

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		15-0088		FROM 7/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 10:42

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:
 SAINT JOHN'S HEALTH SYSTEM 15-0088

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	-210,037	337,574	0	
2	SUBPROVIDER	0	34,352	-95	0	
7	HOSPITAL-BASED HHA	0	1,101	2,736	0	
100	TOTAL	0	-174,584	340,215	0	

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

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

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	244	89,060				13,392	6,211
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	244	89,060				13,392	6,211
6 INTENSIVE CARE UNIT	17	6,205				3,053	130
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	261	95,265				16,445	6,341
13 RPCH VISITS							
14 SUBPROVIDER	13	4,745				1,788	204
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						21,672	688
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE	1	1					
23 CORF							
25 TOTAL	275						
26 OBSERVATION BED DAYS							112
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			28,374				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			28,374				
6 INTENSIVE CARE UNIT			5,104				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			33,478				
13 RPCH VISITS							
14 SUBPROVIDER			2,977				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			31,611				
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE			1				
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS	22	90	492	86	406		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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					3,310	1,300	7,781
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							
11 NURSERY							
12 TOTAL		1,238.81			3,310	1,300	7,781

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO:
 15-0088

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

PREPARED 11/29/2010
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
13 RPCH VISITS	9	10	11	12	13	14	15
14 SUBPROVIDER		16.80			143	13	230
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY		43.46					
20 AMBULATORY SURGICAL CENTER (
21 HOSPI CE		16.97					
23 CORF							
25 TOTAL		1,316.04					
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							

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	69,494,351		69,494,351	2,608,255.00	26.64	
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						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	9,538,019	1,357,397	10,895,416	482,888.00	22.56	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	551,481		551,481	5,237.00	105.30	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,192,195		1,192,195	12,042.00	99.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,706,526		4,706,526	104,693.00	44.96	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	17,514,000		17,514,000			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,269,345		3,269,345			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						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	473,456		473,456	16,850.00	28.10	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	12,474,420		12,474,420	310,814.00	40.13	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	1,794,335		1,794,335	87,164.00	20.59	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	271,223		271,223	21,970.00	12.35	
26 HOUSEKEEPING	1,452,908		1,452,908	107,091.00	13.57	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,503,397	-865,923	637,474	39,215.00	16.26	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		865,923	865,923	57,178.00	15.14	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	580,630		580,630	15,682.00	37.03	
31 CENTRAL SERVICE AND SUPPLY	842,732		842,732	56,949.00	14.80	
32 PHARMACY	2,493,642		2,493,642	72,228.00	34.52	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,165,294		1,165,294	54,019.00	21.57	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	69,494,351		69,494,351	2,608,255.00	26.64	
2 EXCLUDED AREA SALARIES	9,538,019	1,357,397	10,895,416	482,888.00	22.56	
3 SUBTOTAL SALARIES	59,956,332	-1,357,397	58,598,935	2,125,367.00	27.57	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,450,202		6,450,202	121,972.00	52.88	
5 SUBTOTAL WAGE-RELATED COSTS	17,514,000		17,514,000		29.89	
6 TOTAL	83,920,534	-1,357,397	82,563,137	2,247,339.00	36.74	
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	23,052,037		23,052,037	839,160.00	27.47	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0088
HHA NO: 15-7059
COUNTY: MADISON

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

PREPARED 11/29/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		941.00		674.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	1,615.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	3.05		3.05
5 OTHER ADMINISTRATIVE PERSONEL	4.98		4.98
6 DIRECTING NURSING SERVICE	19.24		19.24
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	7.63		7.63
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	4.80		4.80
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.81		.81
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	3.30		3.30
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	4.26		4.26
17 HOME HEALTH AIDE SUPERVISOR			
18 HOMEMAKER AIDE			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	4	6	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	3480	11300	
20.01	5280	29020	
20.02	3850	99915	
20.03	9915	26900	
20.04		34620	
20.05		29140	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	8,678	0	244	116
22 SKILLED NURSING VISIT CHARGES	1,410,636	0	41,356	19,202
23 PHYSICAL THERAPY VISITS	6,397	0	34	71
24 PHYSICAL THERAPY VISIT CHARGES	1,226,194	0	7,202	14,113
25 OCCUPATIONAL THERAPY VISITS	2,189	0	6	24
26 OCCUPATIONAL THERAPY VISIT CHARGES	426,393	0	1,363	4,854
27 SPEECH PATHOLOGY VISITS	398	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	77,741	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	681	0	17	9
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	172,825	0	4,385	2,285
31 HOME HEALTH AIDE VISITS	2,656	0	6	30
32 HOME HEALTH AIDE VISIT CHARGES	274,407	0	640	3,072
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	20,999	0	307	250
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,588,196	0	54,946	43,526
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,103	0	113	18
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	40,101	0	0	0

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	9,038
22 SKILLED NURSING VISIT CHARGES	0	0	1,471,194
23 PHYSICAL THERAPY VISITS	0	0	6,502
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,247,509
25 OCCUPATIONAL THERAPY VISITS	0	0	2,219
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	432,610
27 SPEECH PATHOLOGY VISITS	0	0	398
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	77,741
29 MEDICAL SOCIAL SERVICE VISITS	0	0	707
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	179,495
31 HOME HEALTH AIDE VISITS	0	0	2,692
32 HOME HEALTH AIDE VISIT CHARGES	0	0	278,119
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	21,556
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,686,668
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,234
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	40,101

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0088
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
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	CD1						
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: 15-0088
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 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:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:

Transition Period	:	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: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 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	159.80			159.42		
2	RUB	146.50			146.31		
3	RUA	139.63			139.76		
3.01	RUX	188.23			186.11		
3.02	RUL	165.31			164.57		
4	RVC	128.49			126.99		
5	RVB	122.08			120.90		
6	RVA	109.70			109.67		
6.01	RVX	142.71			141.03		
6.02	RVL	133.08			131.67		
7	RHC	111.80			109.95		
8	RHB	106.76			105.26		
9	RHA	98.97			98.24		
9.01	RHX	120.97			119.31		
9.02	RHL	118.68			116.50		
10	RMC	102.72			101.14		
11	RMB	99.97			98.33		
12	RMA	97.68			96.46		
12.01	RMX	138.49			135.32		
12.02	RML	127.02			124.55		
13	RLB	90.52			88.68		
14	RLA	77.23			76.04		
14.01	RLX	98.32			96.17		
15	SE3	113.23			109.06		
16	SE2	96.27			93.15		
17	SE1	85.72			83.31		
18	SSC	84.34			81.91		
19	SSB	79.76			77.70		
20	SSA	78.38			76.29		
21	CC2	83.89			81.44		
22	CC1	76.55			74.89		
23	CB2	72.88			71.14		
24	CB1	69.67			67.86		
25	CA2	69.22			67.40		
26	CA1	64.63			63.65		
27	IB2	61.88			60.84		
28	IB1	60.96			59.90		
29	IA2	55.92			55.22		
30	IA1	53.62			53.35		
31	BB2	61.42			60.37		
32	BB1	59.58			58.97		
33	BA2	55.46			54.76		
34	BA1	51.79			51.01		
35	PE2	66.92			65.52		
36	PE1	65.55			64.59		
37	PD2	63.71			62.25		
38	PD1	62.79			61.31		
39	PC2	60.50			59.44		
40	PC1	59.58			58.97		
41	PB2	53.17			52.88		
42	PB1	52.71			51.95		
43	PA2	52.25			51.48		
44	PA1	50.87			50.07		
45	AAA	50.87			50.07		
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL						

(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: 15-0088
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
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.
 Transfer total to settlement worksheet.

GROUP(1)	M3PI REVENUE CODE	A I D S SERV PRIOR TO OCT. 1ST RATE 4.02	DIAGNOSIS SERV ON/AFTER OCT. 1ST RATE 4.03	CODE 042 OCT. 1ST DAYS 4.04	SWING BED SNF DAYS 4.05	TOTAL 5
1	RUC	364.34	363.48			
2	RUB	334.02	333.59			
3	RUA	318.36	318.65			
3.01	RUX	429.16	424.33			
3.02	RUL	376.91	375.22			
4	RVC	292.96	289.54			
5	RVB	278.34	275.65			
6	RVA	250.12	250.05			
6.01	RVX	325.38	321.55			
6.02	RVL	303.42	300.21			
7	RHC	254.90	250.69			
8	RHB	243.41	239.99			
9	RHA	225.65	223.99			
9.01	RHX	275.81	272.03			
9.02	RHL	270.59	265.62			
10	RMC	234.20	230.60			
11	RMB	227.93	224.19			
12	RMA	222.71	219.93			
12.01	RMX	315.76	308.53			
12.02	RML	289.61	283.97			
13	RLB	206.39	202.19			
14	RLA	176.08	173.37			
14.01	RLX	224.17	219.27			
15	SE3	258.16	248.66			
16	SE2	219.50	212.38			
17	SE1	195.44	189.95			
18	SSC	192.30	186.75			
19	SSB	181.85	177.16			
20	SSA	178.71	173.94			
21	CC2	191.27	185.68			
22	CC1	174.53	170.75			
23	CB2	166.17	162.20			
24	CB1	158.85	154.72			
25	CA2	157.82	153.67			
26	CA1	147.36	145.12			
27	IB2	141.09	138.72			
28	IB1	138.99	136.57			
29	IA2	127.50	125.90			
30	IA1	122.25	121.64			
31	BB2	140.04	137.64			
32	BB1	135.84	134.45			
33	BA2	126.45	124.85			
34	BA1	118.08	116.30			
35	PE2	152.58	149.39			
36	PE1	149.45	147.27			
37	PD2	145.26	141.93			
38	PD1	143.16	139.79			
39	PC2	137.94	135.52			
40	PC1	135.84	134.45			
41	PB2	121.23	120.57			
42	PB1	120.18	118.45			
43	PA2	119.13	117.37			
44	PA1	115.98	114.16			
45	AAA	115.98	114.16			
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:
15-0088

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

PREPARED 11/29/2010
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		TOTAL	
		SERV PRI OR TO OCT. 1ST	RATE	SERV ON/AFTEER OCT. 1ST	RATE		BED SNF
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	CD1						
45 .23	CD1						
46	TOTAL						

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

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

Worksheet S-2 reference data:

Transition Period : 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:

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

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET S-9
15-1516		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	13,868	116	1,970	12
3 INPATIENT RESPIRE CARE	15			
4 GENERAL INPATIENT CARE	24			
5 TOTAL HOSPICE DAYS	13,907	116	1,970	12

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,080	15,064
3 INPATIENT RESPIRE CARE		15
4 GENERAL INPATIENT CARE	14	38
5 TOTAL HOSPICE DAYS	1,094	15,117

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	174	6	21	1
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	79.93	19.33	93.81	12.00
9 UNDUPLICATED CENSUS COUNT	138	5	14	1

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	17	197
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	64.35	76.74
9 UNDUPLICATED CENSUS COUNT	14	157

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	OTHER METHODS OF WRITE-OFFS (SPEC.)	
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	7,954,530
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1,041,445
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	380,861
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,376,836
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	2,312,750
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.323162
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	747,393
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	57,851,268

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
15-0088	FROM 7/ 1/2009	WORKSHEET S-10
	TO 6/30/2010	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	18,695,331
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	39,711,828
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	12,833,354
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,442,724

