTHER ORGAN ACQUISITI		
093 AMBULATORY SURGICAL C		
095 HOSPICE		
096 SUBTOTALS	100	100
097 NONREIMBURS COST CENT		
098 GIFT, FLOWER, COFFEE		
099 RESEARCH		
100 PHYSICIANS' PRIVATE O		
100 NONPAID WORKERS		
100 01 OTHER NONREIMBURSABLE		
100 02 RENTAL SPACE		
100 03 UNUSED SPACE		
100 04 NON REIMB PSYCH PROGR		
100 05 SR CONNECTIONS-NRCC		
100 06 LV BEAUTY		
100 07 LV DAY CARE		
100 08 GRANT PROGRAMS		
100 09 BLANK		
100 10 DME		
100 11 FATHER RESOURCE		
100 12 NONREIMB HOUSE CALLS		
100 13 RENAL NONCERTIFIED		
100 14 NONREIMBURSEABLE FREE		
100 15 OTHER NONREIMBURSABLE		
100 16 OTHER NONREIMBURSABLE		
100 17 OTHER NONREIMBURSABLE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	362,879	524,581
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		5,245.810000
(WRKSHT B, PT I)	3,628.790000	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT I I)		
107 COST TO BE ALLOCATED	8,570	13,551
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		135.510000
(WRKSHT B, PT I I I)	85.700000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	45,323,196		45,323,196		45,323,196
26	INTENSIVE CARE UNIT	17,865,359		17,865,359		17,865,359
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT	5,327,843		5,327,843		5,327,843
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	6,871,378		6,871,378		6,871,378
31	SUBPROVIDER	7,239,724		7,239,724		7,239,724
31	01 SUBPROVIDER 2	21,899		21,899		21,899
33	NURSERY	2,916,282		2,916,282		2,916,282
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY	117,819		117,819		117,819
	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	17,595,323		17,595,323		17,595,323
37	01 AMBULATORY SURGERY	5,137		5,137		5,137
40	ANESTHESIOLOGY	1,208,220		1,208,220		1,208,220
41	RADIOLOGY-DIAGNOSTIC	17,009,777		17,009,777		17,009,777
41	01 NUCLEAR MEDICINE	1,674,151		1,674,151		1,674,151
41	02 CAT SCAN	4,088,950		4,088,950		4,088,950
44	LABORATORY	20,033,290		20,033,290		20,033,290
47	BLOOD STORING, PROCESSING	4,059,140		4,059,140		4,059,140
49	RESPIRATORY THERAPY	6,499,455		6,499,455		6,499,455
50	PHYSICAL THERAPY	3,822,387		3,822,387		3,822,387
51	OCCUPATIONAL THERAPY	2,091,161		2,091,161		2,091,161
52	SPEECH PATHOLOGY	494,230		494,230		494,230
52	01 PULMONARY FUNCTIONS	671,953		671,953		671,953
53	ELECTROCARDIOLOGY	5,428,504		5,428,504		5,428,504
55	MEDICAL SUPPLIES CHARGED	28,592,062		28,592,062		28,592,062
55	30 IMPL. DEV. CHARGED TO PAT	9,713,238		9,713,238		9,713,238
56	DRUGS CHARGED TO PATIENTS	57,719,154		57,719,154		57,719,154
57	RENAL DIALYSIS	1,296,054		1,296,054		1,296,054
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC	5,718,616		5,718,616		5,718,616
60	02 OB/GYN CLINIC	5,385,018		5,385,018		5,385,018
60	03 ORTHO CLINIC	2,036,400		2,036,400		2,036,400
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC	667,119		667,119		667,119
60	06 DERMATOLOGY CLINIC	981,462		981,462		981,462
60	07 OPHTHALMOLOGY CLINIC	1,825,439		1,825,439		1,825,439
60	08 ENT CLINIC	1,184,252		1,184,252		1,184,252
60	09 GERIATRIC CLINIC	5,920		5,920		5,920
60	10 SURGERY CLINIC	1,744,198		1,744,198		1,744,198
60	11 NEUROLOGY CLINIC	1,565,105		1,565,105		1,565,105
60	12 ENDOSCOPY CLINIC	4,047,965		4,047,965		4,047,965
60	13 OCCUPATIONAL THERAPY	1,032,287		1,032,287		1,032,287
60	14 URGENT VISIT CLINIC	2,359,696		2,359,696		2,359,696
60	15 SENIOR CARE CLINIC	2,605,121		2,605,121		2,605,121
60	16 WOMENS VISIT CLINIC	2,449,298		2,449,298		2,449,298
60	17 CHC CLINICS	37,807,168		37,807,168		37,807,168
60	18 PSYCH CLINIC	34,803,521		34,803,521		34,803,521
60	19 ORAL SURGERY CLINIC	67,855		67,855		67,855
60	20 DIETARY CLINIC	926,376		926,376		926,376
60	21 CENTER OF EXCELLENCE	1,290,983		1,290,983		1,290,983
60	22 OP BURN CLINIC	365,911		365,911		365,911
60	23 BARIATRIC CLINIC	451,560		451,560		451,560
60	24 PLASTIC CLINIC	277,495		277,495		277,495
61	EMERGENCY	22,441,749		22,441,749		22,441,749
62	OBSERVATION BEDS (NON-DIS	3,913,352		3,913,352		3,913,352
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	19,076,695		19,076,695		19,076,695
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	422,716,247		422,716,247		422,716,247
102	LESS OBSERVATION BEDS	3,913,352		3,913,352		3,913,352
103	TOTAL	418,802,895		418,802,895		418,802,895

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	51,745,195		51,745,195			
26	INTENSIVE CARE UNIT	46,418,060		46,418,060			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT	21,810,946		21,810,946			
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	12,008,673		12,008,673			
31	SUBPROVIDER	5,626,448		5,626,448			
31	01 SUBPROVIDER 2						
33	NURSERY	6,591,340		6,591,340			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,323,849	23,991,148	49,314,997	.356795	.356795	.356795
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY	5,288,386	3,796,955	9,085,341	.132986	.132986	.132986
41	RADIOLOGY-DIAGNOSTIC	28,768,298	43,227,290	71,995,588	.236261	.236261	.236261
41	01 NUCLEAR MEDICINE	1,078,858	2,974,026	4,052,884	.413076	.413076	.413076
41	02 CAT SCAN	22,271,316	40,336,496	62,607,812	.065311	.065311	.065311
44	LABORATORY	33,414,104	61,886,115	95,300,219	.210212	.210212	.210212
47	BLOOD STORING, PROCESSING	8,025,883	1,302,746	9,328,629	.435127	.435127	.435127
49	RESPIRATORY THERAPY	23,021,185	1,165,955	24,187,140	.268715	.268715	.268715
50	PHYSICAL THERAPY	3,554,834	5,570,508	9,125,342	.418876	.418876	.418876
51	OCCUPATIONAL THERAPY	2,727,854	1,639,471	4,367,325	.478820	.478820	.478820
52	SPEECH PATHOLOGY	658,905	259,319	918,224	.538246	.538246	.538246
52	01 PULMONARY FUNCTIONS	917,056	610,033	1,527,089	.440022	.440022	.440022
53	ELECTROCARDIOLOGY	3,249,846	5,121,258	8,371,104	.648481	.648481	.648481
55	MEDICAL SUPPLIES CHARGED	34,733,260	11,063,310	45,796,570	.624328	.624328	.624328
55	30 IMPL. DEV. CHARGED TO PAT	13,426,297	3,759,110	17,185,407	.565203	.565203	.565203
56	DRUGS CHARGED TO PATIENTS	29,782,119	40,410,781	70,192,900	.822293	.822293	.822293
57	RENAL DIALYSIS	1,652,953	103,232	1,756,185	.737994	.737994	.737994
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	80,019	4,865,338	4,945,357	1.156361	1.156361	1.156361
60	02 OB/GYN CLINIC	84,288	5,265,772	5,350,060	1.006534	1.006534	1.006534
60	03 ORTHO CLINIC	3,791	2,210,202	2,213,993	.919786	.919786	.919786
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC	2,963	1,382,760	1,385,723	.708267	.708267	.708267
60	07 OPHTHALMOLOGY CLINIC	26,278	3,229,894	3,256,172	.560609	.560609	.560609
60	08 ENT CLINIC	9,465	1,230,164	1,239,629	.955328	.955328	.955328
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC	903,601	1,830,197	2,733,798	.638013	.638013	.638013
60	11 NEUROLOGY CLINIC	177,968	1,417,860	1,595,828	.980748	.980748	.980748
60	12 ENDOSCOPY CLINIC	1,936,066	10,803,577	12,739,643	.317746	.317746	.317746
60	13 OCCUPATIONAL THERAPY		1,994,681	1,994,681	.517520	.517520	.517520
60	14 URGENT VISIT CLINIC	28,932	5,108,498	5,137,430	.459314	.459314	.459314
60	15 SENIOR CARE CLINIC	5,762	873,502	879,264	2.962843	2.962843	2.962843
60	16 WOMENS VISIT CLINIC	1,220,597	3,973,536	5,194,133	.471551	.471551	.471551
60	17 CHC CLINICS	160,732	32,111,654	32,272,386	1.171502	1.171502	1.171502
60	18 PSYCH CLINIC	34,203	38,828,886	38,863,089	.895542	.895542	.895542
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE	5,594	1,489,112	1,494,706	.863704	.863704	.863704
60	22 OP BURN CLINIC	28,214	655,826	684,040	.534926	.534926	.534926
60	23 BARIATRIC CLINIC	147	49,384	49,531	9.116715	9.116715	9.116715
60	24 PLASTIC CLINIC	88	104,020	104,108	2.665453	2.665453	2.665453
61	EMERGENCY	22,533,822	45,860,884	68,394,706	.328121	.328121	.328121
62	OBSERVATION BEDS (NON-DIS	390,944	2,290,996	2,681,940	1.459150	1.459150	1.459150
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	85,747	56,555,914	56,641,661	.336796	.336796	.336796
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	409,814,886	469,350,410	879,165,296			
102	LESS OBSERVATION BEDS						
103	TOTAL	409,814,886	469,350,410	879,165,296			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	49,247,971		49,247,971		49,247,971
26	INTENSIVE CARE UNIT	18,271,718		18,271,718		18,271,718
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT	5,431,538		5,431,538		5,431,538
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	7,049,549		7,049,549		7,049,549
31	SUBPROVIDER	7,416,028		7,416,028		7,416,028
31	01 SUBPROVIDER 2	21,899		21,899		21,899
33	NURSERY	2,916,282		2,916,282		2,916,282
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY	117,819		117,819		117,819
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,973,529		18,973,529		18,973,529
37	01 AMBULATORY SURGERY	5,137		5,137		5,137
40	ANESTHESIOLOGY	2,643,839		2,643,839		2,643,839
41	RADIOLOGY-DIAGNOSTIC	18,344,631		18,344,631		18,344,631
41	01 NUCLEAR MEDICINE	1,674,151		1,674,151		1,674,151
41	02 CAT SCAN	4,088,950		4,088,950		4,088,950
44	LABORATORY	20,101,724		20,101,724		20,101,724
47	BLOOD STORING, PROCESSING	4,059,140		4,059,140		4,059,140
49	RESPIRATORY THERAPY	6,499,455		6,499,455		6,499,455
50	PHYSICAL THERAPY	3,822,387		3,822,387		3,822,387
51	OCCUPATIONAL THERAPY	2,092,882		2,092,882		2,092,882
52	SPEECH PATHOLOGY	494,230		494,230		494,230
52	01 PULMONARY FUNCTIONS	760,086		760,086		760,086
53	ELECTROCARDIOLOGY	5,506,751		5,506,751		5,506,751
55	MEDICAL SUPPLIES CHARGED	28,592,062		28,592,062		28,592,062
55	30 IMPL. DEV. CHARGED TO PAT	9,713,238		9,713,238		9,713,238
56	DRUGS CHARGED TO PATIENTS	57,719,154		57,719,154		57,719,154
57	RENAL DIALYSIS	1,365,587		1,365,587		1,365,587
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC	5,896,421		5,896,421		5,896,421
60	02 OB/GYN CLINIC	6,421,858		6,421,858		6,421,858
60	03 ORTHO CLINIC	2,351,916		2,351,916		2,351,916
60	04 PEDIATRICS CLINIC	1,465		1,465		1,465
60	05 DENTISTRY CLINIC	1,269,846		1,269,846		1,269,846
60	06 DERMATOLOGY CLINIC	1,275,741		1,275,741		1,275,741
60	07 OPHTHALMOLOGY CLINIC	1,977,759		1,977,759		1,977,759
60	08 ENT CLINIC	1,315,885		1,315,885		1,315,885
60	09 GERIATRIC CLINIC	7,348		7,348		7,348
60	10 SURGERY CLINIC	1,889,635		1,889,635		1,889,635
60	11 NEUROLOGY CLINIC	1,947,224		1,947,224		1,947,224
60	12 ENDOSCOPY CLINIC	4,047,965		4,047,965		4,047,965
60	13 OCCUPATIONAL THERAPY	1,032,287		1,032,287		1,032,287
60	14 URGENT VISIT CLINIC	2,360,538		2,360,538		2,360,538
60	15 SENIOR CARE CLINIC	2,605,121		2,605,121		2,605,121
60	16 WOMENS VISIT CLINIC	2,454,204		2,454,204		2,454,204
60	17 CHC CLINICS	38,099,762		38,099,762		38,099,762
60	18 PSYCH CLINIC	34,949,251		34,949,251		34,949,251
60	19 ORAL SURGERY CLINIC	284,875		284,875		284,875
60	20 DIETARY CLINIC	926,376		926,376		926,376
60	21 CENTER OF EXCELLENCE	1,290,983		1,290,983		1,290,983
60	22 OP BURN CLINIC	365,911		365,911		365,911
60	23 BARIATRIC CLINIC	451,560		451,560		451,560
60	24 PLASTIC CLINIC	277,495		277,495		277,495
61	EMERGENCY	24,760,570		24,760,570		24,760,570
62	OBSERVATION BEDS (NON-DIS	3,913,352		3,913,352		3,913,352
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	19,076,695		19,076,695		19,076,695
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	438,181,780		438,181,780		438,181,780
102	LESS OBSERVATION BEDS	3,913,352		3,913,352		3,913,352
103	TOTAL	434,268,428		434,268,428		434,268,428