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0088

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

PREPARED 11/29/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		2,339,353	2,339,353	-1,484,319	855,034
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2,376,709	2,376,709
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT					
5	0500 EMPLOYEE BENEFITS	473,456	1,386,519	1,859,975		1,859,975
6.01	0610 NONPATIENT TELEPHONES	275,988	465,551	741,539	3,646	745,185
6.02	0620 DATA PROCESSING	126,417	382,879	509,296		509,296
6.03	0630 PURCHASING, RECEIVING AND STORES	278,098	338,602	616,700		616,700
6.04	0640 ADMINISTRATION	1,025,880	746,534	1,772,414		1,772,414
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,220,639	2,086,722	3,307,361		3,307,361
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	9,547,398	27,516,942	37,064,340	-996,536	36,067,804
7	0700 MAINTENANCE & REPAIRS	1,794,335	4,939,860	6,734,195	21,769	6,755,964
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE	271,223	294,026	565,249		565,249
10	1000 HOUSEKEEPING	1,452,908	1,003,197	2,456,105		2,456,105
11	1100 DIETARY	1,503,397	1,606,976	3,110,373	-1,791,505	1,318,868
12	1200 CAFETERIA				1,791,505	1,791,505
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	580,630	187,654	768,284		768,284
15	1500 CENTRAL SERVICES & SUPPLY	842,732	3,157,241	3,999,973	-3,124,603	875,370
16	1600 PHARMACY	2,493,642	9,560,759	12,054,401	-8,482,835	3,571,566
17	1700 MEDICAL RECORDS & LIBRARY	1,165,294	556,890	1,722,184		1,722,184
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM	65,287	23,911	89,198		89,198
24.01	2401 SCH OF RADIOLOGY	63,926	27,532	91,458	19,961	111,419
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,226,812	4,953,637	18,180,449	-2,189,241	15,991,208
26	2600 INTENSIVE CARE UNIT	2,731,146	1,281,593	4,012,739	13,433	4,026,172
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	902,045	441,839	1,343,884		1,343,884
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,161,957	8,097,749	12,259,706	-4,898,132	7,361,574
37.01	3701 SURGERY CENTER	762,335	5,094,447	5,856,782	-1,701,587	4,155,195
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY				97,484	97,484
41	4100 RADIOLOGY-DIAGNOSTIC	3,877,610	3,329,348	7,206,958	-104,858	7,102,100
42	4200 RADIOLOGY-THERAPEUTIC	897,191	1,411,538	2,308,729	69,515	2,378,244
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	2,668,189	4,592,112	7,260,301	-840,681	6,419,620
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.				840,681	840,681
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,084,810	562,661	1,647,471	12,900	1,660,371
50	5000 PHYSICAL THERAPY	1,465,050	785,216	2,250,266	31,158	2,281,424
51	5100 OCCUPATIONAL THERAPY	881,422	262,964	1,144,386	-100	1,144,286
52	5200 SPEECH PATHOLOGY	112,529	163,726	276,255		276,255
53	5300 ELECTROCARDIOLOGY	735,638	580,712	1,316,350	-271	1,316,079
54	5400 ELECTROENCEPHALOGRAPHY	454,530	226,022	680,552		680,552
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,457,330	6,457,330
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				3,466,428	3,466,428
56	5600 DRUGS CHARGED TO PATIENTS				8,418,126	8,418,126
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3190 CHEMOTHERAPY	775,686	6,369,983	7,145,669	11,853	7,157,522
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 ANDERSON CENTER OP CLINIC				502,791	502,791
61	6100 EMERGENCY	3,069,390	8,790,571	11,859,961	-38,985	11,820,976
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	2,768,950	1,171,753	3,940,703		3,940,703
	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					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0088
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		499,909	499,909	-499,909	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	828,600	654,905	1,483,505		1,483,505
95	SUBTOTALS	64,585,140	105,891,833	170,476,973	-2,018,273	168,458,700
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH	192,387	145,920	338,307		338,307
98	9800 PHYSICIANS' PRIVATE OFFICES	1,538,596	1,098,700	2,637,296	89,460	2,726,756
99	9900 NONPAID WORKERS					
100	7950 FOUNDATION	106,008	96,055	202,063		202,063
100.02	7952 CHILDREN'S CLINIC	390,866	224,042	614,908		614,908
100.04	7954 HEALTH RESOURCE CENTER	45,669	17,909	63,578		63,578
100.05	7955 ADOLESCENT RESIDENTIAL				1,771,708	1,771,708
100.07	7957 COMMUNITY BENEFIT/MISSION	272,250	141,391	413,641		413,641
100.10	7960 DME	1,286,832	2,791,888	4,078,720	31,614	4,110,334
100.12	7962 MED ONE/TWO	1,074,011	1,110,062	2,184,073		2,184,073
100.13	7963 UNUSED SPACE					
100.14	7964 ADVERTISING AND MARKETING	2,592	19,581	22,173		22,173
100.15	7965 PHYSICIANS RECRUITING				363,138	363,138
100.16	7966 MOB		9,538	9,538	-481	9,057
100.17	7967 ASB		326,005	326,005	-222,419	103,586
100.18	7968 MAB		60,415	60,415	-14,747	45,668
101	TOTAL	69,494,351	111,933,339	181,427,690	-0-	181,427,690

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0088 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-420,583	434,451
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,888,427	4,265,136
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		
5 0500	EMPLOYEE BENEFITS	518,038	2,378,013
6.01 0610	NONPATIENT TELEPHONES	-136,239	608,946
6.02 0620	DATA PROCESSING	-27	509,269
6.03 0630	PURCHASING, RECEIVING AND STORES	-236	616,464
6.04 0640	ADMINISTRATIVE		1,772,414
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	281,780	3,589,141
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-6,556,389	29,511,415
7 0700	MAINTENANCE & REPAIRS	-362,482	6,393,482
8 0800	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE	-14,127	551,122
10 1000	HOUSEKEEPING	-10,870	2,445,235
11 1100	DIETARY	-1,172,651	146,217
12 1200	CAFETERIA		1,791,505
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-7,410	760,874
15 1500	CENTRAL SERVICES & SUPPLY	-4,937	870,433
16 1600	PHARMACY		3,571,566
17 1700	MEDICAL RECORDS & LIBRARY	-68,987	1,653,197
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMEDICAL PRGM	-424	88,774
24.01 2401	SCH OF RADIOLOGY		111,419
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-77,995	15,913,213
26 2600	INTENSIVE CARE UNIT		4,026,172
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER	-30,144	1,313,740
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-251	7,361,323
37.01 3701	SURGERY CENTER	-39,122	4,116,073
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		97,484
41 4100	RADIOLOGY-DIAGNOSTIC	-58,704	7,043,396
42 4200	RADIOLOGY-THERAPEUTIC	-37,960	2,340,284
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-9,453	6,410,167
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		840,681
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-1,020	1,659,351
50 5000	PHYSICAL THERAPY	-5,447	2,275,977
51 5100	OCCUPATIONAL THERAPY		1,144,286
52 5200	SPEECH PATHOLOGY	-2,487	273,768
53 5300	ELECTROCARDIOLOGY	-5,936	1,310,143
54 5400	ELECTROENCEPHALOGRAPHY		680,552
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,457,330
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		3,466,428
56 5600	DRUGS CHARGED TO PATIENTS		8,418,126
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
59 3190	CHEMOTHERAPY	-229	7,157,293
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	ANDERSON CENTER OP CLINIC		502,791
61 6100	EMERGENCY	-259,716	11,561,260
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY	-81,950	3,858,753
	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		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 15-0088	I FROM 7/ 1/2009	I WORKSHEET A
I	I TO 6/30/2010	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	SPEC PURPOSE COST CENTERS		
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	-7,595	1,475,910
95	SUBTOTALS	-6,685,126	161,773,574
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		338,307
98	9800 PHYSICIANS' PRIVATE OFFICES		2,726,756
99	9900 NONPAID WORKERS		
100	7950 FOUNDATION		202,063
100.02	7952 CHILDREN'S CLINIC		614,908
100.04	7954 HEALTH RESOURCE CENTER		63,578
100.05	7955 ADOLESCENT RESIDENTIAL		1,771,708
100.07	7957 COMMUNITY BENEFIT/MISSION		413,641
100.10	7960 DME		4,110,334
100.12	7962 MED ONE/TWO		2,184,073
100.13	7963 UNUSED SPACE		
100.14	7964 ADVERTISING AND MARKETING		22,173
100.15	7965 PHYSICIANS RECRUITING		363,138
100.16	7966 MOB		9,057
100.17	7967 ASB		103,586
100.18	7968 MAB		45,668
101	TOTAL	-6,685,126	174,742,564

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
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	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	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	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	SCH OF RADIOLOGY	2401	PARAMED 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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SURGERY CENTER	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	CHEMOTHERAPY	3190	CHEMOTHERAPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	ANDERSON CENTER OP CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	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	
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	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		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	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	CHILDREN'S CLINIC	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	HEALTH RESOURCE CENTER	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	ADOLESCENT RESIDENTIAL	7955	OTHER NONREIMBURSABLE COST CENTERS
100.07	COMMUNITY BENEFIT/MISSION	7957	OTHER NONREIMBURSABLE COST CENTERS
100.10	DME	7960	OTHER NONREIMBURSABLE COST CENTERS
100.12	MED ONE/TWO	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	UNUSED SPACE	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	ADVERTISING AND MARKETING	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	PHYSICIANS RECRUITING	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	MOB	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	ASB	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	MAB	7968	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

PROVIDER NO:
150088

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

PREPARED 11/29/2010
WORKSHEET A-6

RECLASSIFICATIONS

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PHARMACY/IV	A	DRUGS CHARGED TO PATIENTS	56		8,418,126
2 ANESTHESIA	B	ANESTHESIOLOGY	40		97,484
3					
4					
5 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,451,565
6		IMPL. DEV. CHARGED TO PATIENT	55.30		226,837
7 CAFETERIA/CLASSIC CATERING	D	CAFETERIA	12	865,923	925,582
8 MAB OTHER EXPENSE	E	NONPATIENT TELEPHONES	6.01		989
9		MAINTENANCE & REPAIRS	7		5,908
10		RADIOLOGY-DIAGNOSTIC	41		3,273
11		ELECTROCARDIOLOGY	53		4,186
12 MAB DEPRECIATION	F	NONPATIENT TELEPHONES	6.01		2,657
13		MAINTENANCE & REPAIRS	7		15,861
14		RADIOLOGY-DIAGNOSTIC	41		8,789
15		ELECTROCARDIOLOGY	53		11,240
16 MOB OTHER EXPENSE	G	RADIOLOGY-DIAGNOSTIC	41		396
17		OTHER ADMINISTRATIVE AND GENERAL	6.06		82
18 MOB DEPRECIATION	H	RADIOLOGY-DIAGNOSTIC	41		3
19 PROPERTY TAX	I	NEW CAP REL COSTS-BLDG & FIXT	3		127,840
20		PHYSICIANS' PRIVATE OFFICES	98		31
21 INTEREST EXPENSE	J	OLD CAP REL COSTS-BLDG & FIXT	1		408,295
22		NEW CAP REL COSTS-BLDG & FIXT	3		91,614
23 ANDERSON CENTER OUTPATIENT	K	ANDERSON CENTER OP CLINIC	60.01	379,549	123,242
24 WHOLE BLOOD	L	BLOOD STORING, PROCESSING & TRANS.	47	91,981	748,700
25 CAPITAL RELATED DEP	M	NEW CAP REL COSTS-BLDG & FIXT	3		2,082,933
26					
27					
28					
29 ADOLESCENT RESIDENTIAL	N	ADOLESCENT RESIDENTIAL	100.05	1,337,436	434,272
30 PHYSICIAN RECRUITMENT	P	PHYSICIANS RECRUITING	100.15		363,138
31 ASB OTHER EXPENSE	R	OPERATING ROOM	37		15,731
32		RADIOLOGY-DIAGNOSTIC	41		43,814
33		RADIOLOGY-THERAPEUTIC	42		61,751
34		PHYSICAL THERAPY	50		29,538
35		CHEMOTHERAPY	59		10,529
1 ASB OTHER EXPENSE	R	PHYSICIANS' PRIVATE OFFICES	98		8,132
2		DME	100.10		28,083
3 ASB DEPRECIATION EXPENSE	S	OPERATING ROOM	37		1,978
4		RADIOLOGY-DIAGNOSTIC	41		5,508
5		RADIOLOGY-THERAPEUTIC	42		7,764
6		PHYSICAL THERAPY	50		3,714
7		CHEMOTHERAPY	59		1,324
8		PHYSICIANS' PRIVATE OFFICES	98		1,022
9		DME	100.10		3,531
10 NURSING PHYSICIAN	T	ADULTS & PEDIATRICS	25		73,800
11 PROPERTY INSURANCE	U	OLD CAP REL COSTS-BLDG & FIXT	1		16,706
12		NEW CAP REL COSTS-BLDG & FIXT	3		74,322
13 RAD TECH PARAMED	V	SCH OF RADIOLOGY	24.01	19,961	
14 CRITICAL CARE RECLASS	W	INTENSIVE CARE UNIT	26		13,433
15 RADIOLOGY MEDICAL DIRECTOR RECLASS	X	RADIOLOGY-DIAGNOSTIC	41		50,000
16 INFECTION CONTROL RECLASS	Y	ADULTS & PEDIATRICS	25		11,458
17 RESPIRATORY CARE MEDICAL DIRECTOR	Z	RESPIRATORY THERAPY	49		12,900
18 SCREENING REFERRAL	AA	PHYSICIANS' PRIVATE OFFICES	98		98,400
19 MEDICAL SUPPLIES/IMPLANTABLE DEVICES	AB	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,089,574
20		IMPL. DEV. CHARGED TO PATIENT	55.30		3,239,591
21					
22					
23					
24					
25					
26					
27					
36 TOTAL RECLASSIFICATIONS				2,694,850	24,455,646

(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:
150088

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

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 PHARMACY/IV	A	PHARMACY	16			8,418,126	
2 ANESTHESIA	B	OPERATING ROOM	37			11,517	
3		SURGERY CENTER	37.01			2,158	
4		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			83,809	
5 MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15			2,451,565	
6		CENTRAL SERVICES & SUPPLY	15			226,837	
7 CAFETERIA/CLASSIC CATERING	D	DIETARY	11		865,923	925,582	
8 MAB OTHER EXPENSE	E	MAB	100.18			14,356	
9							9
10							
11							
12 MAB DEPRECIATION	F	MAB	100.18			391	
13		OLD CAP REL COSTS-BLDG & FIXT	1			38,156	9
14							
15							
16 MOB OTHER EXPENSE	G	MOB	100.16			478	
17							
18 MOB DEPRECIATION	H	MOB	100.16			3	
19 PROPERTY TAX	I	OTHER ADMINISTRATIVE AND GENERAL	6.06			127,871	9
20							
21 INTEREST EXPENSE	J	INTEREST EXPENSE	88			499,909	11
22							11
23 ANDERSON CENTER OUTPATIENT	K	ADULTS & PEDIATRICS	25		379,549	123,242	
24 WHOLE BLOOD	L	LABORATORY	44		91,981	748,700	
25 CAPITAL RELATED DEP	M	OLD CAP REL COSTS-BLDG & FIXT	1			1,871,164	9
26		SURGERY CENTER	37.01			39,054	
27		PHYSICIANS' PRIVATE OFFICES	98			18,125	
28		OTHER ADMINISTRATIVE AND GENERAL	6.06			154,590	
29 ADOLESCENT RESIDENTIAL	N	ADULTS & PEDIATRICS	25		1,337,436	434,272	
30 PHYSICIAN RECRUITMENT	P	OTHER ADMINISTRATIVE AND GENERAL	6.06			363,138	
31 ASB OTHER EXPENSE	R	ASB	100.17			197,578	
32							
33							
34							
35							
1 ASB OTHER EXPENSE	R						
2							
3 ASB DEPRECIATION EXPENSE	S	ASB	100.17			24,841	
4							
5							
6							
7							
8							
9							
10 NURSING PHYSICIAN	T	OTHER ADMINISTRATIVE AND GENERAL	6.06			73,800	
11 PROPERTY INSURANCE	U	OTHER ADMINISTRATIVE AND GENERAL	6.06			91,028	12
12							12
13 RAD TECH PARAMED	V	RADIOLOGY-DIAGNOSTIC	41		19,961		
14 CRITICAL CARE RECLASS	W	OTHER ADMINISTRATIVE AND GENERAL	6.06			13,433	
15 RADIOLOGY MEDICAL DIRECTOR RECLASS	X	OTHER ADMINISTRATIVE AND GENERAL	6.06			50,000	
16 INFECTION CONTROL RECLASS	Y	OTHER ADMINISTRATIVE AND GENERAL	6.06			11,458	
17 RESPIRATORY CARE MEDICAL DIRECTOR	Z	OTHER ADMINISTRATIVE AND GENERAL	6.06			12,900	
18 SCREENING REFERRAL	AA	OTHER ADMINISTRATIVE AND GENERAL	6.06			98,400	
19 MEDICAL SUPPLIES/IMPLANTABLE DEVICES	AB	CENTRAL SERVICES & SUPPLY	15			446,201	
20		PHARMACY	16			64,709	
21		OPERATING ROOM	37			4,904,324	
22		SURGERY CENTER	37.01			1,660,375	
23		RADIOLOGY-DIAGNOSTIC	41			196,680	
24		PHYSICAL THERAPY	50			2,094	
25		OCCUPATIONAL THERAPY	51			100	
26		ELECTROCARDIOLOGY	53			15,697	
27		EMERGENCY	61			38,985	
36 TOTAL RECLASSIFICATIONS					2,694,850	24,455,646	

(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:
150088

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

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : PHARMACY/IV

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	8,418,126
TOTAL RECLASSIFICATIONS FOR CODE A			8,418,126

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	8,418,126	
			8,418,126

RECLASS CODE: B
EXPLANATION : ANESTHESIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	97,484
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			97,484

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	11,517	
SURGERY CENTER	37.01	2,158	
MEDICAL SUPPLIES CHARGED TO PA	55	83,809	
			97,484

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,451,565
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	226,837
TOTAL RECLASSIFICATIONS FOR CODE C			2,678,402

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	2,451,565	
CENTRAL SERVICES & SUPPLY	15	226,837	
			2,678,402

RECLASS CODE: D
EXPLANATION : CAFETERIA/CLASSIC CATERING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,791,505
TOTAL RECLASSIFICATIONS FOR CODE D			1,791,505

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,791,505	
			1,791,505

RECLASS CODE: E
EXPLANATION : MAB OTHER EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	989
2.00	MAINTENANCE & REPAIRS	7	5,908
3.00	RADIOLOGY-DIAGNOSTIC	41	3,273
4.00	ELECTROCARDIOLOGY	53	4,186
TOTAL RECLASSIFICATIONS FOR CODE E			14,356

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAB	100.18	14,356	
			0
			0
			0
			14,356

RECLASS CODE: F
EXPLANATION : MAB DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NONPATIENT TELEPHONES	6.01	2,657
2.00	MAINTENANCE & REPAIRS	7	15,861
3.00	RADIOLOGY-DIAGNOSTIC	41	8,789
4.00	ELECTROCARDIOLOGY	53	11,240
TOTAL RECLASSIFICATIONS FOR CODE F			38,547

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAB	100.18	391	
OLD CAP REL COSTS-BLDG & FIXT	1	38,156	
			0
			0
			38,547

RECLASS CODE: G
EXPLANATION : MOB OTHER EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	396
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	82
TOTAL RECLASSIFICATIONS FOR CODE G			478

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MOB	100.16	478	
			0
			478

RECLASS CODE: H
EXPLANATION : MOB DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	3
TOTAL RECLASSIFICATIONS FOR CODE H			3

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MOB	100.16	3	
			3

RECLASSIFICATIONS

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TO 6/30/2010

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RECLASS CODE: I
EXPLANATION : PROPERTY TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	127,840	OTHER ADMINISTRATIVE AND GENER	6.06	127,871	
2.00	PHYSICIANS' PRIVATE OFFICES	98	31			0	
TOTAL RECLASSIFICATIONS FOR CODE I			127,871				127,871

RECLASS CODE: J
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	408,295	INTEREST EXPENSE	88	499,909	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	91,614			0	
TOTAL RECLASSIFICATIONS FOR CODE J			499,909				499,909

RECLASS CODE: K
EXPLANATION : ANDERSON CENTER OUTPATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANDERSON CENTER OP CLINIC	60.01	502,791	ADULTS & PEDIATRICS	25	502,791	
TOTAL RECLASSIFICATIONS FOR CODE K			502,791				502,791

RECLASS CODE: L
EXPLANATION : WHOLE BLOOD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	840,681	LABORATORY	44	840,681	
TOTAL RECLASSIFICATIONS FOR CODE L			840,681				840,681

RECLASS CODE: M
EXPLANATION : CAPITAL RELATED DEPRE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,082,933	OLD CAP REL COSTS-BLDG & FIXT	1	1,871,164	
2.00			0	SURGERY CENTER	37.01	39,054	
3.00			0	PHYSICIANS' PRIVATE OFFICES	98	18,125	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	154,590	
TOTAL RECLASSIFICATIONS FOR CODE M			2,082,933				2,082,933

RECLASS CODE: N
EXPLANATION : ADOLESCENT RESIDENTIAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADOLESCENT RESIDENTIAL	100.05	1,771,708	ADULTS & PEDIATRICS	25	1,771,708	
TOTAL RECLASSIFICATIONS FOR CODE N			1,771,708				1,771,708

RECLASS CODE: P
EXPLANATION : PHYSICIAN RECRUITMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS RECRUITING	100.15	363,138	OTHER ADMINISTRATIVE AND GENER	6.06	363,138	
TOTAL RECLASSIFICATIONS FOR CODE P			363,138				363,138

RECLASS CODE: R
EXPLANATION : ASB OTHER EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	15,731	ASB	100.17	197,578	
2.00	RADIOLOGY-DIAGNOSTIC	41	43,814			0	
3.00	RADIOLOGY-THERAPEUTIC	42	61,751			0	
4.00	PHYSICAL THERAPY	50	29,538			0	
5.00	CHEMOTHERAPY	59	10,529			0	
6.00	PHYSICIANS' PRIVATE OFFICES	98	8,132			0	
7.00	DME	100.10	28,083			0	
TOTAL RECLASSIFICATIONS FOR CODE R			197,578				197,578

RECLASSIFICATIONS

PROVIDER NO:
150088

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

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: S
EXPLANATION : ASB DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	1,978	ASB	100.17	24,841	
2.00	RADIOLOGY-DIAGNOSTIC	41	5,508			0	
3.00	RADIOLOGY-THERAPEUTIC	42	7,764			0	
4.00	PHYSICAL THERAPY	50	3,714			0	
5.00	CHEMOTHERAPY	59	1,324			0	
6.00	PHYSICIANS' PRIVATE OFFICES	98	1,022			0	
7.00	DME	100.10	3,531			0	
TOTAL RECLASSIFICATIONS FOR CODE S			24,841			24,841	

RECLASS CODE: T
EXPLANATION : NURSING PHYSICIAN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	73,800	OTHER ADMINISTRATIVE AND GENER	6.06	73,800	
TOTAL RECLASSIFICATIONS FOR CODE T			73,800			73,800	

RECLASS CODE: U
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	16,706	OTHER ADMINISTRATIVE AND GENER	6.06	91,028	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	74,322			0	
TOTAL RECLASSIFICATIONS FOR CODE U			91,028			91,028	

RECLASS CODE: V
EXPLANATION : RAD TECH PARAMED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SCH OF RADIOLOGY	24.01	19,961	RADIOLOGY-DIAGNOSTIC	41	19,961	
TOTAL RECLASSIFICATIONS FOR CODE V			19,961			19,961	

RECLASS CODE: W
EXPLANATION : CRITICAL CARE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	13,433	OTHER ADMINISTRATIVE AND GENER	6.06	13,433	
TOTAL RECLASSIFICATIONS FOR CODE W			13,433			13,433	

RECLASS CODE: X
EXPLANATION : RADIOLOGY MEDICAL DIRECTOR RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	50,000	OTHER ADMINISTRATIVE AND GENER	6.06	50,000	
TOTAL RECLASSIFICATIONS FOR CODE X			50,000			50,000	

RECLASS CODE: Y
EXPLANATION : INFECTION CONTROL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	11,458	OTHER ADMINISTRATIVE AND GENER	6.06	11,458	
TOTAL RECLASSIFICATIONS FOR CODE Y			11,458			11,458	

RECLASS CODE: Z
EXPLANATION : RESPIRATORY CARE MEDICAL DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	12,900	OTHER ADMINISTRATIVE AND GENER	6.06	12,900	
TOTAL RECLASSIFICATIONS FOR CODE Z			12,900			12,900	

RECLASS CODE: AA
EXPLANATION : SCREENING REFERRAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	98,400	OTHER ADMINISTRATIVE AND GENER	6.06	98,400	
TOTAL RECLASSIFICATIONS FOR CODE AA			98,400			98,400	

RECLASSIFICATIONS

PROVIDER NO:
150088

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

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: AB
EXPLANATION: MEDICAL SUPPLIES/IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,089,574	CENTRAL SERVICES & SUPPLY	15	446,201	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	3,239,591	PHARMACY	16	64,709	
3.00			0	OPERATING ROOM	37	4,904,324	
4.00			0	SURGERY CENTER	37.01	1,660,375	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	196,680	
6.00			0	PHYSICAL THERAPY	50	2,094	
7.00			0	OCCUPATIONAL THERAPY	51	100	
8.00			0	ELECTROCARDIOLOGY	53	15,697	
9.00			0	EMERGENCY	61	38,985	
TOTAL RECLASSIFICATIONS FOR CODE AB			7,329,165				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	2,219,865					2,219,865	
2	LAND IMPROVEMENTS	675,612					675,612	675,335
3	BUILDINGS & FIXTURE	27,032,797					27,032,797	21,714,946
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	10,741,011					10,741,011	10,721,834
6	MOVABLE EQUIPMENT	10,093,247					10,093,247	10,091,265
7	SUBTOTAL	50,762,532					50,762,532	43,203,380
8	RECONCILING ITEMS							
9	TOTAL	50,762,532					50,762,532	43,203,380

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	3,072,737					3,072,737	
2	LAND IMPROVEMENTS	1,755,008					1,755,008	1,146,100
3	BUILDINGS & FIXTURE	17,794,908	15,402		15,402		17,810,310	3,932,554
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	29,564,023	476,271		476,271		30,040,294	20,214,711
6	MOVABLE EQUIPMENT	37,536,674	464,869		464,869	796,074	37,205,469	27,588,285
7	SUBTOTAL	89,723,350	956,542		956,542	796,074	89,883,818	52,881,650
8	RECONCILING ITEMS							
9	TOTAL	89,723,350	956,542		956,542	796,074	89,883,818	52,881,650

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	40,669,285		40,669,285	.289160				
1 01	OLD CAP REL COSTS-BL	10,093,247		10,093,247	.071763				
3	NEW CAP REL COSTS-BL	52,678,348		52,678,348	.374545				
3 01	NEW CAP REL COSTS-BL	37,205,468		37,205,468	.264532				
5	TOTAL	140,646,348		140,646,348	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	417,745			16,706			434,451
1 01	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL	4,305,729		-114,915	74,322			4,265,136
3 01	NEW CAP REL COSTS-BL							
5	TOTAL	4,723,474		-114,915	91,028			4,699,587

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,339,353						2,339,353
1 01	OLD CAP REL COSTS-BL							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
5	TOTAL	2,339,353						2,339,353

* All lines numbers except line 5 are to be consistent with Worksheet 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