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	17,595,323	2,213,765	15,381,558			17,595,323
37 01	AMBULATORY SURGERY	5,137	4,284	853			5,137
40	ANESTHESIOLOGY	1,208,220	376,666	831,554			1,208,220
41	RADIOLOGY-DIAGNOSTIC	17,009,777	2,434,042	14,575,735			17,009,777
41 01	NUCLEAR MEDICINE	1,674,151	255,389	1,418,762			1,674,151
41 02	CAT SCAN	4,088,950	497,694	3,591,256			4,088,950
44	LABORATORY	20,033,290	1,251,974	18,781,316			20,033,290
47	BLOOD STORING, PROCESSING	4,059,140	114,803	3,944,337			4,059,140
49	RESPIRATORY THERAPY	6,499,455	343,397	6,156,058			6,499,455
50	PHYSICAL THERAPY	3,822,387	282,645	3,539,742			3,822,387
51	OCCUPATIONAL THERAPY	2,091,161	183,332	1,907,829			2,091,161
52	SPEECH PATHOLOGY	494,230	18,954	475,276			494,230
52 01	PULMONARY FUNCTIONS	671,953	70,600	601,353			671,953
53	ELECTROCARDIOLOGY	5,428,504	830,073	4,598,431			5,428,504
55	MEDICAL SUPPLIES CHARGED	28,592,062	949,947	27,642,115			28,592,062
55 30	IMPL. DEV. CHARGED TO PAT	9,713,238	159,783	9,553,455			9,713,238
56	DRUGS CHARGED TO PATIENTS	57,719,154	1,644,863	56,074,291			57,719,154
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	1,296,054	147,319	1,148,735			1,296,054
60	CLINIC						
60 01	MEDICINE CLINIC	5,718,616	1,419,376	4,299,240			5,718,616
60 02	OB/GYN CLINIC	5,385,018	845,155	4,539,863			5,385,018
60 03	ORTHO CLINIC	2,036,400	309,503	1,726,897			2,036,400
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC	667,119	297,717	369,402			667,119
60 06	DERMATOLOGY CLINIC	981,462	221,893	759,569			981,462
60 07	OPHTHALMOLOGY CLINIC	1,825,439	326,049	1,499,390			1,825,439
60 08	ENT CLINIC	1,184,252	315,362	868,890			1,184,252
60 09	GERIATRIC CLINIC	5,920	1,306	4,614			5,920
60 10	SURGERY CLINIC	1,744,198	304,965	1,439,233			1,744,198
60 11	NEUROLOGY CLINIC	1,565,105	305,902	1,259,203			1,565,105
60 12	ENDOSCOPY CLINIC	4,047,965	261,035	3,786,930			4,047,965
60 13	OCCUPATIONAL THERAPY	1,032,287	193,847	838,440			1,032,287
60 14	URGENT VISIT CLINIC	2,359,696	67,456	2,292,240			2,359,696
60 15	SENIOR CARE CLINIC	2,605,121	241,152	2,363,969			2,605,121
60 16	WOMENS VISIT CLINIC	2,449,298	130,559	2,318,739			2,449,298
60 17	CHC CLINICS	37,807,168	4,515,809	33,291,359			37,807,168
60 18	PSYCH CLINIC	34,803,521	1,597,807	33,205,714			34,803,521
60 19	ORAL SURGERY CLINIC	67,855	11,312	56,543			67,855
60 20	DIETARY CLINIC	926,376	10,399	915,977			926,376
60 21	CENTER OF EXCELLENCE	1,290,983	99,205	1,191,778			1,290,983
60 22	OP BURN CLINIC	365,911	13,320	352,591			365,911
60 23	BARIATRIC CLINIC	451,560	63,027	388,533			451,560
60 24	PLASTIC CLINIC	277,495	4,806	272,689			277,495
61	EMERGENCY	22,441,749	1,500,600	20,941,149			22,441,749
62	OBSERVATION BEDS (NON-DIS	3,913,352	435,079	3,478,273			3,913,352
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	19,076,695	796,490	18,280,205			19,076,695
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	337,032,747	26,068,661	310,964,086			337,032,747
102	LESS OBSERVATION BEDS	3,913,352	435,079	3,478,273			3,913,352
103	TOTAL	333,119,395	25,633,582	307,485,813			333,119,395

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	49,314,997	.356795	.356795
37 01	AMBULATORY SURGERY			
40	ANESTHESIOLOGY	9,085,341	.132986	.132986
41	RADIOLOGY-DIAGNOSTIC	71,995,588	.236261	.236261
41 01	NUCLEAR MEDICINE	4,052,884	.413076	.413076
41 02	CAT SCAN	62,607,812	.065311	.065311
44	LABORATORY	95,300,219	.210212	.210212
47	BLOOD STORING, PROCESSING	9,328,629	.435127	.435127
49	RESPIRATORY THERAPY	24,187,140	.268715	.268715
50	PHYSICAL THERAPY	9,125,342	.418876	.418876
51	OCCUPATIONAL THERAPY	4,367,325	.478820	.478820
52	SPEECH PATHOLOGY	918,224	.538246	.538246
52 01	PULMONARY FUNCTIONS	1,527,089	.440022	.440022
53	ELECTROCARDIOLOGY	8,371,104	.648481	.648481
55	MEDICAL SUPPLIES CHARGED	45,796,570	.624328	.624328
55 30	IMPL. DEV. CHARGED TO PAT	17,185,407	.565203	.565203
56	DRUGS CHARGED TO PATIENTS	70,192,900	.822293	.822293
57	RENAL DIALYSIS	1,756,185	.737994	.737994
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MEDICINE CLINIC	4,945,357	1.156361	1.156361
60 02	OB/GYN CLINIC	5,350,060	1.006534	1.006534
60 03	ORTHO CLINIC	2,213,993	.919786	.919786
60 04	PEDIATRICS CLINIC			
60 05	DENTISTRY CLINIC			
60 06	DERMATOLOGY CLINIC	1,385,723	.708267	.708267
60 07	OPHTHALMOLOGY CLINIC	3,256,172	.560609	.560609
60 08	ENT CLINIC	1,239,629	.955328	.955328
60 09	GERIATRIC CLINIC			
60 10	SURGERY CLINIC	2,733,798	.638013	.638013
60 11	NEUROLOGY CLINIC	1,595,828	.980748	.980748
60 12	ENDOSCOPY CLINIC	12,739,643	.317746	.317746
60 13	OCCUPATIONAL THERAPY	1,994,681	.517520	.517520
60 14	URGENT VISIT CLINIC	5,137,430	.459314	.459314
60 15	SENIOR CARE CLINIC	879,264	2.962843	2.962843
60 16	WOMENS VISIT CLINIC	5,194,133	.471551	.471551
60 17	CHC CLINICS	32,272,386	1.171502	1.171502
60 18	PSYCH CLINIC	38,863,089	.895542	.895542
60 19	ORAL SURGERY CLINIC			
60 20	DIETARY CLINIC			
60 21	CENTER OF EXCELLENCE	1,494,706	.863704	.863704
60 22	OP BURN CLINIC	684,040	.534926	.534926
60 23	BARIATRIC CLINIC	49,531	9.116715	9.116715
60 24	PLASTIC CLINIC	104,108	2.665453	2.665453
61	EMERGENCY	68,394,706	.328121	.328121
62	OBSERVATION BEDS (NON-DIS	2,681,940	1.459150	1.459150
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	56,641,661	.336796	.336796
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	734,964,634		
102	LESS OBSERVATION BEDS	2,681,940		
103	TOTAL	732,282,694		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,973,529	2,213,765	16,759,764	221,377	972,066	17,780,086
37 01	AMBULATORY SURGERY	5,137	4,284	853	428	49	4,660
40	ANESTHESIOLOGY	2,643,839	376,666	2,267,173	37,667	131,496	2,474,676
41	RADIOLOGY-DIAGNOSTIC	18,344,631	2,434,042	15,910,589	243,404	922,814	17,178,413
41 01	NUCLEAR MEDICINE	1,674,151	255,389	1,418,762	25,539	82,288	1,566,324
41 02	CAT SCAN	4,088,950	497,694	3,591,256	49,769	208,293	3,830,888
44	LABORATORY	20,101,724	1,251,974	18,849,750	125,197	1,093,286	18,883,241
47	BLOOD STORING, PROCESSING	4,059,140	114,803	3,944,337	11,480	228,772	3,818,888
49	RESPIRATORY THERAPY	6,499,455	343,397	6,156,058	34,340	357,051	6,108,064
50	PHYSICAL THERAPY	3,822,387	282,645	3,539,742	28,265	205,305	3,588,817
51	OCCUPATIONAL THERAPY	2,092,882	183,332	1,909,550	18,333	110,754	1,963,795
52	SPEECH PATHOLOGY	494,230	18,954	475,276	1,895	27,566	464,769
52 01	PULMONARY FUNCTIONS	760,086	70,600	689,486	7,060	39,990	713,036
53	ELECTROCARDIOLOGY	5,506,751	830,073	4,676,678	83,007	271,247	5,152,497
55	MEDICAL SUPPLIES CHARGED	28,592,062	949,947	27,642,115	94,995	1,603,243	26,893,824
55 30	IMPL. DEV. CHARGED TO PAT	9,713,238	159,783	9,553,455	15,978	554,100	9,143,160
56	DRUGS CHARGED TO PATIENTS	57,719,154	1,644,863	56,074,291	164,486	3,252,309	54,302,359
57	RENAL DIALYSIS	1,365,587	147,319	1,218,268	14,732	70,660	1,280,195
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC	5,896,421	1,419,376	4,477,045	141,938	259,669	5,494,814
60 02	OB/GYN CLINIC	6,421,858	845,155	5,576,703	84,516	323,449	6,013,893
60 03	ORTHO CLINIC	2,351,916	309,503	2,042,413	30,950	118,460	2,202,506
60 04	PEDIATRICS CLINIC	1,465		1,465		85	1,380
60 05	DENTISTRY CLINIC	1,269,846	297,717	972,129	29,772	56,383	1,183,691
60 06	DERMATOLOGY CLINIC	1,275,741	221,893	1,053,848	22,189	61,123	1,192,429
60 07	OPHTHALMOLOGY CLINIC	1,977,759	326,049	1,651,710	32,605	95,799	1,849,355
60 08	ENT CLINIC	1,315,885	315,362	1,000,523	31,536	58,030	1,226,319
60 09	GERIATRIC CLINIC	7,348	1,306	6,042	131	350	6,867
60 10	SURGERY CLINIC	1,889,635	304,965	1,584,670	30,497	91,911	1,767,227
60 11	NEUROLOGY CLINIC	1,947,224	305,902	1,641,322	30,590	95,197	1,821,437
60 12	ENDOSCOPY CLINIC	4,047,965	261,035	3,786,930	26,104	219,642	3,802,219
60 13	OCCUPATIONAL THERAPY	1,032,287	193,847	838,440	19,385	48,630	964,272
60 14	URGENT VISIT CLINIC	2,360,538	67,456	2,293,082	6,746	132,999	2,220,793
60 15	SENIOR CARE CLINIC	2,605,121	241,152	2,363,969	24,115	137,110	2,443,896
60 16	WOMENS VISIT CLINIC	2,454,204	130,559	2,323,645	13,056	134,771	2,306,377
60 17	CHC CLINICS	38,099,762	4,515,809	33,583,953	451,581	1,947,869	35,700,312
60 18	PSYCH CLINIC	34,949,251	1,597,807	33,351,444	159,781	1,934,384	32,855,086
60 19	ORAL SURGERY CLINIC	284,875	11,312	273,563	1,131	15,867	267,877
60 20	DIETARY CLINIC	926,376	10,399	915,977	1,040	53,127	872,209
60 21	CENTER OF EXCELLENCE	1,290,983	99,205	1,191,778	9,921	69,123	1,211,939
60 22	OP BURN CLINIC	365,911	13,320	352,591	1,332	20,450	344,129
60 23	BARIATRIC CLINIC	451,560	63,027	388,533	6,303	22,535	422,722
60 24	PLASTIC CLINIC	277,495	4,806	272,689	481	15,816	261,198
61	EMERGENCY	24,760,570	1,500,600	23,259,970	150,060	1,349,078	23,261,432
62	OBSERVATION BEDS (NON-DIS	3,913,352	435,079	3,478,273	43,508	201,740	3,668,104
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	19,076,695	796,490	18,280,205	79,649	1,060,252	17,936,794
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	347,708,976	26,068,661	321,640,315	2,606,869	18,655,138	326,446,969
102	LESS OBSERVATION BEDS	3,913,352	435,079	3,478,273	43,508	201,740	3,668,104
103	TOTAL	343,795,624	25,633,582	318,162,042	2,563,361	18,453,398	322,778,865

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	49,314,997	.360541	.380253
37 01	AMBULATORY SURGERY			
40	ANESTHESIOLOGY	9,085,341	.272381	.286855
41	RADIOLOGY-DIAGNOSTIC	71,995,588	.238604	.251421
41 01	NUCLEAR MEDICINE	4,052,884	.386471	.406775
41 02	CAT SCAN	62,607,812	.061189	.064516
44	LABORATORY	95,300,219	.198145	.209617
47	BLOOD STORING, PROCESSING	9,328,629	.409373	.433897
49	RESPIRATORY THERAPY	24,187,140	.252534	.267296
50	PHYSICAL THERAPY	9,125,342	.393280	.415779
51	OCCUPATIONAL THERAPY	4,367,325	.449656	.475016
52	SPEECH PATHOLOGY	918,224	.506161	.536182
52 01	PULMONARY FUNCTIONS	1,527,089	.466925	.493112
53	ELECTROCARDIOLOGY	8,371,104	.615510	.647913
55	MEDICAL SUPPLIES CHARGED	45,796,570	.587245	.622253
55 30	IMPL. DEV. CHARGED TO PAT	17,185,407	.532030	.564273
56	DRUGS CHARGED TO PATIENTS	70,192,900	.773616	.819950
57	RENAL DIALYSIS	1,756,185	.728964	.769199
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MEDICINE CLINIC	4,945,357	1.111106	1.163613
60 02	OB/GYN CLINIC	5,350,060	1.124080	1.184537
60 03	ORTHO CLINIC	2,213,993	.994812	1.048317
60 04	PEDIATRICS CLINIC			
60 05	DENTISTRY CLINIC			
60 06	DERMATOLOGY CLINIC	1,385,723	.860510	.904619
60 07	OPHTHALMOLOGY CLINIC	3,256,172	.567954	.597374
60 08	ENT CLINIC	1,239,629	.989263	1.036075
60 09	GERIATRIC CLINIC			
60 10	SURGERY CLINIC	2,733,798	.646437	.680057
60 11	NEUROLOGY CLINIC	1,595,828	1.141374	1.201028
60 12	ENDOSCOPY CLINIC	12,739,643	.298456	.315697
60 13	OCCUPATIONAL THERAPY	1,994,681	.483422	.507801
60 14	URGENT VISIT CLINIC	5,137,430	.432277	.458165
60 15	SENIOR CARE CLINIC	879,264	2.779479	2.935416
60 16	WOMENS VISIT CLINIC	5,194,133	.444035	.469982
60 17	CHC CLINICS	32,272,386	1.106219	1.166576
60 18	PSYCH CLINIC	38,863,089	.845406	.895180
60 19	ORAL SURGERY CLINIC			
60 20	DIETARY CLINIC			
60 21	CENTER OF EXCELLENCE	1,494,706	.810821	.857066
60 22	OP BURN CLINIC	684,040	.503083	.532979
60 23	BARIATRIC CLINIC	49,531	8.534494	8.989461
60 24	PLASTIC CLINIC	104,108	2.508914	2.660833
61	EMERGENCY	68,394,706	.340106	.359831
62	OBSERVATION BEDS (NON-DIS	2,681,940	1.367705	1.442927
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	56,641,661	.316671	.335390
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	734,964,634		
102	LESS OBSERVATION BEDS	2,681,940		
103	TOTAL	732,282,694		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				5,041,296		5,041,296
26	INTENSIVE CARE UNIT				822,051		822,051
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT				503,365		503,365
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				401,650		401,650
31	SUBPROVIDER				712,669		712,669
31 01	SUBPROVIDER 2				18,080		18,080
33	NURSERY				67,063		67,063
101	TOTAL				7,566,174		7,566,174

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	53,447	10,847			94.32	1,023,089
26	INTENSIVE CARE UNIT	17,323	5,032			47.45	238,768
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT	3,386	660			148.66	98,116
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,098				49.60	
31	SUBPROVIDER	6,811	1,711			104.64	179,039
31	01 SUBPROVIDER 2						
33	NURSERY	4,122				16.27	
101	TOTAL	93,187	18,250				1,539,012

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,213,765	49,314,997	6,227,055		
37 01	AMBULATORY SURGERY		4,284				
40	ANESTHESIOLOGY		376,666	9,085,341	1,097,337		
41	RADIOLOGY-DIAGNOSTIC		2,434,042	71,995,588	3,205,569		
41 01	NUCLEAR MEDICINE		255,389	4,052,884	351,388		
41 02	CAT SCAN		497,694	62,607,812	5,211,623		
44	LABORATORY		1,251,974	95,300,219	10,138,878		
47	BLOOD STORING, PROCESSING		114,803	9,328,629	1,312,756		
49	RESPIRATORY THERAPY		343,397	24,187,140	8,714,920		
50	PHYSICAL THERAPY		282,645	9,125,342	952,585		
51	OCCUPATIONAL THERAPY		183,332	4,367,325	714,896		
52	SPEECH PATHOLOGY		18,954	918,224	220,489		
52 01	PULMONARY FUNCTIONS		70,600	1,527,089	13,171		
53	ELECTROCARDIOLOGY		830,073	8,371,104	1,425,719		
55	MEDICAL SUPPLIES CHARGED		949,947	45,796,570	6,594,415		
55 30	IMPL. DEV. CHARGED TO PAT		159,783	17,185,407	3,106,197		
56	DRUGS CHARGED TO PATIENTS		1,644,863	70,192,900	7,315,175		
57	RENAL DIALYSIS		147,319	1,756,185	511,203		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		1,419,376	4,945,357	8,035		
60 02	OB/GYN CLINIC		845,155	5,350,060	1,162		
60 03	ORTHO CLINIC		309,503	2,213,993	274		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		297,717				
60 06	DERMATOLOGY CLINIC		221,893	1,385,723	427		
60 07	OPHTHALMOLOGY CLINIC		326,049	3,256,172	17,677		
60 08	ENT CLINIC		315,362	1,239,629	218		
60 09	GERIATRIC CLINIC		1,306				
60 10	SURGERY CLINIC		304,965	2,733,798	316,083		
60 11	NEUROLOGY CLINIC		305,902	1,595,828	21,607		
60 12	ENDOSCOPY CLINIC		261,035	12,739,643	335,890		
60 13	OCCUPATIONAL THERAPY		193,847	1,994,681			
60 14	URGENT VISIT CLINIC		67,456	5,137,430	1,161		
60 15	SENIOR CARE CLINIC		241,152	879,264	4,185		
60 16	WOMENS VISIT CLINIC		130,559	5,194,133	3,959		
60 17	CHC CLINICS		4,515,809	32,272,386	9,806		
60 18	PSYCH CLINIC		1,597,807	38,863,089	870		
60 19	ORAL SURGERY CLINIC		11,312				
60 20	DIETARY CLINIC		10,399				
60 21	CENTER OF EXCELLENCE		99,205	1,494,706			
60 22	OP BURN CLINIC		13,320	684,040	1,073		
60 23	BARIATRIC CLINIC		63,027	49,531			
60 24	PLASTIC CLINIC		4,806	104,108			
61	EMERGENCY		1,500,600	68,394,706	3,363,914		
62	OBSERVATION BEDS (NON-DIS		435,079	2,681,940			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		25,272,171	678,322,973	61,199,717		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0024  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.044890	279,532
37 01	AMBULATORY SURGERY		
40	ANESTHESIOLOGY	.041459	45,494
41	RADIOLOGY-DIAGNOSTIC	.033808	108,374
41 01	NUCLEAR MEDICINE	.063014	22,142
41 02	CAT SCAN	.007949	41,427
44	LABORATORY	.013137	133,194
47	BLOOD STORING, PROCESSING	.012307	16,156
49	RESPIRATORY THERAPY	.014198	123,734
50	PHYSICAL THERAPY	.030974	29,505
51	OCCUPATIONAL THERAPY	.041978	30,010
52	SPEECH PATHOLOGY	.020642	4,551
52 01	PULMONARY FUNCTIONS	.046232	609
53	ELECTROCARDIOLOGY	.099159	141,373
55	MEDICAL SUPPLIES CHARGED	.020743	136,788
55 30	IMPL. DEV. CHARGED TO PAT	.009298	28,881
56	DRUGS CHARGED TO PATIENTS	.023433	171,416
57	RENAL DIALYSIS	.083886	42,883
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.287012	2,306
60 02	OB/GYN CLINIC	.157971	184
60 03	ORTHO CLINIC	.139794	38
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.160128	68
60 07	OPHTHALMOLOGY CLINIC	.100133	1,770
60 08	ENT CLINIC	.254400	55
60 09	GERIATRIC CLINIC		
60 10	SURGERY CLINIC	.111554	35,260
60 11	NEUROLOGY CLINIC	.191689	4,142
60 12	ENDOSCOPY CLINIC	.020490	6,882
60 13	OCCUPATIONAL THERAPY	.097182	
60 14	URGENT VISIT CLINIC	.013130	15
60 15	SENIOR CARE CLINIC	.274266	1,148
60 16	WOMENS VISIT CLINIC	.025136	100
60 17	CHC CLINICS	.139928	1,372
60 18	PSYCH CLINIC	.041114	36
60 19	ORAL SURGERY CLINIC		
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.066371	
60 22	OP BURN CLINIC	.019473	21
60 23	BARIATRIC CLINIC	1.272476	
60 24	PLASTIC CLINIC	.046164	
61	EMERGENCY	.021940	73,804
62	OBSERVATION BEDS (NON-DIS	.162225	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,483,270

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

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					53,447	
26	INTENSIVE CARE UNIT					17,323	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT					3,386	
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					8,098	
31	SUBPROVIDER					6,811	
31 01	SUBPROVIDER 2						
33	NURSERY					4,122	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL					93,187	

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

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	10,847	
26	INTENSIVE CARE UNIT	5,032	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT	660	
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	1,711	
31	01 SUBPROVIDER 2		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	18,250	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS			524,581			
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY			362,879			
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			887,460			