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON	WKST.	
			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	B	-408,295	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B		**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-91,774	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	284,518	CASHIERING/ACCOUNTS RECEI	6.05	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-71,747	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-1,507	MAINTENANCE & REPAIRS	7	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-454,451			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	6,472,214			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-1,096,363	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-68,987	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-30,422	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC. INCOME	B	-27	DATA PROCESSING	6.02	
37.04 MISC. INCOME	B	-156,501	OTHER ADMINISTRATIVE AND	6.06	
37.06 MISC. INCOME	B	-14,127	LAUNDRY & LINEN SERVICE	9	
37.07 MISC. INCOME	B	-45,866	DIETARY	11	
37.11 MISC. INCOME	B	-2,738	CASHIERING/ACCOUNTS RECEI	6.05	
37.14 MISC. INCOME	B	-58,704	RADIOLOGY-DIAGNOSTIC	41	
37.18 MISC. INCOME	B	-5,166	ADULTS & PEDIATRICS	25	
38 MISC. INCOME	B	-4,937	CENTRAL SERVICES & SUPPLY	15	
39 MISC INCOME	B	-424	PARAMED PRGM	24	
39.03 MISC INCOME	B	-7,746	LABORATORY	44	
39.08 MISC INCOME	B	-251	OPERATING ROOM	37	
39.09 MISC INCOME	B	-7,410	NURSING ADMINISTRATION	14	
39.11 MISC INCOME	B	-100	EMPLOYEE BENEFITS	5	
39.13 MISC INCOME	B	-6	EMERGENCY	61	
39.14 MISC INCOME	B	-1,020	RESPIRATORY THERAPY	49	
39.15 MISC INCOME	B	-5,447	PHYSICAL THERAPY	50	
39.16 MISC INCOME	B	-623	SPEECH PATHOLOGY	52	
39.17 MISC INCOME	B	-229	CHEMOTHERAPY	59	
39.18 MISC INCOME	B	-60	HOME HEALTH AGENCY	71	
39.20 MISC INCOME	B	-236	PURCHASING, RECEIVING AND	6.03	
39.21 MISC INCOME	B	-42	RADIOLOGY-THERAPEUTIC	42	
40 PHYSICIANS' PHONE SERVICE	A	-62,755	NONPATIENT TELEPHONES	6.01	
40.01 BAD DEBT & RECOVERIES	A	-9,747,135	OTHER ADMINISTRATIVE AND	6.06	
40.02 BAD DEBT & RECOVERIES	A	-81,890	HOME HEALTH AGENCY	71	
40.06 BAD DEBT & RECOVERIES	A	-7,595	HOSPICE	93	
41 INCOME/SALES TAX	A	-11,851	SURGERY CENTER	37.01	
41.01 CARRYFORWARD ADJUSTMENTS	A	-10,542	OLD CAP REL COSTS-BLDG &	1	9
41.02 CARRYFORWARD ADJUSTMENTS	A	-3,879	NEW CAP REL COSTS-BLDG &	3	9
41.03 PHYSICIAN OFFICE DEPRECIATION	A	-1,746	OLD CAP REL COSTS-BLDG &	1	9
41.04 PHYSICIAN OFFICE DEPRECIATION	A	-11,088	NEW CAP REL COSTS-BLDG &	3	9
41.09 MAB DEPRECIATION IN CAP REL	A	-119,356	NEW CAP REL COSTS-BLDG &	3	9
42 TELEVISION DEPRECIATION	A	-1,246	MAINTENANCE & REPAIRS	7	
42.04 BILLING FEES	A	-27,271	SURGERY CENTER	37.01	
42.06 BILLING FEES	A	-69,315	OTHER ADMINISTRATIVE AND	6.06	
42.09 A&G MISCELLANEOUS EXPENSE	A	-373,569	OTHER ADMINISTRATIVE AND	6.06	
42.10 A&G DUES & MEMBERSHIP	A	-4,229	OTHER ADMINISTRATIVE AND	6.06	
43 A&G PURCHASED SERVICES	A	-76,697	OTHER ADMINISTRATIVE AND	6.06	
43.01 CORPORATION ADMINISTRATION TRAVEL &	A	-16,312	OTHER ADMINISTRATIVE AND	6.06	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 ADVERTISING&MARKETING	A	-8,839	OTHER ADMINISTRATIVE AND	6.06	
46 MISC REVENUE LEASED BLDGS	B	-960	NONPATIENT TELEPHONES	6.01	
47 MISC REVENUE LEASED BLDGS	B	-19,773	OTHER ADMINISTRATIVE AND	6.06	
48 MISC REVENUE LEASED BLDGS	B	-234,693	MAINTENANCE & REPAIRS	7	
48.03 MISC REVENUE LEASED BLDGS	B	-10,870	HOUSEKEEPING	10	
48.04					
48.05					
48.06					
48.07					
48.09 PATIENT PHONE DEPRECIATION	A	-777	NONPATIENT TELEPHONES	6.01	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
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		
49						
49.01						
49.04 I HHA LOBBY DUES	A	-4,264	OTHER ADMINISTRATIVE AND	6.06		
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,685,126				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	7	MAINTENANCE & REPAIRS	SVHEALTH TRIMEDI X	1,536,568	1,661,604	-125,036	
2	5	EMPLOYEE BENEFITS	SVHEALTH-HOME OFFICE-SELF	9,860,235	8,994,172	866,063	
3	3	NEW CAP REL COSTS-BLDG &	SVHEALTH-HOME OFFICE-NEW	2,229,279		2,229,279	9
4	6 6	OTHER ADMINISTRATIVE AND	SVHEALTH-HOME OFFICE-A&G	17,637,817	13,645,638	3,992,179	
4.60	3	NEW CAP REL COSTS-BLDG &	SVHEALTH-INTEREST	261,897	376,652	-114,755	11
4.70	6 6	OTHER ADMINISTRATIVE AND	SVHEALTH-CAP INTEREST	62,968	90,559	-27,591	
4.80	6 2	DATA PROCESSING	AHIS-HOME OFFICE -INFO SY				
4.90	5	EMPLOYEE BENEFITS	AS-PENSION COST	2,772,457	3,120,382	-347,925	
5		TOTALS		34,361,221	27,889,007	6,472,214	

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	85,258		85,258	171,400	578	47,629	2,381
2 42	RADIATION THERAPY	75,000		75,000	171,400	450	37,082	1,854
3 6 6	ADMINISTRATION	98,400		98,400	171,400	656	54,057	2,703
4 31	BENNETT	105,000		105,000	136,700	1,139	74,856	3,743
5 44	LABORATORY	187,227		187,227	219,500	1,758	185,520	9,276
6 25	NURSING	63,000		63,000	136,700	423	27,800	1,390
7 52	SLEEP LAB	9,750		9,750	136,700	120	7,886	394
8 61	EMERGENCY ROOM PHYSICIANS	331,072		331,072	171,400	866	71,362	3,568
9 26	CRITICAL CARE	222,488		222,488	136,700	5,942	390,515	19,526
10 53	CARDIA CATH LAB	15,000		15,000	171,400	110	9,064	453
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,192,195		1,192,195		12,042	905,771	45,288

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					47,629	37,629	37,629
2 42	RADIATION THERAPY					37,082	37,918	37,918
3 6 6	ADMINISTRATION					54,057	44,343	44,343
4 31	BENNETT					74,856	30,144	30,144
5 44	LABORATORY					185,520	1,707	1,707
6 25	NURSING					27,800	35,200	35,200
7 52	SLEEP LAB					7,886	1,864	1,864
8 61	EMERGENCY ROOM PHYSICIANS					71,362	259,710	259,710
9 26	CRITICAL CARE					390,515		
10 53	CARDIAC CATH LAB					9,064	5,936	5,936
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					905,771	454,451	454,451

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	NOT ENTERED
5	EMPLOYEE BENEFITS	6	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	8	PHONE LINES	ENTERED
6.02	DATA PROCESSING	9	DEPT. REVENUE	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	10	SUPPLY EXPENSE	ENTERED
6.04	ADMITTING	11	DEPT. REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	12	DEPT. REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-13	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	14	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	15	SQUARE FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	16	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	17	HOURS OF SERVICE	ENTERED
11	DIETARY	18	PATIENT DAYS	ENTERED
12	CAFETERIA	19	TOTAL HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	20	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	21	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	SPD SUPPLIES	ENTERED
16	PHARMACY	23	DRUG EXPENSE	ENTERED
17	MEDICAL RECORDS & LIBRARY	24	DEPT. REVENUE	ENTERED
18	SOCIAL SERVICE	25	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	27	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	28	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	29	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	30	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	31	RAD SCH	ENTERED
24.01	SCH OF RADIOLOGY	31	RAD SCH	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	434,451	434,451					
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &	4,265,136			4,265,136			
005 EMPLOYEE BENEFITS	2,378,013	3,841		37,707		2,419,561	
006 01 NONPATIENT TELEPHONES	608,946					9,675	618,621
006 02 DATA PROCESSING	509,269	5,486		53,860		4,432	5,566
006 03 PURCHASING, RECEIVING AND	616,464	11,110		109,066		9,749	7,156
006 04 ADMINISTRATION	1,772,414	7,125		69,946		35,962	12,722
006 05 CASHIERING/ACCOUNTS RECEI	3,589,141	6,345		62,293		42,790	19,083
006 06 OTHER ADMINISTRATIVE AND	29,511,415	34,935		342,972		334,684	73,948
007 MAINTENANCE & REPAIRS	6,393,482	56,220		551,931		62,900	23,854
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	551,122	7,286		71,525		9,508	2,385
010 HOUSEKEEPING	2,445,235	5,317		52,203		50,932	8,747
011 DIETARY	146,217	13,265		130,230		22,347	2,385
012 CAFETERIA	1,791,505	10,354		101,648		30,355	6,361
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	760,874	2,303		22,607		20,354	8,747
015 CENTRAL SERVICES & SUPPLY	870,433	7,785		76,428		29,542	4,771
016 PHARMACY	3,571,566	3,865		37,941		87,415	15,903
017 MEDICAL RECORDS & LIBRARY	1,653,197	9,367		91,958		40,849	15,903
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM	88,774	129		1,267		2,289	795
024 01 SCH OF RADIOLOGY	111,419	109		1,072		6,485	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,913,213	99,928		981,021		383,883	75,542
026 INTENSIVE CARE UNIT	4,026,172	9,224		90,554		95,740	5,566
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,313,740	10,467		102,759		31,621	10,337
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	7,361,323	15,224		149,454		145,897	49,299
038 SURGERY CENTER	4,116,073					26,724	15,903
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	97,484						
041 RADIOLOGY-DIAGNOSTIC	7,043,396	19,414		190,593		131,686	19,083
042 RADIOLOGY-THERAPEUTIC	2,340,284					31,451	11,927
043 RADIOISOTOPE							
044 LABORATORY	6,410,167	12,879		126,438		90,309	36,577
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	840,681					3,224	1,590
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,659,351	1,986		19,497		38,028	4,771
050 PHYSICAL THERAPY	2,275,977	8,627		84,695		51,357	15,903
051 OCCUPATIONAL THERAPY	1,144,286	6,280		61,650		30,898	14,313
052 SPEECH PATHOLOGY	273,768					3,945	2,385
053 ELECTROCARDIOLOGY	1,310,143	2,841		27,890		25,788	11,132
054 ELECTROENCEPHALOGRAPHY	680,552	2,406		23,621		15,934	19,083
055 MEDICAL SUPPLIES CHARGED	6,457,330						
055 30 IMPL. DEV. CHARGED TO PAT	3,466,428						
056 DRUGS CHARGED TO PATIENTS	8,418,126						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY	7,157,293					27,192	7,951
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 ANDERSON CENTER OP CLINIC	502,791	3,475		34,120		32,930	4,771
061 EMERGENCY	11,561,260	21,141		207,546		107,597	11,927
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	3,858,753	8,751		85,914		97,066	7,156
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	578,613						
006 03 PURCHASING, RECEIVING AND		753,545					
006 04 ADMINISTRATION		1,803	1,899,972				
006 05 CASHIERING/ACCOUNTS RECEI		733		3,720,385			
006 06 OTHER ADMINISTRATIVE AND	3	9,327	9	17	30,307,310	30,307,310	
007 MAINTENANCE & REPAIRS		247			7,088,634	1,487,429	8,576,063
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		5,919			647,745	135,918	201,952
010 HOUSEKEEPING		6,466			2,568,900	539,040	147,397
011 DIETARY	11	16,422	35	68	330,980	69,451	367,708
012 CAFETERIA		22,307			1,962,530	411,804	287,005
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		440			815,325	171,082	63,831
015 CENTRAL SERVICES & SUPPLY		61,643			1,050,602	220,451	215,797
016 PHARMACY		12,717			3,729,407	782,553	107,128
017 MEDICAL RECORDS & LIBRARY		477			1,811,751	380,165	259,645
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM		61			93,315	19,581	3,578
024 01 SCH OF RADIOLOGY					119,085	24,988	3,028
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	38,918	23,197	127,782	250,211	17,893,695	3,754,717	2,769,939
026 INTENSIVE CARE UNIT	8,607	12,499	28,259	55,334	4,331,955	908,987	255,681
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,073	1,633	10,088	19,754	1,503,472	315,478	290,143
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	61,610	218,092	202,288	396,103	8,599,290	1,804,415	421,988
037 SURGERY CENTER	30,281	79,366	99,422	194,679	4,562,448	957,352	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	7,362		24,172	47,332	176,350	37,004	
041 RADIOLOGY-DIAGNOSTIC	89,034	27,997	292,526	572,824	8,386,553	1,759,776	538,144
042 RADIOLOGY-THERAPEUTIC	18,643	1,231	61,210	119,856	2,584,602	542,335	
043 RADIOISOTOPE							
044 LABORATORY	70,627	128,118	231,893	454,073	7,561,081	1,586,564	357,001
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	3,394		11,144	21,820	881,853	185,042	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	12,489	7,982	41,006	80,294	1,865,404	391,423	55,050
050 PHYSICAL THERAPY	9,748	1,754	32,006	62,671	2,542,738	533,550	239,138
051 OCCUPATIONAL THERAPY	6,450	93	21,178	41,468	1,326,616	278,368	174,069
052 SPEECH PATHOLOGY	1,079	5,634	3,541	6,934	297,286	62,380	
053 ELECTROCARDIOLOGY	13,201	5,507	43,344	84,873	1,524,719	319,936	78,749
054 ELECTROENCEPHALOGRAPHY	6,175	673	20,275	39,701	808,420	169,633	66,693
055 MEDICAL SUPPLIES CHARGED	22,707		74,556	145,989	6,700,582	1,406,003	
055 30 IMPL. DEV. CHARGED TO PAT	16,971	57,418	55,721	109,108	3,705,646	777,567	
056 DRUGS CHARGED TO PATIENTS	47,765		156,829	307,088	8,929,808	1,873,768	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY	36,884	4,009	121,102	237,131	7,591,562	1,592,960	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 ANDERSON CENTER OP CLINIC	1,144		3,755	7,353	590,339	123,873	96,338
061 EMERGENCY	51,954	17,342	170,582	334,018	12,483,367	2,619,422	586,010
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	6,115	2,117	20,078	39,315	4,125,265	865,617	242,579
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE	2,757	10,055	9,053	17,727	1,550,910	325,432	
095 SUBTOTALS	567,002	743,279	1,861,854	3,645,741	161,049,545	27,434,064	7,828,591
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					16,134	3,385	37,269
097 RESEARCH		67			345,118	72,417	
098 PHYSICIANS' PRIVATE OFFICE	4,329	2,803	14,212	27,829	3,032,840	636,390	410,097
099 NONPAID WORKERS							
100 FOUNDATION		243			206,022	43,230	
100 02 CHILDREN'S CLINIC	1,051	904	3,450	6,756	646,337	135,623	
100 04 HEALTH RESOURCE CENTER		51			65,230	13,687	
100 05 ADOLESCENT RESIDENTIAL	2,791	1,282	9,165	17,947	1,959,759	411,222	277,756
100 07 COMMUNITY BENEFIT/MISSION	15	175	48	95	424,313	89,035	
100 10 DME	52	2,236	169	332	4,170,955	875,204	
100 12 MED ONE/TWO	3,373	2,103	11,074	21,685	2,266,318	475,548	
100 13 UNUSED SPACE							
100 14 ADVERTISING AND MARKETING		33			38,175	8,010	22,350
100 15 PHYSICIANS RECRUITING					363,138	76,198	
100 16 MOB		10			9,067	1,903	
100 17 ASB		359			103,945	21,811	
100 18 MAB					45,668	9,583	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	578,613	753,545	1,899,972	3,720,385	174,742,564	30,307,310	8,576,063