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			49,314,997			6,227,055	
37 01	AMBULATORY SURGERY							
40	ANESTHESIOLOGY			9,085,341			1,097,337	
41	RADIOLOGY-DIAGNOSTIC			71,995,588			3,205,569	
41 01	NUCLEAR MEDICINE			4,052,884			351,388	
41 02	CAT SCAN			62,607,812			5,211,623	
44	LABORATORY			95,300,219			10,138,878	
47	BLOOD STORING, PROCESSING			9,328,629			1,312,756	
49	RESPIRATORY THERAPY			24,187,140			8,714,920	
50	PHYSICAL THERAPY			9,125,342			952,585	
51	OCCUPATIONAL THERAPY			4,367,325			714,896	
52	SPEECH PATHOLOGY			918,224			220,489	
52 01	PULMONARY FUNCTIONS			1,527,089			13,171	
53	ELECTROCARDIOLOGY			8,371,104			1,425,719	
55	MEDICAL SUPPLIES CHARGED			45,796,570			6,594,415	
55 30	IMPL. DEV. CHARGED TO PAT			17,185,407			3,106,197	
56	DRUGS CHARGED TO PATIENTS	524,581	524,581	70,192,900	.007473	.007473	7,315,175	54,666
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			1,756,185			511,203	
60	CLINIC							
60 01	MEDICINE CLINIC			4,945,357			8,035	
60 02	OB/GYN CLINIC			5,350,060			1,162	
60 03	ORTHO CLINIC			2,213,993			274	
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC							
60 06	DERMATOLOGY CLINIC			1,385,723			427	
60 07	OPHTHALMOLOGY CLINIC			3,256,172			17,677	
60 08	ENT CLINIC			1,239,629			218	
60 09	GERIATRIC CLINIC							
60 10	SURGERY CLINIC			2,733,798			316,083	
60 11	NEUROLOGY CLINIC			1,595,828			21,607	
60 12	ENDOSCOPY CLINIC			12,739,643			335,890	
60 13	OCCUPATIONAL THERAPY			1,994,681				
60 14	URGENT VISIT CLINIC			5,137,430			1,161	
60 15	SENIOR CARE CLINIC			879,264			4,185	
60 16	WOMENS VISIT CLINIC			5,194,133			3,959	
60 17	CHC CLINICS			32,272,386			9,806	
60 18	PSYCH CLINIC			38,863,089			870	
60 19	ORAL SURGERY CLINIC							
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,494,706				
60 22	OP BURN CLINIC			684,040			1,073	
60 23	BARIATRIC CLINIC			49,531				
60 24	PLASTIC CLINIC			104,108				
61	EMERGENCY	362,879	362,879	68,394,706	.005306	.005306	3,363,914	17,849
62	OBSERVATION BEDS (NON-DIS			2,681,940				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	887,460	887,460	678,322,973			61,199,717	72,515

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	6,206,899					
37 01	AMBULATORY SURGERY						
40	ANESTHESIOLOGY	951,370					
41	RADIOLOGY-DIAGNOSTIC	4,689,707					
41 01	NUCLEAR MEDICINE	784,895					
41 02	CAT SCAN	4,996,158					
44	LABORATORY	597,290					
47	BLOOD STORING, PROCESSING	91,542					
49	RESPIRATORY THERAPY	968,006					
50	PHYSICAL THERAPY	87,652					
51	OCCUPATIONAL THERAPY	624					
52	SPEECH PATHOLOGY						
52 01	PULMONARY FUNCTIONS	114,814					
53	ELECTROCARDIOLOGY	1,369,960					
55	MEDICAL SUPPLIES CHARGED	1,897,880					
55 30	IMPL. DEV. CHARGED TO PAT	880,025					
56	DRUGS CHARGED TO PATIENTS	4,625,627			34,567		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC	871,409					
60 02	OB/GYN CLINIC	71,737					
60 03	ORTHO CLINIC	160,406					
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC						
60 06	DERMATOLOGY CLINIC	101,356					
60 07	OPHTHALMOLOGY CLINIC	832,479					
60 08	ENT CLINIC	122,743					
60 09	GERIATRIC CLINIC						
60 10	SURGERY CLINIC	399,979					
60 11	NEUROLOGY CLINIC	256,517					
60 12	ENDOSCOPY CLINIC	1,255,527					
60 13	OCCUPATIONAL THERAPY						
60 14	URGENT VISIT CLINIC	238,355					
60 15	SENIOR CARE CLINIC	445,019					
60 16	WOMENS VISIT CLINIC	23,719					
60 17	CHC CLINICS	2,110,248					
60 18	PSYCH CLINIC	1,018,646					
60 19	ORAL SURGERY CLINIC						
60 20	DIETARY CLINIC						
60 21	CENTER OF EXCELLENCE	201,830					
60 22	OP BURN CLINIC	23,341					
60 23	BARIATRIC CLINIC	2,094					
60 24	PLASTIC CLINIC	2,369					
61	EMERGENCY	4,794,521			25,440		
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	41,194,744			60,007		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0024  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.356795	.356795			
37 01 AMBULATORY SURGERY					
40 ANESTHESIOLOGY	.132986	.132986			
41 RADIOLOGY-DIAGNOSTIC	.236261	.236261			
41 01 NUCLEAR MEDICINE	.413076	.413076			
41 02 CAT SCAN	.065311	.065311			
44 LABORATORY	.210212	.210212			
47 BLOOD STORING, PROCESSING & TRANS.	.435127	.435127			
49 RESPIRATORY THERAPY	.268715	.268715			
50 PHYSICAL THERAPY	.418876	.418876			
51 OCCUPATIONAL THERAPY	.478820	.478820			
52 SPEECH PATHOLOGY	.538246	.538246			
52 01 PULMONARY FUNCTIONS	.440022	.440022			
53 ELECTROCARDIOLOGY	.648481	.648481			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328	.624328			
55 30 IMPL. DEV. CHARGED TO PATIENT	.565203	.565203			
56 DRUGS CHARGED TO PATIENTS	.822293	.822293			
57 RENAL DIALYSIS	.737994	.737994			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC	1.156361	1.156361			
60 02 OB/GYN CLINIC	1.006534	1.006534			
60 03 ORTHO CLINIC	.919786	.919786			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC	.708267	.708267			
60 07 OPHTHALMOLOGY CLINIC	.560609	.560609			
60 08 ENT CLINIC	.955328	.955328			
60 09 GERIATRIC CLINIC					
60 10 SURGERY CLINIC	.638013	.638013			
60 11 NEUROLOGY CLINIC	.980748	.980748			
60 12 ENDOSCOPY CLINIC	.317746	.317746			
60 13 OCCUPATIONAL THERAPY	.517520	.517520			
60 14 URGENT VISIT CLINIC	.459314	.459314			
60 15 SENIOR CARE CLINIC	2.962843	2.962843			
60 16 WOMENS VISIT CLINIC	.471551	.471551			
60 17 CHC CLINICS	1.171502	1.171502			
60 18 PSYCH CLINIC	.895542	.895542			
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE	.863704	.863704			
60 22 OP BURN CLINIC	.534926	.534926			
60 23 BARIATRIC CLINIC	9.116715	9.116715			
60 24 PLASTIC CLINIC	2.665453	2.665453			
61 EMERGENCY	.328121	.328121			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.459150	1.459150			
63 OTHER OUTPATIENT SERVICE COST CENTER					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.336796	.336796			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					







TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.822293
2	PROGRAM VACCINE CHARGES		86,452
3	PROGRAM COSTS		71,089

TITLE XVIII, PART A      SUBPROVIDER 1      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,213,765	49,314,997	713		
37 01	AMBULATORY SURGERY		4,284				
40	ANESTHESIOLOGY		376,666	9,085,341	952		
41	RADIOLOGY-DIAGNOSTIC		2,434,042	71,995,588	20,985		
41 01	NUCLEAR MEDICINE		255,389	4,052,884	3,050		
41 02	CAT SCAN		497,694	62,607,812	25,749		
44	LABORATORY		1,251,974	95,300,219	131,264		
47	BLOOD STORING, PROCESSING		114,803	9,328,629			
49	RESPIRATORY THERAPY		343,397	24,187,140	343		
50	PHYSICAL THERAPY		282,645	9,125,342	2,099		
51	OCCUPATIONAL THERAPY		183,332	4,367,325	1,826		
52	SPEECH PATHOLOGY		18,954	918,224	500		
52 01	PULMONARY FUNCTIONS		70,600	1,527,089	87		
53	ELECTROCARDIOLOGY		830,073	8,371,104	5,096		
55	MEDICAL SUPPLIES CHARGED		949,947	45,796,570	1,370		
55 30	IMPL. DEV. CHARGED TO PAT		159,783	17,185,407			
56	DRUGS CHARGED TO PATIENTS		1,644,863	70,192,900	187,171		
57	RENAL DIALYSIS		147,319	1,756,185			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		1,419,376	4,945,357	53		
60 02	OB/GYN CLINIC		845,155	5,350,060	8		
60 03	ORTHO CLINIC		309,503	2,213,993	2		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		297,717				
60 06	DERMATOLOGY CLINIC		221,893	1,385,723	3		
60 07	OPHTHALMOLOGY CLINIC		326,049	3,256,172	22		
60 08	ENT CLINIC		315,362	1,239,629	1		
60 09	GERIATRIC CLINIC		1,306				
60 10	SURGERY CLINIC		304,965	2,733,798	1,975		
60 11	NEUROLOGY CLINIC		305,902	1,595,828	733		
60 12	ENDOSCOPY CLINIC		261,035	12,739,643	3,541		
60 13	OCCUPATIONAL THERAPY		193,847	1,994,681			
60 14	URGENT VISIT CLINIC		67,456	5,137,430			
60 15	SENIOR CARE CLINIC		241,152	879,264	28		
60 16	WOMENS VISIT CLINIC		130,559	5,194,133	26		
60 17	CHC CLINICS		4,515,809	32,272,386	65		
60 18	PSYCH CLINIC		1,597,807	38,863,089	2,713		
60 19	ORAL SURGERY CLINIC		11,312				
60 20	DIETARY CLINIC		10,399				
60 21	CENTER OF EXCELLENCE		99,205	1,494,706			
60 22	OP BURN CLINIC		13,320	684,040	7		
60 23	BARIATRIC CLINIC		63,027	49,531			
60 24	PLASTIC CLINIC		4,806	104,108			
61	EMERGENCY		1,500,600	68,394,706	59,754		
62	OBSERVATION BEDS (NON-DIS		435,079	2,681,940			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		25,272,171	678,322,973	450,136		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024  
 COMPONENT NO: 15-S024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.044890	32
37 01	AMBULATORY SURGERY		
40	ANESTHESIOLOGY	.041459	39
41	RADIOLOGY-DIAGNOSTIC	.033808	709
41 01	NUCLEAR MEDICINE	.063014	192
41 02	CAT SCAN	.007949	205
44	LABORATORY	.013137	1,724
47	BLOOD STORING, PROCESSING	.012307	
49	RESPIRATORY THERAPY	.014198	5
50	PHYSICAL THERAPY	.030974	65
51	OCCUPATIONAL THERAPY	.041978	77
52	SPEECH PATHOLOGY	.020642	10
52 01	PULMONARY FUNCTIONS	.046232	4
53	ELECTROCARDIOLOGY	.099159	505
55	MEDICAL SUPPLIES CHARGED	.020743	28
55 30	IMPL. DEV. CHARGED TO PAT	.009298	
56	DRUGS CHARGED TO PATIENTS	.023433	4,386
57	RENAL DIALYSIS	.083886	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.287012	15
60 02	OB/GYN CLINIC	.157971	1
60 03	ORTHO CLINIC	.139794	
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.160128	
60 07	OPHTHALMOLOGY CLINIC	.100133	2
60 08	ENT CLINIC	.254400	
60 09	GERIATRIC CLINIC		
60 10	SURGERY CLINIC	.111554	220
60 11	NEUROLOGY CLINIC	.191689	141
60 12	ENDOSCOPY CLINIC	.020490	73
60 13	OCCUPATIONAL THERAPY	.097182	
60 14	URGENT VISIT CLINIC	.013130	
60 15	SENIOR CARE CLINIC	.274266	8
60 16	WOMENS VISIT CLINIC	.025136	1
60 17	CHC CLINICS	.139928	9
60 18	PSYCH CLINIC	.041114	112
60 19	ORAL SURGERY CLINIC		
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.066371	
60 22	OP BURN CLINIC	.019473	
60 23	BARIATRIC CLINIC	1.272476	
60 24	PLASTIC CLINIC	.046164	
61	EMERGENCY	.021940	1,311
62	OBSERVATION BEDS (NON-DIS	.162225	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		9,874

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 AMBULATORY SURGERY										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 NUCLEAR MEDICINE										
41	02 CAT SCAN										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
52	01 PULMONARY FUNCTIONS										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS			524,581							
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 MEDICINE CLINIC										
60	02 OB/GYN CLINIC										
60	03 ORTHO CLINIC										
60	04 PEDIATRICS CLINIC										
60	05 DENTISTRY CLINIC										
60	06 DERMATOLOGY CLINIC										
60	07 OPHTHALMOLOGY CLINIC										
60	08 ENT CLINIC										
60	09 GERIATRIC CLINIC										
60	10 SURGERY CLINIC										
60	11 NEUROLOGY CLINIC										
60	12 ENDOSCOPY CLINIC										
60	13 OCCUPATIONAL THERAPY										
60	14 URGENT VISIT CLINIC										
60	15 SENIOR CARE CLINIC										
60	16 WOMENS VISIT CLINIC										
60	17 CHC CLINICS										
60	18 PSYCH CLINIC										
60	19 ORAL SURGERY CLINIC										
60	20 DIETARY CLINIC										
60	21 CENTER OF EXCELLENCE										
60	22 OP BURN CLINIC										
60	23 BARIATRIC CLINIC										
60	24 PLASTIC CLINIC										
61	EMERGENCY			362,879							
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL			887,460							