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		985,615					
010 HOUSEKEEPING			3,255,337				
011 DIETARY				768,139			
012 CAFETERIA			30,816		2,692,155		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			15,336		23,427		1,089,001
015 CENTRAL SERVICES & SUPPLY		10,308	37,167		84,418		
016 PHARMACY			46,693		106,881		
017 MEDICAL RECORDS & LIBRARY			37,528		79,459		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM					3,237		
024 01 SCH OF RADIOLOGY					3,030		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		369,914	1,429,494	597,865	582,797		469,160
026 INTENSIVE CARE UNIT		112,411	221,451	107,546	139,393		112,214
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		49,766	112,476	62,728	50,900		40,975
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		113,586	347,603		226,895		182,655
038 SURGERY CENTER		51,935	151,916				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		74,998	112,331		227,328		
042 RADIOLOGY-THERAPEUTIC		15,923	12,557		45,650		
043 RADIOISOTOPE							
044 LABORATORY		24	89,815		169,713		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING					6,059		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			17,140		57,278		
050 PHYSICAL THERAPY		34,261	58,565		79,411		
051 OCCUPATIONAL THERAPY					42,070		
052 SPEECH PATHOLOGY					5,035		
053 ELECTROCARDIOLOGY		2,493	122,327		36,262		
054 ELECTROENCEPHALOGRAPHY			12,630		26,172		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY		4,880			46,071		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 ANDERSON CENTER OP CLINIC					79,850		
061 EMERGENCY		133,071	277,310		169,681		136,597
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY			25,259		131,679		106,004
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
SPEC PURPOSE COST CENTERS							
085 01	PANCREAS ACQUISITION						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTER						
093	HOSPICE						
095	SUBTOTALS	973,570	3,158,414	768,139	2,474,119	51,423	41,396
NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH				8,000		
098	PHYSICIANS' PRIVATE OFFICE	9,483	38,069				
099	NONPAID WORKERS						
100	FOUNDATION		3,608		6,059		
100 02	CHILDREN'S CLINIC	274	32,476		18,094		
100 04	HEALTH RESOURCE CENTER				3,117		
100 05	ADOLESCENT RESIDENTIAL				56,084		
100 07	COMMUNITY BENEFIT/MISSION		3,969		24,104		
100 10	DME		8,841		102,578		
100 12	MED ONE/TWO	1,069					
100 13	UNUSED SPACE						
100 14	ADVERTISING AND MARKETING		5,413				
100 15	PHYSICIANS RECRUITING						
100 16	MOB		4,547				
100 17	ASB						
100 18	MAB	1,219					
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	985,615	3,255,337	768,139	2,692,155		1,089,001

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		15	16	17	18	20	21	22
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMINISTRATION							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA							
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION							
015	CENTRAL SERVICES & SUPPLY	1,618,743						
016	PHARMACY		4,772,662					
017	MEDICAL RECORDS & LIBRARY	3		2,568,551				
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMEDIC PRGM	3	26					
024	01 SCH OF RADIOLOGY							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	54,256	5,404	172,730				
026	INTENSIVE CARE UNIT	21,774	269	38,199				
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	3,421	29	13,637				
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	724,177	9,047	273,444				
037	01 SURGERY CENTER	245,209	3,223	134,393				
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	41,561	581	395,738				
042	RADIOLOGY-THERAPEUTIC	1,447	5	82,741				
043	RADIOISOTOPE							
044	LABORATORY	10,091	2,113	313,462				
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	25,751	166	55,430				
050	PHYSICAL THERAPY	4,316	46	43,264				
051	OCCUPATIONAL THERAPY	68		28,627				
052	SPEECH PATHOLOGY	18,600		4,787				
053	ELECTROCARDIOLOGY	10,596	264	58,591				
054	ELECTROENCEPHALOGRAPHY	1,719	67	27,407				
055	MEDICAL SUPPLIES CHARGED	156,958	30,781	100,781				
055	30 IMPL. DEV. CHARGED TO PAT	191,237		75,321				
056	DRUGS CHARGED TO PATIENTS	17,920	2,718,851	211,994				
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	CHEMOTHERAPY	10,082	1,933,523	163,700				
060	OUTPAT SERVICE COST CNTRS							
060	01 CLINIC							
060	01 ANDERSON CENTER OP CLINIC							
061	EMERGENCY	49,607	2,870	230,584				
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	4,464	663	27,141				
082	LUNG ACQUISITION							
082	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE	20,215	26,423	12,238				
095 SUBTOTALS	1,613,475	4,734,351	2,517,023				
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	6	5					
098 PHYSICIANS' PRIVATE OFFICE	136	13,290	19,211				
099 NONPAID WORKERS							
100 FOUNDATION							
100 02 CHILDREN'S CLINIC	1,164	1,909	4,664				
100 04 HEALTH RESOURCE CENTER	5						
100 05 ADOLESCENT RESIDENTIAL			12,389				
100 07 COMMUNITY BENEFIT/MISSION	292		65				
100 10 DME	62		229				
100 12 MED ONE/TWO	2,424	23,107	14,970				
100 13 UNUSED SPACE							
100 14 ADVERTISING AND MARKETING							
100 15 PHYSICIANS RECRUITING							
100 16 MOB							
100 17 ASB	1,179						
100 18 MAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,618,743	4,772,662	2,568,551				

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED PRGM C	SCH OF RADIOL OGY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	24.01	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-BLDG &						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMINISTRATION						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED PRGM		119,740				
024 01 SCH OF RADIOLOGY			150,131			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS				28,099,971		28,099,971
026 INTENSIVE CARE UNIT				6,249,880		6,249,880
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER				2,443,025		2,443,025
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM				12,703,100		12,703,100
038 SURGERY CENTER				6,106,476		6,106,476
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY				246,029		246,029
041 RADIOLOGY-DIAGNOSTIC				11,537,010		11,537,010
042 RADIOLOGY-THERAPEUTIC				3,285,260		3,285,260
043 RADIOISOTOPE						
044 LABORATORY				10,089,864		10,089,864
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING				1,088,017		1,088,017
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY				2,467,642		2,467,642
050 PHYSICAL THERAPY				3,535,289		3,535,289
051 OCCUPATIONAL THERAPY				1,849,818		1,849,818
052 SPEECH PATHOLOGY				388,088		388,088
053 ELECTROCARDIOLOGY				2,153,937		2,153,937
054 ELECTROENCEPHALOGRAPHY				1,112,741		1,112,741
055 MEDICAL SUPPLIES CHARGED				8,395,105		8,395,105
055 30 IMPL. DEV. CHARGED TO PAT				4,749,771		4,749,771
056 DRUGS CHARGED TO PATIENTS				13,752,341		13,752,341
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PART)						
059 CHEMOTHERAPY				11,342,778		11,342,778
060 OUTPAT SERVICE COST CNTRS						
060 01 CLINIC						
060 ANDERSON CENTER OP CLINIC				895,476		895,476
061 EMERGENCY		119,740	150,131	16,958,390		16,958,390
062 OBSERVATION BEDS (NON-DIS						
064 OTHER REIMBURS COST CNTRS						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY				5,528,671		5,528,671
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SCH OF RADIOL OGY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	24.01	25	26	27
SPEC PURPOSE COST CENTERS						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						
092 AMBULATORY SURGICAL CENTE						
093 HOSPICE						
095 SUBTOTALS		119,740	150,131	157,006,716		157,006,716
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				56,788		56,788
097 RESEARCH				425,546		425,546
098 PHYSICIANS' PRIVATE OFFIC				4,159,516		4,159,516
099 NONPAID WORKERS						
100 FOUNDATION				258,919		258,919
100 02 CHILDREN'S CLINIC				840,541		840,541
100 04 HEALTH RESOURCE CENTER				82,039		82,039
100 05 ADOLESCENT RESIDENTIAL				2,717,210		2,717,210
100 07 COMMUNITY BENEFIT/MISSION				541,778		541,778
100 10 DME				5,157,869		5,157,869
100 12 MED ONE/TWO				2,783,436		2,783,436
100 13 UNUSED SPACE						
100 14 ADVERTISING AND MARKETIN				73,948		73,948
100 15 PHYSICIANS RECRUITING				439,336		439,336
100 16 MOB				15,517		15,517
100 17 ASB				126,935		126,935
100 18 MAB				56,470		56,470
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL		119,740	150,131	174,742,564		174,742,564