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			49,314,997			713	
37 01	AMBULATORY SURGERY							
40	ANESTHESIOLOGY			9,085,341			952	
41	RADIOLOGY-DIAGNOSTIC			71,995,588			20,985	
41 01	NUCLEAR MEDICINE			4,052,884			3,050	
41 02	CAT SCAN			62,607,812			25,749	
44	LABORATORY			95,300,219			131,264	
47	BLOOD STORING, PROCESSING			9,328,629				
49	RESPIRATORY THERAPY			24,187,140			343	
50	PHYSICAL THERAPY			9,125,342			2,099	
51	OCCUPATIONAL THERAPY			4,367,325			1,826	
52	SPEECH PATHOLOGY			918,224			500	
52 01	PULMONARY FUNCTIONS			1,527,089			87	
53	ELECTROCARDIOLOGY			8,371,104			5,096	
55	MEDICAL SUPPLIES CHARGED			45,796,570			1,370	
55 30	IMPL. DEV. CHARGED TO PAT			17,185,407				
56	DRUGS CHARGED TO PATIENTS	524,581	524,581	70,192,900	.007473	.007473	187,171	1,399
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			1,756,185				
60	CLINIC							
60 01	MEDICINE CLINIC			4,945,357			53	
60 02	OB/GYN CLINIC			5,350,060			8	
60 03	ORTHO CLINIC			2,213,993			2	
60 04	PEDIATRICS CLINIC							
60 05	DENTISTRY CLINIC							
60 06	DERMATOLOGY CLINIC			1,385,723			3	
60 07	OPHTHALMOLOGY CLINIC			3,256,172			22	
60 08	ENT CLINIC			1,239,629			1	
60 09	GERIATRIC CLINIC							
60 10	SURGERY CLINIC			2,733,798			1,975	
60 11	NEUROLOGY CLINIC			1,595,828			733	
60 12	ENDOSCOPY CLINIC			12,739,643			3,541	
60 13	OCCUPATIONAL THERAPY			1,994,681				
60 14	URGENT VISIT CLINIC			5,137,430				
60 15	SENIOR CARE CLINIC			879,264			28	
60 16	WOMENS VISIT CLINIC			5,194,133			26	
60 17	CHC CLINICS			32,272,386			65	
60 18	PSYCH CLINIC			38,863,089			2,713	
60 19	ORAL SURGERY CLINIC							
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,494,706				
60 22	OP BURN CLINIC			684,040			7	
60 23	BARIATRIC CLINIC			49,531				
60 24	PLASTIC CLINIC			104,108				
61	EMERGENCY	362,879	362,879	68,394,706	.005306	.005306	59,754	317
62	OBSERVATION BEDS (NON-DIS			2,681,940				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	887,460	887,460	678,322,973			450,136	1,716

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:  
15-0024

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

PREPARED 5/25/2011  
WORKSHEET D  
PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				5,041,296		5,041,296
26	INTENSIVE CARE UNIT				822,051		822,051
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT				503,365		503,365
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				401,650		401,650
31	SUBPROVIDER				712,669		712,669
31 01	SUBPROVIDER 2				18,080		18,080
33	NURSERY				67,063		67,063
101	TOTAL				7,566,174		7,566,174

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	53,447	16,104			94.32	1,518,929
26	INTENSIVE CARE UNIT	17,323	343			47.45	16,275
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT	3,386	413			148.66	61,397
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,098	2,974			49.60	147,510
31	SUBPROVIDER	6,811	1,183			104.64	123,789
31	01 SUBPROVIDER 2						
33	NURSERY	4,122	2,683			16.27	43,652
101	TOTAL	93,187	23,700				1,911,552

TITLE XIX		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,213,765	49,314,997	11,409,488		
37 01	AMBULATORY SURGERY		4,284				
40	ANESTHESIOLOGY		376,666	9,085,341	1,166,805		
41	RADIOLOGY-DIAGNOSTIC		2,434,042	71,995,588	7,456,355		
41 01	NUCLEAR MEDICINE		255,389	4,052,884	216,927		
41 02	CAT SCAN		497,694	62,607,812	5,155,889		
44	LABORATORY		1,251,974	95,300,219	9,582,521		
47	BLOOD STORING, PROCESSING		114,803	9,328,629	2,503,974		
49	RESPIRATORY THERAPY		343,397	24,187,140	11,078,368		
50	PHYSICAL THERAPY		282,645	9,125,342	1,010,607		
51	OCCUPATIONAL THERAPY		183,332	4,367,325	842,847		
52	SPEECH PATHOLOGY		18,954	918,224	206,444		
52 01	PULMONARY FUNCTIONS		70,600	1,527,089	294,733		
53	ELECTROCARDIOLOGY		830,073	8,371,104	670,730		
55	MEDICAL SUPPLIES CHARGED		949,947	45,796,570	1,240,611		
55 30	IMPL. DEV. CHARGED TO PAT		159,783	17,185,407			
56	DRUGS CHARGED TO PATIENTS		1,644,863	70,192,900	8,798,464		
57	RENAL DIALYSIS		147,319	1,756,185			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		1,419,376	4,945,357	20,918		
60 02	OB/GYN CLINIC		845,155	5,350,060	68,266		
60 03	ORTHO CLINIC		309,503	2,213,993	1,157		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		297,717				
60 06	DERMATOLOGY CLINIC		221,893	1,385,723	210		
60 07	OPHTHALMOLOGY CLINIC		326,049	3,256,172	7,115		
60 08	ENT CLINIC		315,362	1,239,629	1,565		
60 09	GERIATRIC CLINIC		1,306				
60 10	SURGERY CLINIC		304,965	2,733,798	220,137		
60 11	NEUROLOGY CLINIC		305,902	1,595,828	46,941		
60 12	ENDOSCOPY CLINIC		261,035	12,739,643	499,869		
60 13	OCCUPATIONAL THERAPY		193,847	1,994,681			
60 14	URGENT VISIT CLINIC		67,456	5,137,430	6,410		
60 15	SENIOR CARE CLINIC		241,152	879,264			
60 16	WOMENS VISIT CLINIC		130,559	5,194,133	982,958		
60 17	CHC CLINICS		4,515,809	32,272,386	119,921		
60 18	PSYCH CLINIC		1,597,807	38,863,089	10,376		
60 19	ORAL SURGERY CLINIC		11,312				
60 20	DIETARY CLINIC		10,399				
60 21	CENTER OF EXCELLENCE		99,205	1,494,706			
60 22	OP BURN CLINIC		13,320	684,040	2,019		
60 23	BARIATRIC CLINIC		63,027	49,531	126		
60 24	PLASTIC CLINIC		4,806	104,108			
61	EMERGENCY		1,500,600	68,394,706	4,569,726		
62	OBSERVATION BEDS (NON-DIS		435,079	2,681,940			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		25,272,171	678,322,973	68,192,477		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 15-0024  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II  
 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	HOSPITAL	
			NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37		ANCILLARY SRVC COST CNTRS		
		OPERATING ROOM	.044890	512,172
37	01	AMBULATORY SURGERY		
40		ANESTHESIOLOGY	.041459	48,375
41		RADIOLOGY-DIAGNOSTIC	.033808	252,084
41	01	NUCLEAR MEDICINE	.063014	13,669
41	02	CAT SCAN	.007949	40,984
44		LABORATORY	.013137	125,886
47		BLOOD STORING, PROCESSING	.012307	30,816
49		RESPIRATORY THERAPY	.014198	157,291
50		PHYSICAL THERAPY	.030974	31,303
51		OCCUPATIONAL THERAPY	.041978	35,381
52		SPEECH PATHOLOGY	.020642	4,261
52	01	PULMONARY FUNCTIONS	.046232	13,626
53		ELECTROCARDIOLOGY	.099159	66,509
55		MEDICAL SUPPLIES CHARGED	.020743	25,734
55	30	IMPL. DEV. CHARGED TO PAT	.009298	
56		DRUGS CHARGED TO PATIENTS	.023433	206,174
57		RENAL DIALYSIS	.083886	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	MEDICINE CLINIC	.287012	6,004
60	02	OB/GYN CLINIC	.157971	10,784
60	03	ORTHO CLINIC	.139794	162
60	04	PEDIATRICS CLINIC		
60	05	DENTISTRY CLINIC		
60	06	DERMATOLOGY CLINIC	.160128	34
60	07	OPHTHALMOLOGY CLINIC	.100133	712
60	08	ENT CLINIC	.254400	398
60	09	GERIATRIC CLINIC		
60	10	SURGERY CLINIC	.111554	24,557
60	11	NEUROLOGY CLINIC	.191689	8,998
60	12	ENDOSCOPY CLINIC	.020490	10,242
60	13	OCCUPATIONAL THERAPY	.097182	
60	14	URGENT VISIT CLINIC	.013130	84
60	15	SENIOR CARE CLINIC	.274266	
60	16	WOMENS VISIT CLINIC	.025136	24,708
60	17	CHC CLINICS	.139928	16,780
60	18	PSYCH CLINIC	.041114	427
60	19	ORAL SURGERY CLINIC		
60	20	DIETARY CLINIC		
60	21	CENTER OF EXCELLENCE	.066371	
60	22	OP BURN CLINIC	.019473	39
60	23	BARIATRIC CLINIC	1.272476	160
60	24	PLASTIC CLINIC	.046164	
61		EMERGENCY	.021940	100,260
62		OBSERVATION BEDS (NON-DIS	.162225	
63		OTHER OUTPATIENT SERVICE		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		1,768,614

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-0024  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET D  
PART III  
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,924,775		3,924,775	53,447	73.43
26	INTENSIVE CARE UNIT		406,359		406,359	17,323	23.46
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT		103,695		103,695	3,386	30.62
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U		178,171		178,171	8,098	22.00
31	SUBPROVIDER		176,304		176,304	6,811	25.89
31	01 SUBPROVIDER 2						
33	NURSERY					4,122	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL		4,789,304		4,789,304	93,187	

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	16,104	1,182,517
26	INTENSIVE CARE UNIT	343	8,047
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT	413	12,646
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U	2,974	65,428
31	SUBPROVIDER	1,183	30,628
31	01 SUBPROVIDER 2		
33	NURSERY	2,683	
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	23,700	1,299,266

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM			1,378,206			
37	01	AMBULATORY SURGERY						
40		ANESTHESIOLOGY			1,435,619			
41		RADIOLOGY-DIAGNOSTIC			1,334,854			
41	01	NUCLEAR MEDICINE						
41	02	CAT SCAN						
44		LABORATORY			68,434			
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY			1,721			
52		SPEECH PATHOLOGY						
52	01	PULMONARY FUNCTIONS			88,133			
53		ELECTROCARDIOLOGY			78,247			
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS			524,581			
57		RENAL DIALYSIS			69,533			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC			177,805			
60	02	OB/GYN CLINIC			1,036,840			
60	03	ORTHO CLINIC			315,516			
60	04	PEDIATRICS CLINIC			1,465			
60	05	DENTISTRY CLINIC			602,727			
60	06	DERMATOLOGY CLINIC			294,279			
60	07	OPHTHALMOLOGY CLINIC			152,320			
60	08	ENT CLINIC			131,633			
60	09	GERIATRIC CLINIC			1,428			
60	10	SURGERY CLINIC			145,437			
60	11	NEUROLOGY CLINIC			382,119			
60	12	ENDOSCOPY CLINIC						
60	13	OCCUPATIONAL THERAPY						
60	14	URGENT VISIT CLINIC			842			
60	15	SENIOR CARE CLINIC						
60	16	WOMENS VISIT CLINIC			4,906			
60	17	CHC CLINICS			292,594			
60	18	PSYCH CLINIC			145,730			
60	19	ORAL SURGERY CLINIC			217,020			
60	20	DIETARY CLINIC						
60	21	CENTER OF EXCELLENCE						
60	22	OP BURN CLINIC						
60	23	BARIATRIC CLINIC						
60	24	PLASTIC CLINIC						
61		EMERGENCY			2,681,700			
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL			11,563,689			

TITLE XIX		HOSPITAL			PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,378,206	1,378,206	49,314,997	.027947	.027947	11,409,488	318,861
37 01	AMBULATORY SURGERY							
40	ANESTHESIOLOGY	1,435,619	1,435,619	9,085,341	.158015	.158015	1,166,805	184,373
41	RADIOLOGY-DIAGNOSTIC	1,334,854	1,334,854	71,995,588	.018541	.018541	7,456,355	138,248
41 01	NUCLEAR MEDICINE			4,052,884			216,927	
41 02	CAT SCAN			62,607,812			5,155,889	
44	LABORATORY	68,434	68,434	95,300,219	.000718	.000718	9,582,521	6,880
47	BLOOD STORING, PROCESSING			9,328,629			2,503,974	
49	RESPIRATORY THERAPY			24,187,140			11,078,368	
50	PHYSICAL THERAPY			9,125,342			1,010,607	
51	OCCUPATIONAL THERAPY	1,721	1,721	4,367,325	.000394	.000394	842,847	332
52	SPEECH PATHOLOGY			918,224			206,444	
52 01	PULMONARY FUNCTIONS	88,133	88,133	1,527,089	.057713	.057713	294,733	17,010
53	ELECTROCARDIOLOGY	78,247	78,247	8,371,104	.009347	.009347	670,730	6,269
55	MEDICAL SUPPLIES CHARGED			45,796,570			1,240,611	
55 30	IMPL. DEV. CHARGED TO PAT			17,185,407				
56	DRUGS CHARGED TO PATIENTS	524,581	524,581	70,192,900	.007473	.007473	8,798,464	65,751
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC	69,533	69,533	1,756,185	.039593	.039593		
60 01	MEDICINE CLINIC	177,805	177,805	4,945,357	.035954	.035954	20,918	752
60 02	OB/GYN CLINIC	1,036,840	1,036,840	5,350,060	.193800	.193800	68,266	13,230
60 03	ORTHO CLINIC	315,516	315,516	2,213,993	.142510	.142510	1,157	165
60 04	PEDIATRICS CLINIC	1,465	1,465					
60 05	DENTISTRY CLINIC	602,727	602,727					
60 06	DERMATOLOGY CLINIC	294,279	294,279	1,385,723	.212365	.212365	210	45
60 07	OPHTHALMOLOGY CLINIC	152,320	152,320	3,256,172	.046779	.046779	7,115	333
60 08	ENT CLINIC	131,633	131,633	1,239,629	.106187	.106187	1,565	166
60 09	GERIATRIC CLINIC	1,428	1,428					
60 10	SURGERY CLINIC	145,437	145,437	2,733,798	.053200	.053200	220,137	11,711
60 11	NEUROLOGY CLINIC	382,119	382,119	1,595,828	.239449	.239449	46,941	11,240
60 12	ENDOSCOPY CLINIC			12,739,643			499,869	
60 13	OCCUPATIONAL THERAPY			1,994,681				
60 14	URGENT VISIT CLINIC	842	842	5,137,430	.000164	.000164	6,410	1
60 15	SENIOR CARE CLINIC			879,264				
60 16	WOMENS VISIT CLINIC	4,906	4,906	5,194,133	.000945	.000945	982,958	929
60 17	CHC CLINICS	292,594	292,594	32,272,386	.009066	.009066	119,921	1,087
60 18	PSYCH CLINIC	145,730	145,730	38,863,089	.003750	.003750	10,376	39
60 19	ORAL SURGERY CLINIC	217,020	217,020					
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,494,706				
60 22	OP BURN CLINIC			684,040			2,019	
60 23	BARITRIC CLINIC			49,531			126	
60 24	PLASTIC CLINIC			104,108				
61	EMERGENCY	2,681,700	2,681,700	68,394,706	.039209	.039209	4,569,726	179,174
62	OBSERVATION BEDS (NON-DIS)			2,681,940				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	11,563,689	11,563,689	678,322,973			68,192,477	956,596

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,243,156			146,530		
37 01	AMBULATORY SURGERY						
40	ANESTHESIOLOGY	634,895			100,323		
41	RADIOLOGY-DIAGNOSTIC	7,209,915			133,679		
41 01	NUCLEAR MEDICINE	523,956					
41 02	CAT SCAN	6,174,894					
44	LABORATORY	14,382,710			10,327		
47	BLOOD STORING, PROCESSING	466,365					
49	RESPIRATORY THERAPY	197,949					
50	PHYSICAL THERAPY	916,259					
51	OCCUPATIONAL THERAPY	363,409			143		
52	SPEECH PATHOLOGY	78,084					
52 01	PULMONARY FUNCTIONS	107,783			6,220		
53	ELECTROCARDIOLOGY	604,988			5,655		
55	MEDICAL SUPPLIES CHARGED	111,694					
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	4,116,911			30,766		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC	1,166,458			41,939		
60 02	OB/GYN CLINIC	1,922,199			372,522		
60 03	ORTHO CLINIC	329,145			46,906		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC						
60 06	DERMATOLOGY CLINIC	250,110			53,115		
60 07	OPHTHALMOLOGY CLINIC	333,060			15,580		
60 08	ENT CLINIC	250,452			26,595		
60 09	GERIATRIC CLINIC						
60 10	SURGERY CLINIC	299,309			15,923		
60 11	NEUROLOGY CLINIC	226,048			54,127		
60 12	ENDOSCOPY CLINIC	1,304,328					
60 13	OCCUPATIONAL THERAPY						
60 14	URGENT VISIT CLINIC	517,794			85		
60 15	SENIOR CARE CLINIC	37,123					
60 16	WOMENS VISIT CLINIC	2,042,619			1,930		
60 17	CHC CLINICS	13,216,899			119,824		
60 18	PSYCH CLINIC	19,707,401			73,903		
60 19	ORAL SURGERY CLINIC						
60 20	DIETARY CLINIC						
60 21	CENTER OF EXCELLENCE	289,931					
60 22	OP BURN CLINIC	125,714					
60 23	BARIATRIC CLINIC	22,920					
60 24	PLASTIC CLINIC	5,711					
61	EMERGENCY	8,575,500			336,237		
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	14,985,093					
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	106,740,782			1,592,329		



TITLE XIX - O/P HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 AMBULATORY SURGERY					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 NUCLEAR MEDICINE					
41 02 CAT SCAN					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 PULMONARY FUNCTIONS					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC					
60 02 OB/GYN CLINIC					
60 03 ORTHO CLINIC					
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC					
60 07 OPHTHALMOLOGY CLINIC					
60 08 ENT CLINIC					
60 09 GERIATRIC CLINIC					
60 10 SURGERY CLINIC					
60 11 NEUROLOGY CLINIC					
60 12 ENDOSCOPY CLINIC					
60 13 OCCUPATIONAL THERAPY					
60 14 URGENT VISIT CLINIC					
60 15 SENIOR CARE CLINIC					
60 16 WOMENS VISIT CLINIC					
60 17 CHC CLINICS					
60 18 PSYCH CLINIC					
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE					
60 22 OP BURN CLINIC					
60 23 BARIATRIC CLINIC					
60 24 PLASTIC CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other	All Other	PPS Services	Non-PPS	PPS Services
	Outpatient Diagnostic		FYB to 12/31	Services	1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,890,373			
37 01 AMBULATORY SURGERY					
40 ANESTHESIOLOGY		172,933			
41 RADIOLOGY-DIAGNOSTIC		1,720,315			
41 01 NUCLEAR MEDICINE		202,494			
41 02 CAT SCAN		377,836			
44 LABORATORY		2,849,862			
47 BLOOD STORING, PROCESSING & TRANS.		190,917			
49 RESPIRATORY THERAPY		49,989			
50 PHYSICAL THERAPY		360,346			
51 OCCUPATIONAL THERAPY		163,409			
52 SPEECH PATHOLOGY		39,523			
52 01 PULMONARY FUNCTIONS		50,327			
53 ELECTROCARDIOLOGY		372,376			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		65,592			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		3,184,908			
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC		1,296,058			
60 02 OB/GYN CLINIC		2,160,705			
60 03 ORTHO CLINIC		327,437			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC		215,222			
60 07 OPHTHALMOLOGY CLINIC		189,163			
60 08 ENT CLINIC		247,763			
60 09 GERIATRIC CLINIC					
60 10 SURGERY CLINIC		193,484			
60 11 NEUROLOGY CLINIC		258,005			
60 12 ENDOSCOPY CLINIC		389,285			
60 13 OCCUPATIONAL THERAPY					
60 14 URGENT VISIT CLINIC		223,830			
60 15 SENIOR CARE CLINIC		103,183			
60 16 WOMENS VISIT CLINIC		906,994			
60 17 CHC CLINICS		14,620,785			
60 18 PSYCH CLINIC		16,660,755			
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE		235,082			
60 22 OP BURN CLINIC		63,245			
60 23 BARIATRIC CLINIC		195,611			
60 24 PLASTIC CLINIC		14,328			
61 EMERGENCY		2,916,579			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES		4,745,344			
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		57,654,058			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		57,654,058			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0024  
 COMPONENT NO: 15-S024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D  
 PART II

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,213,765	49,314,997			
37 01	AMBULATORY SURGERY		4,284				
40	ANESTHESIOLOGY		376,666	9,085,341			
41	RADIOLOGY-DIAGNOSTIC		2,434,042	71,995,588			
41 01	NUCLEAR MEDICINE		255,389	4,052,884			
41 02	CAT SCAN		497,694	62,607,812			
44	LABORATORY		1,251,974	95,300,219			
47	BLOOD STORING, PROCESSING		114,803	9,328,629			
49	RESPIRATORY THERAPY		343,397	24,187,140			
50	PHYSICAL THERAPY		282,645	9,125,342			
51	OCCUPATIONAL THERAPY		183,332	4,367,325			
52	SPEECH PATHOLOGY		18,954	918,224			
52 01	PULMONARY FUNCTIONS		70,600	1,527,089			
53	ELECTROCARDIOLOGY		830,073	8,371,104			
55	MEDICAL SUPPLIES CHARGED		949,947	45,796,570			
55 30	IMPL. DEV. CHARGED TO PAT		159,783	17,185,407			
56	DRUGS CHARGED TO PATIENTS		1,644,863	70,192,900			
57	RENAL DIALYSIS		147,319	1,756,185			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		1,419,376	4,945,357			
60 02	OB/GYN CLINIC		845,155	5,350,060			
60 03	ORTHO CLINIC		309,503	2,213,993			
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		297,717				
60 06	DERMATOLOGY CLINIC		221,893	1,385,723			
60 07	OPHTHALMOLOGY CLINIC		326,049	3,256,172			
60 08	ENT CLINIC		315,362	1,239,629			
60 09	GERIATRIC CLINIC		1,306				
60 10	SURGERY CLINIC		304,965	2,733,798			
60 11	NEUROLOGY CLINIC		305,902	1,595,828			
60 12	ENDOSCOPY CLINIC		261,035	12,739,643			
60 13	OCCUPATIONAL THERAPY		193,847	1,994,681			
60 14	URGENT VISIT CLINIC		67,456	5,137,430			
60 15	SENIOR CARE CLINIC		241,152	879,264			
60 16	WOMENS VISIT CLINIC		130,559	5,194,133			
60 17	CHC CLINICS		4,515,809	32,272,386			
60 18	PSYCH CLINIC		1,597,807	38,863,089			
60 19	ORAL SURGERY CLINIC		11,312				
60 20	DIETARY CLINIC		10,399				
60 21	CENTER OF EXCELLENCE		99,205	1,494,706			
60 22	OP BURN CLINIC		13,320	684,040			
60 23	BARIATRIC CLINIC		63,027	49,531			
60 24	PLASTIC CLINIC		4,806	104,108			
61	EMERGENCY		1,500,600	68,394,706			
62	OBSERVATION BEDS (NON-DIS		435,079	2,681,940			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		25,272,171	678,322,973			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-S024		PART II