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &		FITS
	0	1	1.01	3	3.01	4a	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		3,841				3,841	3,841
006 01 NONPATIENT TELEPHONES							15
006 02 DATA PROCESSING		5,486				5,486	7
006 03 PURCHASING, RECEIVING AND		11,110				11,110	16
006 04 ADMINISTRATION		7,125				7,125	57
006 05 CASHIERING/ACCOUNTS RECEI	129	6,345				6,474	68
006 06 OTHER ADMINISTRATIVE AND	1,833	34,935				36,768	535
007 MAINTENANCE & REPAIRS		56,220				56,220	100
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		7,286				7,286	15
010 HOUSEKEEPING		5,317				5,317	81
011 DIETARY		13,265				13,265	36
012 CAFETERIA		10,354				10,354	48
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,303				2,303	33
015 CENTRAL SERVICES & SUPPLY		7,785				7,785	47
016 PHARMACY		3,865				3,865	140
017 MEDICAL RECORDS & LIBRARY		9,367				9,367	65
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM		129				129	4
024 01 SCH OF RADIOLOGY		109				109	10
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		99,928				99,928	592
026 INTENSIVE CARE UNIT		9,224				9,224	153
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		10,467				10,467	51
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	20	15,224				15,244	233
037 01 SURGERY CENTER							43
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		19,414				19,414	210
042 RADIOLOGY-THERAPEUTIC							50
043 RADIOISOTOPE							
044 LABORATORY		12,879				12,879	144
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							5
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,986				1,986	61
050 PHYSICAL THERAPY		8,627				8,627	82
051 OCCUPATIONAL THERAPY		6,280				6,280	49
052 SPEECH PATHOLOGY							6
053 ELECTROCARDIOLOGY		2,841				2,841	41
054 ELECTROENCEPHALOGRAPHY		2,406				2,406	25
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY							43
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 ANDERSON CENTER OP CLINIC		3,475				3,475	53
061 EMERGENCY		21,141				21,141	172
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		8,751				8,751	155
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	1.01	3	3.01	4a	5
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							46
095 SUBTOTALS	1,982	407,485				409,467	3,491
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,345				1,345	
097 RESEARCH							11
098 PHYSICIANS' PRIVATE OFFICE		14,795				14,795	86
099 NONPAID WORKERS							
100 FOUNDATION							6
100 02 CHILDREN'S CLINIC							22
100 04 HEALTH RESOURCE CENTER							3
100 05 ADOLESCENT RESIDENTIAL		10,020				10,020	75
100 07 COMMUNITY BENEFIT/MISSION							15
100 10 DME							72
100 12 MED ONE/TWO							60
100 13 UNUSED SPACE							
100 14 ADVERTISING AND MARKETING		806				806	
100 15 PHYSICIANS RECRUITING							
100 16 MOB							
100 17 ASB							
100 18 MAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,982	434,451				436,433	3,841

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0088
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	15						
006 02 DATA PROCESSING		5,493					
006 03 PURCHASING, RECEIVING AND			11,126				
006 04 ADMINISTRATIVE				7,209			
006 05 CASHIERING/ACCOUNTS RECEIVABLE					6,553		
006 06 OTHER ADMINISTRATIVE AND	2		138			37,443	
007 MAINTENANCE & REPAIRS	1		4			1,836	58,161
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			87			168	1,370
010 HOUSEKEEPING			95			665	1,000
011 DIETARY			243			86	2,494
012 CAFETERIA			329			508	1,946
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			7			211	433
015 CENTRAL SERVICES & SUPPLY			910			272	1,463
016 PHARMACY			188			966	727
017 MEDICAL RECORDS & LIBRARY			7			469	1,761
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM			1			24	24
024 01 SCH OF RADIOLOGY						31	21
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9	355	343	484	451	4,671	18,783
026 INTENSIVE CARE UNIT		78	185	107	100	1,122	1,734
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		28	24	38	36	389	1,968
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1	561	3,218	766	715	2,227	2,862
038 SURGERY CENTER		276	1,172	376	351	1,182	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		67		91	85	46	
041 RADIOLOGY-DIAGNOSTIC		1,033	414	1,125	875	2,172	3,650
042 RADIOLOGY-THERAPEUTIC		170	18	232	216	669	
043 RADIOISOTOPE							
044 LABORATORY	1	644	1,892	878	819	1,958	2,421
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		31		42	39	228	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		114	118	155	145	483	373
050 PHYSICAL THERAPY		89	26	121	113	659	1,622
051 OCCUPATIONAL THERAPY		59	1	80	75	344	1,181
052 SPEECH PATHOLOGY		10	83	13	13	77	
053 ELECTROCARDIOLOGY		120	81	164	153	395	534
054 ELECTROENCEPHALOGRAPHY		56	10	77	72	209	452
055 MEDICAL SUPPLIES CHARGED		207		282	263	1,735	
055 30 IMPL. DEV. CHARGED TO PAT		155	848	211	197	960	
056 DRUGS CHARGED TO PATIENTS		435		594	554	2,313	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY		336	59	458	428	1,966	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 ANDERSON CENTER OP CLINIC		10		14	13	153	653
061 EMERGENCY		473	256	646	603	3,233	3,974
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		56	31	76	71	1,068	1,645
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 11/29/2010
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 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVED	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
085 01 SPEC PURPOSE COST CENTERS							
086 01 PANCREAS ACQUISITION							
092 01 OTHER ORGAN ACQUISITION							
093 01 AMBULATORY SURGICAL CENTER							
095 01 HOSPICE		25	149	34	32	402	
095 01 SUBTOTALS	14	5,388	10,975	7,064	6,419	33,897	53,091
096 01 NONREIMBURS COST CENTERS							
097 01 GIFT, FLOWER, COFFEE SHOP						4	253
097 01 RESEARCH			1			89	
098 01 PHYSICIANS' PRIVATE OFFICE	1	39	41	54	50	786	2,781
099 01 NONPAID WORKERS							
100 01 FOUNDATION			4			53	
100 02 CHILDREN'S CLINIC		10	13	13	12	167	
100 04 HEALTH RESOURCE CENTER			1			17	
100 05 ADOLESCENT RESIDENTIAL		25	19	35	32	508	1,884
100 07 COMMUNITY BENEFIT/MISSION			3			110	
100 10 DME			33	1	1	1,080	
100 12 MED ONE/TWO		31	31	42	39	587	
100 13 UNUSED SPACE							
100 14 ADVERTISING AND MARKETING						10	152
100 15 PHYSICIANS RECRUITING						94	
100 16 MOB						2	
100 17 ASB			5			27	
100 18 MAB						12	
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	15	5,493	11,126	7,209	6,553	37,443	58,161

ALLOCATION OF OLD CAPITAL RELATED COSTS

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FROM 7/ 1/2009

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PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		8,926					
010 HOUSEKEEPING			7,158				
011 DIETARY				16,124			
012 CAFETERIA			68		13,253		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			34		115		3,136
015 CENTRAL SERVICES & SUPPLY		93	82		416		
016 PHARMACY			103		526		
017 MEDICAL RECORDS & LIBRARY			83		391		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM					16		
024 01 SCH OF RADIOLOGY					15		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3,351	3,141	12,550	2,868		1,352
026 INTENSIVE CARE UNIT		1,018	487	2,257	686		323
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		451	247	1,317	251		118
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		1,029	764		1,117		526
037 01 SURGERY CENTER		470	334				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		679	247		1,119		
042 RADIOLOGY-THERAPEUTIC		144	28		225		
043 RADIOISOTOPE							
044 LABORATORY			197		836		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING					30		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			38		282		
050 PHYSICAL THERAPY		310	129		391		
051 OCCUPATIONAL THERAPY					207		
052 SPEECH PATHOLOGY					25		
053 ELECTROCARDIOLOGY		23	269		179		
054 ELECTROENCEPHALOGRAPHY			28		129		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY		44			227		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 ANDERSON CENTER OP CLINIC					393		
061 EMERGENCY		1,205	610		835		393
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY			56		648		305
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

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TO 6/30/2010

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PART II

COST CENTER DESCRIPTION	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O	NURSING ADMIN
	PLANT	EN SERVICE				F PERSONNEL	ISTRATION
	8	9	10	11	12	13	14
SPEC PURPOSE COST CENTERS							
085 01	PANCREAS ACQUISITION						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTER						
093	HOSPICE					253	119
095	SUBTOTALS	8,817	6,945	16,124	12,180		3,136
NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH				39		
098	PHYSICIANS' PRIVATE OFFICE	86	84				
099	NONPAID WORKERS						
100	FOUNDATION		8		30		
100 02	CHILDREN'S CLINIC	2	71		89		
100 04	HEALTH RESOURCE CENTER				15		
100 05	ADOLESCENT RESIDENTIAL				276		
100 07	COMMUNITY BENEFIT/MISSION		9		119		
100 10	DME		19		505		
100 12	MED ONE/TWO	10					
100 13	UNUSED SPACE						
100 14	ADVERTISING AND MARKETING		12				
100 15	PHYSICIANS RECRUITING						
100 16	MOB		10				
100 17	ASB						
100 18	MAB	11					
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	8,926	7,158	16,124	13,253		3,136

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	11,068						
016 PHARMACY		6,515					
017 MEDICAL RECORDS & LIBRARY			12,143				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 SCH OF RADIOLOGY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	371	7		806			
026 INTENSIVE CARE UNIT	149			178			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	23			64			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	4,950	12		1,276			
037 01 SURGERY CENTER	1,677	4		627			
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							152
041 RADIOLOGY-DIAGNOSTIC	284		1	2,003			
042 RADIOLOGY-THERAPEUTIC	10			386			
043 RADIOISOTOPE							
044 LABORATORY	69	3		1,463			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							70
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	176			259			
050 PHYSICAL THERAPY	30			202			
051 OCCUPATIONAL THERAPY				134			
052 SPEECH PATHOLOGY	127			22			
053 ELECTROCARDIOLOGY	72			273			
054 ELECTROENCEPHALOGRAPHY	12			128			
055 MEDICAL SUPPLIES CHARGED	1,074	42		470			
055 30 IMPL. DEV. CHARGED TO PAT	1,308			352			
056 DRUGS CHARGED TO PATIENTS	123	3,712		989			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY	69	2,640		764			
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 ANDERSON CENTER OP CLINIC							24
061 EMERGENCY	339	4		1,076			
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	31	1		127			
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21		22
085 01 SPEC PURPOSE COST CENTERS								
086 01 PANCREAS ACQUISITION								
092 01 OTHER ORGAN ACQUISITION								
093 01 AMBULATORY SURGICAL CENTER								
093 01 HOSPICE	138	36	57					
095 01 SUBTOTALS	11,032	6,462	11,902					
096 01 NONREIMBURS COST CENTERS								
097 01 GIFT, FLOWER, COFFEE SHOP								
097 01 RESEARCH								
098 01 PHYSICIANS' PRIVATE OFFICE	1	18	90					
099 01 NONPAID WORKERS								
100 01 FOUNDATION								
100 02 CHILDREN'S CLINIC	8	3	22					
100 04 HEALTH RESOURCE CENTER								
100 05 ADOLESCENT RESIDENTIAL			58					
100 07 COMMUNITY BENEFIT/MISSION	2							
100 10 DME			1					
100 12 MED ONE/TWO	17	32	70					
100 13 UNUSED SPACE								
100 14 ADVERTISING AND MARKETING								
100 15 PHYSICIANS RECRUITING								
100 16 MOB								
100 17 ASB	8							
100 18 MAB								
101 01 CROSS FOOT ADJUSTMENTS								
102 01 NEGATIVE COST CENTER								
103 01 TOTAL	11,068	6,515	12,143					

ALLOCATION OF OLD CAPITAL RELATED COSTS

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SCH OF RADIOL OGY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	24.01	25	26	27
001						
001	01					
003						
003	01					
005						
006	01					
006	02					
006	03					
006	04					
006	05					
006	06					
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024	01					
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060	01					
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070						
071						
082						
083						
084						
085						

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	I&R SERVICES- OTHER PRGM C	PARAMED GM	ED PR SCH OF OGY	RADIOL OL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24		24.01	25	26	27
	SPEC PURPOSE COST CENTERS						
085	01	PANCREAS ACQUISITION					
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS						
					1,291		1,291
					397,856		397,856
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
100	FOUNDATION						
					101		101
100	02	CHILDREN'S CLINIC			432		432
100	04	HEALTH RESOURCE CENTER			36		36
100	05	ADOLESCENT RESIDENTIAL			12,932		12,932
100	07	COMMUNITY BENEFIT/MISSION			258		258
100	10	DME			1,712		1,712
100	12	MED ONE/TWO			919		919
100	13	UNUSED SPACE					
100	14	ADVERTISING AND MARKETIN			980		980
100	15	PHYSICIANS RECRUITING			94		94
100	16	MOB			12		12
100	17	ASB			40		40
100	18	MAB			23		23
101	CROSS FOOT ADJUSTMENTS		198	186	384		384
102	NEGATIVE COST CENTER						
103	TOTAL						
			198	186	436,433		436,433