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
37		ANCILLARY SRVC COST CNTRS		
		OPERATING ROOM	.044890	
37	01	AMBULATORY SURGERY		
40		ANESTHESIOLOGY	.041459	
41		RADIOLOGY-DIAGNOSTIC	.033808	
41	01	NUCLEAR MEDICINE	.063014	
41	02	CAT SCAN	.007949	
44		LABORATORY	.013137	
47		BLOOD STORING, PROCESSING	.012307	
49		RESPIRATORY THERAPY	.014198	
50		PHYSICAL THERAPY	.030974	
51		OCCUPATIONAL THERAPY	.041978	
52		SPEECH PATHOLOGY	.020642	
52	01	PULMONARY FUNCTIONS	.046232	
53		ELECTROCARDIOLOGY	.099159	
55		MEDICAL SUPPLIES CHARGED	.020743	
55	30	IMPL. DEV. CHARGED TO PAT	.009298	
56		DRUGS CHARGED TO PATIENTS	.023433	
57		RENAL DIALYSIS	.083886	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	MEDICINE CLINIC	.287012	
60	02	OB/GYN CLINIC	.157971	
60	03	ORTHO CLINIC	.139794	
60	04	PEDIATRICS CLINIC		
60	05	DENTISTRY CLINIC		
60	06	DERMATOLOGY CLINIC	.160128	
60	07	OPHTHALMOLOGY CLINIC	.100133	
60	08	ENT CLINIC	.254400	
60	09	GERIATRIC CLINIC		
60	10	SURGERY CLINIC	.111554	
60	11	NEUROLOGY CLINIC	.191689	
60	12	ENDOSCOPY CLINIC	.020490	
60	13	OCCUPATIONAL THERAPY	.097182	
60	14	URGENT VISIT CLINIC	.013130	
60	15	SENIOR CARE CLINIC	.274266	
60	16	WOMENS VISIT CLINIC	.025136	
60	17	CHC CLINICS	.139928	
60	18	PSYCH CLINIC	.041114	
60	19	ORAL SURGERY CLINIC		
60	20	DIETARY CLINIC		
60	21	CENTER OF EXCELLENCE	.066371	
60	22	OP BURN CLINIC	.019473	
60	23	BARIATRIC CLINIC	1.272476	
60	24	PLASTIC CLINIC	.046164	
61		EMERGENCY	.021940	
62		OBSERVATION BEDS (NON-DIS	.162225	
63		OTHER OUTPATIENT SERVICE		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM			1,378,206			
37	01	AMBULATORY SURGERY						
40		ANESTHESIOLOGY			1,435,619			
41		RADIOLOGY-DIAGNOSTIC			1,334,854			
41	01	NUCLEAR MEDICINE						
41	02	CAT SCAN						
44		LABORATORY			68,434			
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY			1,721			
52		SPEECH PATHOLOGY						
52	01	PULMONARY FUNCTIONS			88,133			
53		ELECTROCARDIOLOGY			78,247			
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS			524,581			
57		RENAL DIALYSIS			69,533			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC			177,805			
60	02	OB/GYN CLINIC			1,036,840			
60	03	ORTHO CLINIC			315,516			
60	04	PEDIATRICS CLINIC			1,465			
60	05	DENTISTRY CLINIC			602,727			
60	06	DERMATOLOGY CLINIC			294,279			
60	07	OPHTHALMOLOGY CLINIC			152,320			
60	08	ENT CLINIC			131,633			
60	09	GERIATRIC CLINIC			1,428			
60	10	SURGERY CLINIC			145,437			
60	11	NEUROLOGY CLINIC			382,119			
60	12	ENDOSCOPY CLINIC						
60	13	OCCUPATIONAL THERAPY						
60	14	URGENT VISIT CLINIC			842			
60	15	SENIOR CARE CLINIC						
60	16	WOMENS VISIT CLINIC			4,906			
60	17	CHC CLINICS			292,594			
60	18	PSYCH CLINIC			145,730			
60	19	ORAL SURGERY CLINIC			217,020			
60	20	DIETARY CLINIC						
60	21	CENTER OF EXCELLENCE						
60	22	OP BURN CLINIC						
60	23	BARIATRIC CLINIC						
60	24	PLASTIC CLINIC						
61		EMERGENCY			2,681,700			
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL			11,563,689			

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,378,206	1,378,206	49,314,997	.027947	.027947		
37 01	AMBULATORY SURGERY							
40	ANESTHESIOLOGY	1,435,619	1,435,619	9,085,341	.158015	.158015		
41	RADIOLOGY-DIAGNOSTIC	1,334,854	1,334,854	71,995,588	.018541	.018541		
41 01	NUCLEAR MEDICINE			4,052,884				
41 02	CAT SCAN			62,607,812				
44	LABORATORY	68,434	68,434	95,300,219	.000718	.000718		
47	BLOOD STORING, PROCESSING			9,328,629				
49	RESPIRATORY THERAPY			24,187,140				
50	PHYSICAL THERAPY			9,125,342				
51	OCCUPATIONAL THERAPY	1,721	1,721	4,367,325	.000394	.000394		
52	SPEECH PATHOLOGY			918,224				
52 01	PULMONARY FUNCTIONS	88,133	88,133	1,527,089	.057713	.057713		
53	ELECTROCARDIOLOGY	78,247	78,247	8,371,104	.009347	.009347		
55	MEDICAL SUPPLIES CHARGED			45,796,570				
55 30	IMPL. DEV. CHARGED TO PAT			17,185,407				
56	DRUGS CHARGED TO PATIENTS	524,581	524,581	70,192,900	.007473	.007473		
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC	69,533	69,533	1,756,185	.039593	.039593		
60 01	MEDICINE CLINIC	177,805	177,805	4,945,357	.035954	.035954		
60 02	OB/GYN CLINIC	1,036,840	1,036,840	5,350,060	.193800	.193800		
60 03	ORTHO CLINIC	315,516	315,516	2,213,993	.142510	.142510		
60 04	PEDIATRICS CLINIC	1,465	1,465					
60 05	DENTISTRY CLINIC	602,727	602,727					
60 06	DERMATOLOGY CLINIC	294,279	294,279	1,385,723	.212365	.212365		
60 07	OPHTHALMOLOGY CLINIC	152,320	152,320	3,256,172	.046779	.046779		
60 08	ENT CLINIC	131,633	131,633	1,239,629	.106187	.106187		
60 09	GERIATRIC CLINIC	1,428	1,428					
60 10	SURGERY CLINIC	145,437	145,437	2,733,798	.053200	.053200		
60 11	NEUROLOGY CLINIC	382,119	382,119	1,595,828	.239449	.239449		
60 12	ENDOSCOPY CLINIC			12,739,643				
60 13	OCCUPATIONAL THERAPY			1,994,681				
60 14	URGENT VISIT CLINIC	842	842	5,137,430	.000164	.000164		
60 15	SENIOR CARE CLINIC			879,264				
60 16	WOMENS VISIT CLINIC	4,906	4,906	5,194,133	.000945	.000945		
60 17	CHC CLINICS	292,594	292,594	32,272,386	.009066	.009066		
60 18	PSYCH CLINIC	145,730	145,730	38,863,089	.003750	.003750		
60 19	ORAL SURGERY CLINIC	217,020	217,020					
60 20	DIETARY CLINIC							
60 21	CENTER OF EXCELLENCE			1,494,706				
60 22	OP BURN CLINIC			684,040				
60 23	BARIATRIC CLINIC			49,531				
60 24	PLASTIC CLINIC			104,108				
61	EMERGENCY	2,681,700	2,681,700	68,394,706	.039209	.039209		
62	OBSERVATION BEDS (NON-DIS)			2,681,940				
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	11,563,689	11,563,689	678,322,973				

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

























INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 COMPONENT NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,543,546	
26	INTENSIVE CARE UNIT		12,910,377	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT		4,350,886	
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356795	6,227,055	2,221,782
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.132986	1,097,337	145,930
41	RADIOLOGY-DIAGNOSTIC	.236261	3,205,569	757,351
41	01 NUCLEAR MEDICINE	.413076	351,388	145,150
41	02 CAT SCAN	.065311	5,211,623	340,376
44	LABORATORY	.210212	10,138,878	2,131,314
47	BLOOD STORING, PROCESSING & TRANS.	.435127	1,312,756	571,216
49	RESPIRATORY THERAPY	.268715	8,714,920	2,341,830
50	PHYSICAL THERAPY	.418876	952,585	399,015
51	OCCUPATIONAL THERAPY	.478820	714,896	342,307
52	SPEECH PATHOLOGY	.538246	220,489	118,677
52	01 PULMONARY FUNCTIONS	.440022	13,171	5,796
53	ELECTROCARDIOLOGY	.648481	1,425,719	924,552
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328	6,594,415	4,117,078
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203	3,106,197	1,755,632
56	DRUGS CHARGED TO PATIENTS	.822293	7,315,175	6,015,217
57	RENAL DIALYSIS	.737994	511,203	377,265
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.156361	8,035	9,291
60	02 OB/GYN CLINIC	1.006534	1,162	1,170
60	03 ORTHO CLINIC	.919786	274	252
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.708267	427	302
60	07 OPHTHALMOLOGY CLINIC	.560609	17,677	9,910
60	08 ENT CLINIC	.955328	218	208
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.638013	316,083	201,665
60	11 NEUROLOGY CLINIC	.980748	21,607	21,191
60	12 ENDOSCOPY CLINIC	.317746	335,890	106,728
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459314	1,161	533
60	15 SENIOR CARE CLINIC	2.962843	4,185	12,399
60	16 WOMENS VISIT CLINIC	.471551	3,959	1,867
60	17 CHC CLINICS	1.171502	9,806	11,488
60	18 PSYCH CLINIC	.895542	870	779
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926	1,073	574
60	23 BARIATRIC CLINIC	9.116715		
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.328121	3,363,914	1,103,771
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		61,199,717	24,192,616
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		61,199,717	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 COMPONENT NO: 15-S024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,415,188	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356795	713	254
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.132986	952	127
41	RADIOLOGY-DIAGNOSTIC	.236261	20,985	4,958
41	01 NUCLEAR MEDICINE	.413076	3,050	1,260
41	02 CAT SCAN	.065311	25,749	1,682
44	LABORATORY	.210212	131,264	27,593
47	BLOOD STORING, PROCESSING & TRANS.	.435127		
49	RESPIRATORY THERAPY	.268715	343	92
50	PHYSICAL THERAPY	.418876	2,099	879
51	OCCUPATIONAL THERAPY	.478820	1,826	874
52	SPEECH PATHOLOGY	.538246	500	269
52	01 PULMONARY FUNCTIONS	.440022	87	38
53	ELECTROCARDIOLOGY	.648481	5,096	3,305
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328	1,370	855
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203		
56	DRUGS CHARGED TO PATIENTS	.822293	187,171	153,909
57	RENAL DIALYSIS	.737994		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.156361	53	61
60	02 OB/GYN CLINIC	1.006534	8	8
60	03 ORTHO CLINIC	.919786	2	2
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.708267	3	2
60	07 OPHTHALMOLOGY CLINIC	.560609	22	12
60	08 ENT CLINIC	.955328	1	1
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.638013	1,975	1,260
60	11 NEUROLOGY CLINIC	.980748	733	719
60	12 ENDOSCOPY CLINIC	.317746	3,541	1,125
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459314		
60	15 SENIOR CARE CLINIC	2.962843	28	83
60	16 WOMENS VISIT CLINIC	.471551	26	12
60	17 CHC CLINICS	1.171502	65	76
60	18 PSYCH CLINIC	.895542	2,713	2,430
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926	7	4
60	23 BARIATRIC CLINIC	9.116715		
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.328121	59,754	19,607
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		450,136	221,497
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		450,136	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: -  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356795		
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.132986		
41	RADIOLOGY-DIAGNOSTIC	.236261		
41	01 NUCLEAR MEDICINE	.413076		
41	02 CAT SCAN	.065311		
44	LABORATORY	.210212		
47	BLOOD STORING, PROCESSING & TRANS.	.435127		
49	RESPIRATORY THERAPY	.268715		
50	PHYSICAL THERAPY	.418876		
51	OCCUPATIONAL THERAPY	.478820		
52	SPEECH PATHOLOGY	.538246		
52	01 PULMONARY FUNCTIONS	.440022		
53	ELECTROCARDIOLOGY	.648481		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328		
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203		
56	DRUGS CHARGED TO PATIENTS	.822293		
57	RENAL DIALYSIS	.737994		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.156361		
60	02 OB/GYN CLINIC	1.006534		
60	03 ORTHO CLINIC	.919786		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.708267		
60	07 OPHTHALMOLOGY CLINIC	.560609		
60	08 ENT CLINIC	.955328		
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.638013		
60	11 NEUROLOGY CLINIC	.980748		
60	12 ENDOSCOPY CLINIC	.317746		
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459314		
60	15 SENIOR CARE CLINIC	2.962843		
60	16 WOMENS VISIT CLINIC	.471551		
60	17 CHC CLINICS	1.171502		
60	18 PSYCH CLINIC	.895542		
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926		
60	23 BARIATRIC CLINIC	9.116715		
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.328121		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: -  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356795		
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.132986		
41	RADIOLOGY-DIAGNOSTIC	.236261	537	127
41	01 NUCLEAR MEDICINE	.413076	903	373
41	02 CAT SCAN	.065311		
44	LABORATORY	.210212	26,349	5,539
47	BLOOD STORING, PROCESSING & TRANS.	.435127		
49	RESPIRATORY THERAPY	.268715	23,325	6,268
50	PHYSICAL THERAPY	.418876	52,860	22,142
51	OCCUPATIONAL THERAPY	.478820	48,600	23,271
52	SPEECH PATHOLOGY	.538246	2,940	1,582
52	01 PULMONARY FUNCTIONS	.440022		
53	ELECTROCARDIOLOGY	.648481		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328	13,197	8,239
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203		
56	DRUGS CHARGED TO PATIENTS	.822293	148,261	121,914
57	RENAL DIALYSIS	.737994		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.156361		
60	02 OB/GYN CLINIC	1.006534		
60	03 ORTHO CLINIC	.919786		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.708267		
60	07 OPHTHALMOLOGY CLINIC	.560609		
60	08 ENT CLINIC	.955328		
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.638013		
60	11 NEUROLOGY CLINIC	.980748		
60	12 ENDOSCOPY CLINIC	.317746		
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459314	7,054	3,240
60	15 SENIOR CARE CLINIC	2.962843		
60	16 WOMENS VISIT CLINIC	.471551		
60	17 CHC CLINICS	1.171502		
60	18 PSYCH CLINIC	.895542		
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926		
60	23 BARIATRIC CLINIC	9.116715		
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.328121		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		324,026	192,695
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		324,026	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 COMPONENT NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		32,637,845	
27	INTENSIVE CARE UNIT		13,706,115	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT		4,473,596	
30	SURGICAL INTENSIVE CARE UNIT			
31	NEONATAL INTENSIVE CARE UNIT		11,400,482	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.384742	11,409,488	4,389,709
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.291001	1,166,805	339,541
41	RADIOLOGY-DIAGNOSTIC	.254802	7,456,355	1,899,894
41	01 NUCLEAR MEDICINE	.413076	216,927	89,607
41	02 CAT SCAN	.065311	5,155,889	336,736
44	LABORATORY	.210931	9,582,521	2,021,251
47	BLOOD STORING, PROCESSING & TRANS.	.435127	2,503,974	1,089,547
49	RESPIRATORY THERAPY	.268715	11,078,368	2,976,924
50	PHYSICAL THERAPY	.418876	1,010,607	423,319
51	OCCUPATIONAL THERAPY	.479214	842,847	403,904
52	SPEECH PATHOLOGY	.538246	206,444	111,118
52	01 PULMONARY FUNCTIONS	.497735	294,733	146,699
53	ELECTROCARDIOLOGY	.657829	670,730	441,226
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328	1,240,611	774,548
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203		
56	DRUGS CHARGED TO PATIENTS	.822293	8,798,464	7,234,915
57	RENAL DIALYSIS	.777587		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.192315	20,918	24,941
60	02 OB/GYN CLINIC	1.200334	68,266	81,942
60	03 ORTHO CLINIC	1.062296	1,157	1,229
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.920632	210	193
60	07 OPHTHALMOLOGY CLINIC	.607388	7,115	4,322
60	08 ENT CLINIC	1.061515	1,565	1,661
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.691212	220,137	152,161
60	11 NEUROLOGY CLINIC	1.220197	46,941	57,277
60	12 ENDOSCOPY CLINIC	.317746	499,869	158,831
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459478	6,410	2,945
60	15 SENIOR CARE CLINIC	2.962843		
60	16 WOMENS VISIT CLINIC	.472495	982,958	464,443
60	17 CHC CLINICS	1.180568	119,921	141,575
60	18 PSYCH CLINIC	.899292	10,376	9,331
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926	2,019	1,080
60	23 BARIATRIC CLINIC	9.116715	126	1,149
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.362025	4,569,726	1,654,355
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		68,192,477	25,436,373
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		68,192,477	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 COMPONENT NO: 15-S024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.384742		
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.291001		
41	RADIOLOGY-DIAGNOSTIC	.254802		
41	01 NUCLEAR MEDICINE	.413076		
41	02 CAT SCAN	.065311		
44	LABORATORY	.210931		
47	BLOOD STORING, PROCESSING & TRANS.	.435127		
49	RESPIRATORY THERAPY	.268715		
50	PHYSICAL THERAPY	.418876		
51	OCCUPATIONAL THERAPY	.479214		
52	SPEECH PATHOLOGY	.538246		
52	01 PULMONARY FUNCTIONS	.497735		
53	ELECTROCARDIOLOGY	.657829		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328		
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203		
56	DRUGS CHARGED TO PATIENTS	.822293		
57	RENAL DIALYSIS	.777587		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.192315		
60	02 OB/GYN CLINIC	1.200334		
60	03 ORTHO CLINIC	1.062296		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.920632		
60	07 OPHTHALMOLOGY CLINIC	.607388		
60	08 ENT CLINIC	1.061515		
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.691212		
60	11 NEUROLOGY CLINIC	1.220197		
60	12 ENDOSCOPY CLINIC	.317746		
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459478		
60	15 SENIOR CARE CLINIC	2.962843		
60	16 WOMENS VISIT CLINIC	.472495		
60	17 CHC CLINICS	1.180568		
60	18 PSYCH CLINIC	.899292		
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926		
60	23 BARIATRIC CLINIC	9.116715		
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.362025		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: -  
 PREPARED 5/25/2011  
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 2