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS	2,283			37,707		39,990	39,990
006 01 NONPATIENT TELEPHONES	19,140					19,140	160
006 02 DATA PROCESSING	366,625			53,860		420,485	73
006 03 PURCHASING, RECEIVING AND	197			109,066		109,263	161
006 04 ADMINISTRATION	60			69,946		70,006	594
006 05 CASHIERING/ACCOUNTS RECEI	2,150			62,293		64,443	707
006 06 OTHER ADMINISTRATIVE AND	31,549			342,972		374,521	5,528
007 MAINTENANCE & REPAIRS	42,603			551,931		594,534	1,039
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	5,511			71,525		77,036	157
010 HOUSEKEEPING	19,480			52,203		71,683	841
011 DIETARY	18,141			130,230		148,371	369
012 CAFETERIA	24,643			101,648		126,291	501
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	306			22,607		22,913	336
015 CENTRAL SERVICES & SUPPLY	183,832			76,428		260,260	488
016 PHARMACY	297,222			37,941		335,163	1,444
017 MEDICAL RECORDS & LIBRARY	10,296			91,958		102,254	675
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM	952			1,267		2,219	38
024 01 SCH OF RADIOLOGY	966			1,072		2,038	107
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	218,122			981,021		1,199,143	6,370
026 INTENSIVE CARE UNIT	148,072			90,554		238,626	1,581
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	23,183			102,759		125,942	522
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	923,731			149,454		1,073,185	2,410
038 SURGERY CENTER	238,185					238,185	441
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,429					3,429	
041 RADIOLOGY-DIAGNOSTIC	1,195,490			190,593		1,386,083	2,175
042 RADIOLOGY-THERAPEUTIC	634,157					634,157	519
043 RADIOISOTOPE							
044 LABORATORY	182,482			126,438		308,920	1,492
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							53
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	66,610			19,497		86,107	628
050 PHYSICAL THERAPY	313,028			84,695		397,723	848
051 OCCUPATIONAL THERAPY	2,777			61,650		64,427	510
052 SPEECH PATHOLOGY	3,172					3,172	65
053 ELECTROCARDIOLOGY	234,350			27,890		262,240	426
054 ELECTROENCEPHALOGRAPHY	68,772			23,621		92,393	263
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY	60,893					60,893	449
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 ANDERSON CENTER OP CLINIC				34,120		34,120	544
061 EMERGENCY	142,625			207,546		350,171	1,777
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	15,888			85,914		101,802	1,603
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	1.01	3	3.01	4a	5
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE	2,809					2,809	480
095 SUBTOTALS	5,503,731			4,000,406		9,504,137	36,374
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				13,199		13,199	
097 RESEARCH	27,172					27,172	111
098 PHYSICIANS' PRIVATE OFFICE	204,947			145,243		350,190	891
099 NONPAID WORKERS							
100 FOUNDATION	6,709					6,709	61
100 02 CHILDREN'S CLINIC	18,287					18,287	226
100 04 HEALTH RESOURCE CENTER							26
100 05 ADOLESCENT RESIDENTIAL				98,372		98,372	774
100 07 COMMUNITY BENEFIT/MISSION	28,789					28,789	158
100 10 DME	94,744					94,744	745
100 12 MED ONE/TWO	471,616					471,616	622
100 13 UNUSED SPACE							
100 14 ADVERTISING AND MARKETING	781			7,916		8,697	2
100 15 PHYSICIANS RECRUITING							
100 16 MOB	9,189					9,189	
100 17 ASB	36,111					36,111	
100 18 MAB	35,217					35,217	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,437,293			4,265,136		10,702,429	39,990

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	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	19,300						
006 02 DATA PROCESSING	174	420,732					
006 03 PURCHASING, RECEIVING AND	223		109,647				
006 04 ADMINISTRATION	397		262	71,259			
006 05 CASHIERING/ACCOUNTS RECEI	595		107		65,852		
006 06 OTHER ADMINISTRATIVE AND	2,307	2	1,357				
007 MAINTENANCE & REPAIRS	744		36			383,715	
008 OPERATION OF PLANT						18,835	615,188
009 LAUNDRY & LINEN SERVICE	74		861			1,721	14,487
010 HOUSEKEEPING	273		941			6,826	10,573
011 DIETARY	74	8	2,390	1	1	879	26,377
012 CAFETERIA	198		3,246			5,214	20,588
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	273		64			2,166	4,579
015 CENTRAL SERVICES & SUPPLY	149		8,970			2,791	15,480
016 PHARMACY	496		1,851			9,909	7,685
017 MEDICAL RECORDS & LIBRARY	496		69			4,814	18,625
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM	25		9			248	257
024 01 SCH OF RADIOLOGY						316	217
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,359	28,310	3,376	4,804	4,417	47,498	198,694
026 INTENSIVE CARE UNIT	174	6,261	1,819	1,062	977	11,510	18,341
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	322	2,235	238	379	349	3,995	20,813
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,538	44,817	31,733	7,606	6,993	22,848	30,271
037 01 SURGERY CENTER	496	22,027	11,549	3,738	3,437	12,122	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		5,355		909	836	469	
041 RADIOLOGY-DIAGNOSTIC	595	64,600	4,074	10,826	10,285	22,283	38,603
042 RADIOLOGY-THERAPEUTIC	372	13,561	179	2,301	2,116	6,867	
043 RADIOISOTOPE							
044 LABORATORY	1,141	51,376	18,643	8,719	8,016	20,090	25,609
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	50	2,469		419	385	2,343	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	149	9,085	1,161	1,542	1,418	4,956	3,949
050 PHYSICAL THERAPY	496	7,091	255	1,203	1,106	6,756	17,154
051 OCCUPATIONAL THERAPY	447	4,692	13	796	732	3,525	12,487
052 SPEECH PATHOLOGY	74	785	820	133	122	790	
053 ELECTROCARDIOLOGY	347	9,603	801	1,630	1,498	4,051	5,649
054 ELECTROENCEPHALOGRAPHY	595	4,492	98	762	701	2,148	4,784
055 MEDICAL SUPPLIES CHARGED		16,518		2,803	2,577	17,803	
055 30 IMPL. DEV. CHARGED TO PAT		12,345	8,355	2,095	1,926	9,846	
056 DRUGS CHARGED TO PATIENTS		34,745		5,896	5,422	23,726	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY	248	26,830	583	4,553	4,186	20,171	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 ANDERSON CENTER OP CLINIC	149	832		141	130	1,569	6,911
061 EMERGENCY	372	37,792	2,524	6,413	5,897	33,168	42,036
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	223	4,448	308	755	694	10,961	17,401
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

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	6.01	6.02	6.03	6.04	6.05	6.06	7	
085 01 SPEC PURPOSE COST CENTERS								
086 01 PANCREAS ACQUISITION								
092 01 OTHER ORGAN ACQUISITION								
093 01 AMBULATORY SURGICAL CENTER								
095 01 HOSPICE	198	2,006	1,463	340	313	4,121		
095 01 SUBTOTALS	16,843	412,285	108,155	69,826	64,534	347,335	561,570	
096 01 NONREIMBURS COST CENTERS								
097 01 GIFT, FLOWER, COFFEE SHOP	50					43	2,673	
097 01 RESEARCH			10			917		
098 01 PHYSICIANS' PRIVATE OFFICE	1,340	3,149	408	534	491	8,058	29,418	
099 01 NONPAID WORKERS								
100 01 FOUNDATION			35			547		
100 02 CHILDREN'S CLINIC	174	764	132	130	119	1,717		
100 04 HEALTH RESOURCE CENTER			7			173		
100 05 ADOLESCENT RESIDENTIAL	50	2,031	186	345	317	5,207	19,924	
100 07 COMMUNITY BENEFIT/MISSION	25	11	25	2	2	1,127		
100 10 DME	397	38	325	6	6	11,082		
100 12 MED ONE/TWO	198	2,454	306	416	383	6,022		
100 13 UNUSED SPACE								
100 14 ADVERTISING AND MARKETING	223		5			101	1,603	
100 15 PHYSICIANS RECRUITING						965		
100 16 MOB			1			24		
100 17 ASB			52			276		
100 18 MAB						121		
101 01 CROSS FOOT ADJUSTMENTS								
102 01 NEGATIVE COST CENTER								
103 01 TOTAL	19,300	420,732	109,647	71,259	65,852	383,715	615,188	

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		94,336					
010 HOUSEKEEPING			91,137				
011 DIETARY				178,470			
012 CAFETERIA			863		156,901		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			429		1,365		32,125
015 CENTRAL SERVICES & SUPPLY		987	1,041		4,920		
016 PHARMACY			1,307		6,229		
017 MEDICAL RECORDS & LIBRARY			1,051		4,631		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM					189		
024 01 SCH OF RADIOLOGY					177		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		35,405	40,017	138,909	33,966		13,840
026 INTENSIVE CARE UNIT		10,759	6,200	24,987	8,124		3,310
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		4,763	3,149	14,574	2,966		1,209
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		10,872	9,732		13,224		5,388
038 SURGERY CENTER		4,971	4,253				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		7,178	3,145		13,249		
042 RADIOLOGY-THERAPEUTIC		1,524	352		2,661		
043 RADIOISOTOPE							
044 LABORATORY		2	2,514		9,891		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING					353		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			480		3,338		
050 PHYSICAL THERAPY		3,279	1,640		4,628		
051 OCCUPATIONAL THERAPY					2,452		
052 SPEECH PATHOLOGY					293		
053 ELECTROCARDIOLOGY		239	3,425		2,113		
054 ELECTROENCEPHALOGRAPHY			354		1,525		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY		467			2,685		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 ANDERSON CENTER OP CLINIC					4,654		
061 EMERGENCY		12,737	7,764		9,889		4,030
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY			707		7,674		3,127
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

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	8	9	10	11	12	13	14
SPEC PURPOSE COST CENTERS							
085 01	PANCREAS ACQUISITION						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTER						
093	HOSPICE						
095	SUBTOTALS	93,183	88,423	178,470	144,193		1,221
NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH				466		
098	PHYSICIANS' PRIVATE OFFICE	908	1,066				
099	NONPAID WORKERS						
100	FOUNDATION		101		353		
100 02	CHILDREN'S CLINIC	26	909		1,055		
100 04	HEALTH RESOURCE CENTER				182		
100 05	ADOLESCENT RESIDENTIAL				3,269		
100 07	COMMUNITY BENEFIT/MISSION			111	1,405		
100 10	DME			248	5,978		
100 12	MED ONE/TWO	102					
100 13	UNUSED SPACE						
100 14	ADVERTISING AND MARKETING		152				
100 15	PHYSICIANS RECRUITING						
100 16	MOB		127				
100 17	ASB						
100 18	MAB	117					
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	94,336	91,137	178,470	156,901		32,125

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	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	295,086						
016 PHARMACY		364,084					
017 MEDICAL RECORDS & LIBRARY	1		132,616				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM	1	2					
024 01 SCH OF RADIOLOGY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,891	412	8,932				
026 INTENSIVE CARE UNIT	3,969	21	1,975				
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	624	2	705				
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	132,008	690	14,139				
037 01 SURGERY CENTER	44,701	246	6,949				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							1,690
041 RADIOLOGY-DIAGNOSTIC	7,576	44	20,264				
042 RADIOLOGY-THERAPEUTIC	264		4,278				
043 RADIOISOTOPE							
044 LABORATORY	1,840	161	16,209				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							779
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	4,694	13	2,866				
050 PHYSICAL THERAPY	787	3	2,237				
051 OCCUPATIONAL THERAPY	12		1,480				
052 SPEECH PATHOLOGY	3,391		248				
053 ELECTROCARDIOLOGY	1,932	20	3,030				
054 ELECTROENCEPHALOGRAPHY	313	5	1,417				
055 MEDICAL SUPPLIES CHARGED	28,613	2,348	5,211				
055 30 IMPL. DEV. CHARGED TO PAT	34,862		3,895				
056 DRUGS CHARGED TO PATIENTS	3,267	207,410	10,962				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CHEMOTHERAPY	1,838	147,498	8,465				
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 ANDERSON CENTER OP CLINIC							262
061 EMERGENCY	9,043	219	11,923				
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	814	51	1,403				
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21		22
085 01 SPEC PURPOSE COST CENTERS								
086 01 PANCREAS ACQUISITION								
092 01 OTHER ORGAN ACQUISITION								
093 01 AMBULATORY SURGICAL CENTER								
093 01 HOSPICE	3,685	2,016	633					
095 01 SUBTOTALS	294,126	361,161	129,952					
096 01 NONREIMBURS COST CENTERS								
097 01 GIFT, FLOWER, COFFEE SHOP								
097 01 RESEARCH	1							
098 01 PHYSICIANS' PRIVATE OFFICE	25	1,014	993					
099 01 NONPAID WORKERS								
100 01 FOUNDATION								
100 02 CHILDREN'S CLINIC	212	146	241					
100 04 HEALTH RESOURCE CENTER	1							
100 05 ADOLESCENT RESIDENTIAL			641					
100 07 COMMUNITY BENEFIT/MISSION	53		3					
100 10 DME	11		12					
100 12 MED ONE/TWO	442	1,763	774					
100 13 UNUSED SPACE								
100 14 ADVERTISING AND MARKETING								
100 15 PHYSICIANS RECRUITING								
100 16 MOB								
100 17 ASB	215							
100 18 MAB								
101 01 CROSS FOOT ADJUSTMENTS								
102 01 NEGATIVE COST CENTER								
103 01 TOTAL	295,086	364,084	132,616					

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	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SCH OF OGY	RADIOL OL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24		24.01	25	26	27
001							
001	01						
003							
003	01						
005							
006	01						
006	02						
006	03						
006	04						
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035							
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ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET B
PART III

	I&R SERVICES- OTHER PRGM C	PARAMED GM	ED PR SCH OF OGY	RADIOL OL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24		24.01	25	26	27
	SPEC PURPOSE COST CENTERS						
085	01	PANCREAS ACQUISITION					
086		OTHER ORGAN ACQUISITION					
092		AMBULATORY SURGICAL CENTE					
093		HOSPICE			22,282		22,282
095		SUBTOTALS			9,366,411		9,366,411
	NONREIMBURS COST CENTERS						
096		GIFT, FLOWER, COFFEE SHOP			15,965		15,965
097		RESEARCH			28,677		28,677
098		PHYSICIANS' PRIVATE OFFIC			398,485		398,485
099		NONPAID WORKERS					
100		FOUNDATION			7,806		7,806
100	02	CHILDREN'S CLINIC			24,138		24,138
100	04	HEALTH RESOURCE CENTER			389		389
100	05	ADOLESCENT RESIDENTIAL			131,116		131,116
100	07	COMMUNITY BENEFIT/MISSION			31,711		31,711
100	10	DME			113,592		113,592
100	12	MED ONE/TWO			485,098		485,098
100	13	UNUSED SPACE					
100	14	ADVERTISING AND MARKETIN			10,783		10,783
100	15	PHYSICIANS RECRUITING			965		965
100	16	MOB			9,341		9,341
100	17	ASB			36,654		36,654
100	18	MAB			35,455		35,455
101		2,988		2,855	5,843		5,843
102		NEGATIVE COST CENTER					
103		2,988		2,855	10,702,429		10,702,429