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.384742		
37	01 AMBULATORY SURGERY			
40	ANESTHESIOLOGY	.291001		
41	RADIOLOGY-DIAGNOSTIC	.254802		
41	01 NUCLEAR MEDICINE	.413076		
41	02 CAT SCAN	.065311		
44	LABORATORY	.210931		
47	BLOOD STORING, PROCESSING & TRANS.	.435127		
49	RESPIRATORY THERAPY	.268715		
50	PHYSICAL THERAPY	.418876		
51	OCCUPATIONAL THERAPY	.479214		
52	SPEECH PATHOLOGY	.538246		
52	01 PULMONARY FUNCTIONS	.497735		
53	ELECTROCARDIOLOGY	.657829		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.624328		
55	30 IMPL. DEV. CHARGED TO PATIENT	.565203		
56	DRUGS CHARGED TO PATIENTS	.822293		
57	RENAL DIALYSIS	.777587		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	1.192315		
60	02 OB/GYN CLINIC	1.200334		
60	03 ORTHO CLINIC	1.062296		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	.920632		
60	07 OPHTHALMOLOGY CLINIC	.607388		
60	08 ENT CLINIC	1.061515		
60	09 GERIATRIC CLINIC			
60	10 SURGERY CLINIC	.691212		
60	11 NEUROLOGY CLINIC	1.220197		
60	12 ENDOSCOPY CLINIC	.317746		
60	13 OCCUPATIONAL THERAPY	.517520		
60	14 URGENT VISIT CLINIC	.459478		
60	15 SENIOR CARE CLINIC	2.962843		
60	16 WOMENS VISIT CLINIC	.472495		
60	17 CHC CLINICS	1.180568		
60	18 PSYCH CLINIC	.899292		
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	.863704		
60	22 OP BURN CLINIC	.534926		
60	23 BARIATRIC CLINIC	9.116715		
60	24 PLASTIC CLINIC	2.665453		
61	EMERGENCY	.362025		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.459150		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES			



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	47,363,338	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	47,363,338	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,910,205	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	2,098,157	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	72,515	
16 TOTAL	52,444,215	
17 PRIMARY PAYER PAYMENTS	23,788	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	52,420,427	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,504,537	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	189,208	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,527,740	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,769,418	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,024,414	
22 SUBTOTAL	51,496,100	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	51,496,100	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	51,308,078	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	188,022	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	3,710,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-S024		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		51,291,889		13,089,576
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/22/2010	157,507	7/22/2010	133,339
ADJUSTMENTS TO PROVIDER .02			12/23/2010	288,543
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	12/23/2010	141,318		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		16,189		421,882
4 TOTAL INTERIM PAYMENTS		51,308,078		13,511,458
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT		188,022		741,048
AMOUNT (BALANCE DUE)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		51,496,100		14,252,506

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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





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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,370,040
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,273,898
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	96,142
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	149.29
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	149.29
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	193.03
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	149.29
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	86.75
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	99.93
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	186.68
3.10	SEE INSTRUCTIONS	144.38
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	12.32
3.12	SEE INSTRUCTIONS	89.61
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	89.82
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	91.12
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS 90.18
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	90.18
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	83,661.37
3.18	SEE INSTRUCTIONS	7,544,582
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	60.56
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	60.42
3.21	SEE INSTRUCTIONS	RES INIT YEARS 62.69
3.22	SEE INSTRUCTIONS	62.69
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	88,351.80
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	5,538,774
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	13,083,356

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	18,250
5	TOTAL INPATIENT DAYS	84,454
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11 .216094
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,827,235
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	2,271
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	84,454
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	302,100
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,756,185
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	41,659,131
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	23,788
16	TOTAL PART A REASONABLE COST	41,635,343

PART B REASONABLE COST

17	REASONABLE COST	20,465,517
18	PRIMARY PAYER PAYMENTS	3,046
19	TOTAL PART B REASONABLE COST	20,462,471
20	TOTAL REASONABLE COST	62,097,814
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.670480
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.329520

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	3,129,335
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,098,157
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,031,178

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	8,263,393			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	55,939,802			
5 OTHER RECEIVABLES	9,007,475			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,984,651			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	699,965			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	78,895,286			
FIXED ASSETS				
12 LAND	2,897,993			
12.01 LAND IMPROVEMENTS	6,683,990			
13.01 LESS ACCUMULATED DEPRECIATION	-4,863,352			
14 BUILDINGS	185,382,156			
14.01 LESS ACCUMULATED DEPRECIATION	-117,722,163			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	65,418,643			
16.01 LESS ACCUMULATED DEPRECIATION	-55,511,428			
17 AUTOMOBILES AND TRUCKS	5,863,142			
17.01 LESS ACCUMULATED DEPRECIATION	-5,123,202			
18 MAJOR MOVABLE EQUIPMENT	112,190,091			
18.01 LESS ACCUMULATED DEPRECIATION	-94,687,255			
19 MINOR EQUIPMENT DEPRECIABLE	110,537,673			
19.01 LESS ACCUMULATED DEPRECIATION	-35,298,311			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	175,767,977			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	37,024,351			
26 TOTAL OTHER ASSETS	37,024,351			
27 TOTAL ASSETS	291,687,614			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	31,814,964			
29 SALARIES, WAGES & FEES PAYABLE	31,727,707			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	21,502,949			
36 TOTAL CURRENT LIABILITIES	85,045,620			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	85,045,620			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	206,641,994			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	206,641,994			
52 TOTAL LIABILITIES AND FUND BALANCES	291,687,614			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		192,165,551		
2	NET INCOME (LOSS)		-25,933,743		
3	TOTAL		166,231,808		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	RECONCILE BEG - HHC BOND	40,400,196			
5	CONTRIBUTED CAPITAL	10,000			
6	RECONCILING ITEM	3			
7					
8					
9					
10	TOTAL ADDITIONS		40,410,199		
11	SUBTOTAL		206,642,007		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	RECONCILE BEGINNING FUND	13			
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		13		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		206,641,994		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	RECONCILE BEG - HHC BOND				
5	CONTRIBUTED CAPITAL				
6	RECONCILING ITEM				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	RECONCILE BEGINNING FUND				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	58,336,535		58,336,535
2 00 SUBPROVIDER	5,626,448		5,626,448
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	63,962,983		63,962,983
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	46,418,060		46,418,060
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT	21,810,946		21,810,946
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	12,008,673		12,008,673
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	80,237,679		80,237,679
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	144,200,662		144,200,662
17 00 ANCILLARY SERVICES	237,895,003	27,719,221	265,614,224
18 00 OUTPATIENT SERVICES		469,350,410	469,350,410
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	382,095,665	497,069,631	879,165,296

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	482,307,896
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	482,307,896

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0024  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	879,165,296
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	655,577,153
3	NET PATIENT REVENUES	223,588,143
4	LESS: TOTAL OPERATING EXPENSES	482,307,896
5	NET INCOME FROM SERVICE TO PATIENTS	-258,719,753
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	26,870,246
24.01	HHC SUPPORT	183,680,018
24.02	PRO FEES	12,303,776
24.03	RECONCILE REVENUE TO FS	
24.04	NEG REVENUE & NON PATIENT REVENUE	4,954
24.05	NR CC / UNMAPPED	10,892,354
25	TOTAL OTHER INCOME	233,751,348
26	TOTAL	-24,968,405
	OTHER EXPENSES	
27	UNMAPPED EXPENSES	965,332
28	RECONCILE EXPENSE TO FS	6
29		
30	TOTAL OTHER EXPENSES	965,338
31	NET INCOME (OR LOSS) FOR THE PERIOD	-25,933,743

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0024		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,072,175
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	78,163
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	212.76
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	161.49
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	23.89
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	495,043
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	15.87
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	43.51
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	59.38
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.78
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	264,824
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,910,205
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0024	FROM 1/ 1/2010	5/25/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0024		PARTS I-IV

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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