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)
	1	1.01	3	3.01	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	437,517					
001 01 OLD CAP REL COSTS-BLD						
003 NEW CAP REL COSTS-BLD			437,517			
003 01 NEW CAP REL COSTS-BLD						
005 EMPLOYEE BENEFITS	3,868		3,868		69,020,892	
006 01 NONPATIENT TELEPHONES					275,988	778
006 02 DATA PROCESSING	5,525		5,525		126,417	7
006 03 PURCHASING, RECEIVING	11,188		11,188		278,098	9
006 04 ADMINITTING	7,175		7,175		1,025,880	16
006 05 CASHIERING/ACCOUNTS R	6,390		6,390		1,220,639	24
006 06 OTHER ADMINISTRATIVE	35,182		35,182		9,547,398	93
007 MAINTENANCE & REPAIRS	56,617		56,617		1,794,335	30
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI	7,337		7,337		271,223	3
010 HOUSEKEEPING	5,355		5,355		1,452,908	11
011 DIETARY	13,359		13,359		637,474	3
012 CAFETERIA	10,427		10,427		865,923	8
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	2,319		2,319		580,630	11
015 CENTRAL SERVICES & SU	7,840		7,840		842,732	6
016 PHARMACY	3,892		3,892		2,493,642	20
017 MEDICAL RECORDS & LIB	9,433		9,433		1,165,294	20
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM	130		130		65,287	1
024 01 SCH OF RADIOLOGY	110		110		184,991	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	100,633		100,633		10,950,007	95
026 INTENSIVE CARE UNIT	9,289		9,289		2,731,146	7
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	10,541		10,541		902,045	13
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	15,331		15,331		4,161,957	62
037 01 SURGERY CENTER					762,335	20
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	19,551		19,551		3,756,545	24
042 RADIOLOGY-THERAPEUTIC					897,191	15
043 RADIOISOTOPE						
044 LABORATORY	12,970		12,970		2,576,207	46
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES					91,981	2
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	2,000		2,000		1,084,810	6
050 PHYSICAL THERAPY	8,688		8,688		1,465,050	20
051 OCCUPATIONAL THERAPY	6,324		6,324		881,422	18
052 SPEECH PATHOLOGY					112,529	3
053 ELECTROCARDIOLOGY	2,861		2,861		735,638	14
054 ELECTROENCEPHALOGRAPH	2,423		2,423		454,530	24
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DI STINCT PAR						
059 CHEMOTHERAPY					775,686	10
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 ANDERSON CENTER OP CL	3,500		3,500		939,369	6
061 EMERGENCY	21,290		21,290		3,069,388	15
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	8,813		8,813		2,768,950	9
082 LUNG ACQUISITION						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/29/2010

15-0088

FROM 7/1/2009

WORKSHEET B-1

|

| TO

6/30/2010

|

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET)	FITS (GROSS SALARIES)	LEPHONES (PHONE LINES)			
	1	1.01	3	3.01	5	6.01
OTHER REIMBURS COST C						
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					828,600	8
095 SUBTOTALS	410,361		410,361		62,774,245	679
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,354		1,354			2
097 RESEARCH					192,387	
098 PHYSICIANS' PRIVATE O	14,899		14,899		1,538,596	54
099 NONPAID WORKERS						
100 FOUNDATION					106,008	
100 02 CHILDREN'S CLINIC					390,866	7
100 04 HEALTH RESOURCE CENTE					45,669	
100 05 ADOLESCENT RESIDENTIA	10,091		10,091		1,337,436	2
100 07 COMMUNITY BENEFIT/MIS					272,250	1
100 10 DME					1,286,832	16
100 12 MED ONE/TWO					1,074,011	8
100 13 UNUSED SPACE						
100 14 ADVERTISING AND MARK	812		812		2,592	9
100 15 PHYSICIANS RECRUITING						
100 16 MOB						
100 17 ASB						
100 18 MAB						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	434,451		4,265,136		2,419,561	618,621
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.992992		9.748503		.035055	795.142674
(WRKSHT B, PT I)						15
105 COST TO BE ALLOCATED					3,841	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000056	.019280
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					39,990	19,300
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000579	24.807198
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS	
	(DEPT. REVENUE)	(SUPPLY EXPENSE)	(DEPT. REVENUE)	(DEPT. REVENUE)	(DEPT. REVENUE)	(ACCUM. COST)	(SQUARE FEET)
GENERAL SERVICE COST	6.02	6.03	6.04	6.05	6a.06	6.06	7
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	479,442,144						
006 03 PURCHASING, RECEIVING		16,271,473					
006 04 ADMINISTRATION		38,929	479,442,134				
006 05 CASHIERING/ACCOUNTS R		15,825		479,442,134			
006 06 OTHER ADMINISTRATIVE	2,150	201,396	2,150	2,150	-30,307,310	144,435,254	
007 MAINTENANCE & REPAIRS		5,326				7,088,634	311,572
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI		127,808				647,745	7,337
010 HOUSEKEEPING		139,614				2,568,900	5,355
011 DIETARY	8,790	354,594	8,790	8,790		330,980	13,359
012 CAFETERIA		481,668				1,962,530	10,427
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		9,511				815,325	2,319
015 CENTRAL SERVICES & SU		1,331,068				1,050,602	7,840
016 PHARMACY		274,604				3,729,407	3,892
017 MEDICAL RECORDS & LIB		10,299				1,811,751	9,433
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM		1,324				93,315	130
024 01 SCH OF RADIOLOGY						119,085	110
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	32,243,715	500,899	32,243,715	32,243,715		17,893,695	100,633
026 INTENSIVE CARE UNIT	7,130,693	269,885	7,130,693	7,130,693		4,331,955	9,289
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	2,545,618	35,267	2,545,618	2,545,618		1,503,472	10,541
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	51,044,193	4,709,407	51,044,193	51,044,193		8,599,290	15,331
037 SURGERY CENTER	25,087,449	1,713,770	25,087,449	25,087,449		4,562,448	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	6,099,507		6,099,507	6,099,507		176,350	
041 RADIOLOGY-DIAGNOSTIC	73,828,786	604,549	73,828,786	73,828,786		8,386,553	19,551
042 RADIOLOGY-THERAPEUTIC	15,445,336	26,577	15,445,336	15,445,336		2,584,602	
043 RADIOISOTOPE							
044 LABORATORY	58,514,554	2,766,480	58,514,544	58,514,544		7,561,081	12,970
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCES	2,811,896		2,811,896	2,811,896		881,853	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	10,347,203	172,349	10,347,203	10,347,203		1,865,404	2,000
050 PHYSICAL THERAPY	8,076,103	37,865	8,076,103	8,076,103		2,542,738	8,688
051 OCCUPATIONAL THERAPY	5,343,856	1,998	5,343,856	5,343,856		1,326,616	6,324
052 SPEECH PATHOLOGY	893,583	121,655	893,583	893,583		297,286	
053 ELECTROCARDIOLOGY	10,937,188	118,905	10,937,188	10,937,188		1,524,719	2,861
054 ELECTROENCEPHALOGRAPH	5,116,067	14,531	5,116,067	5,116,067		808,420	2,423
055 MEDICAL SUPPLIES CHAR	18,812,971		18,812,971	18,812,971		6,700,582	
055 30 IMPL. DEV. CHARGED TO	14,060,298	1,239,832	14,060,298	14,060,298		3,705,646	
056 DRUGS CHARGED TO PATI	39,573,206		39,573,206	39,573,206		8,929,808	
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC PAR							
059 CHEMOTHERAPY	30,558,078	86,562	30,558,078	30,558,078		7,591,562	
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 ANDERSON CENTER OP CL	947,509		947,509	947,509		590,339	3,500
061 EMERGENCY	43,043,551	374,472	43,043,551	43,043,551		12,483,367	21,290
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	5,066,380	45,721	5,066,380	5,066,380		4,125,265	8,813
082 LUNG ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		(DEPT. REVENUE)	(SUPPLY)EXPENSE	(DEPT.)REVENUE	(DEPT.)REVENUE	()	(ACCUM. COST	(SQUARE)FEET
		6.02	6.03	6.04	6.05	6a.06	6.06	7
	OTHER REIMBURS COST C 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	2,284,426	217,121	2,284,426	2,284,426		1,550,910	
095	SUBTOTALS	469,823,106	16,049,811	469,823,096	469,823,096	-30,307,310	130,742,235	284,416
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE						16,134	1,354
097	RESEARCH		1,443				345,118	
098	PHYSICIANS' PRIVATE O	3,586,225	60,528	3,586,225	3,586,225		3,032,840	14,899
099	NONPAID WORKERS							
100	FOUNDATION		5,256				206,022	
100	02 CHILDREN'S CLINIC	870,635	19,524	870,635	870,635		646,337	
100	04 HEALTH RESOURCE CENTE		1,097				65,230	
100	05 ADOLESCENT RESIDENTIA	2,312,750	27,673	2,312,750	2,312,750		1,959,759	10,091
100	07 COMMUNITY BENEFIT/MIS	12,221	3,771	12,221	12,221		424,313	
100	10 DME	42,766	48,272	42,766	42,766		4,170,955	
100	12 MED ONE/TWO	2,794,441	45,404	2,794,441	2,794,441		2,266,318	
100	13 UNUSED SPACE							
100	14 ADVERTISING AND MARK		714				38,175	812
100	15 PHYSICIANS RECRUITING						363,138	
100	16 MOB		221				9,067	
100	17 ASB		7,754				103,945	
100	18 MAB		5				45,668	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	578,613	753,545	1,899,972	3,720,385		30,307,310	8,576,063
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.046311		.007760		.209833	
	(WRKSHT B, PT I)	.001207		.003963				27.525140
105	COST TO BE ALLOCATED	5,493	11,126	7,209	6,553		37,443	58,161
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.000684		.000014		.000259	
	(WRKSHT B, PT II)	.000011		.000015				.186670
107	COST TO BE ALLOCATED	420,732	109,647	71,259	65,852		383,715	615,188
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.006739		.000137		.002657	
	(WRKSHT B, PT III)	.000878		.000149				1.974465

COST ALLOCATION - STATISTICAL BASIS

15-0088

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	(TOTAL HOURS)	(NUMBER HOUSED)
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		1,895,854					
010 HOUSEKEEPING			90,214				
011 DIETARY				36,455			
012 CAFETERIA			854		1,848,239		
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION			425		16,083		928,712
015 CENTRAL SERVICES & SU		19,828	1,030		57,955		
016 PHARMACY			1,294		73,377		
017 MEDICAL RECORDS & LIB			1,040		54,551		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM					2,222		
024 01 SCH OF RADIOLOGY					2,080		
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		711,535	39,615	28,374	400,106		400,106
027 INTENSIVE CARE UNIT		216,225	6,137	5,104	95,697		95,697
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER		95,726	3,117	2,977	34,944		34,944
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM		218,486	9,633		155,770		155,770
038 SURGERY CENTER		99,899	4,210				
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		144,260	3,113		156,067		
042 RADIOLOGY-THERAPEUTIC		30,628	348		31,340		
043 RADIOISOTOPE							
044 LABORATORY		47	2,489		116,513		
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES					4,160		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			475		39,323		
050 PHYSICAL THERAPY		65,901	1,623		54,518		
051 OCCUPATIONAL THERAPY					28,882		
052 SPEECH PATHOLOGY					3,457		
053 ELECTROCARDIOLOGY		4,796	3,390		24,895		
054 ELECTROENCEPHALOGRAPH			350		17,968		
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 CHEMOTHERAPY		9,387			31,629		
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
061 ANDERSON CENTER OP CL					54,819		
062 EMERGENCY		255,966	7,685		116,491		116,491
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 CORF							
071 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY			700		90,401		90,401
082 LUNG ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/29/2010

15-0088

FROM 7/1/2009

WORKSHEET B-1

TO 6/30/2010

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(PATIENT) DAYS	(TOTAL) HOURS	(NUMBER) HOUSED	(DIRECT) NRSING HRS
		8	9	10	11	12	13	14
	OTHER REIMBURS COST C							
	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					35,303		35,303
095	SUBTOTALS		1,872,684	87,528	36,455	1,698,551		928,712
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
097	RESEARCH					5,492		
098	PHYSICIANS' PRIVATE O		18,241	1,055				
099	NONPAID WORKERS							
100	FOUNDATION			100		4,160		
100	02 CHILDREN'S CLINIC		528	900		12,422		
100	04 HEALTH RESOURCE CEN					2,140		
100	05 ADOLESCENT RESIDENTIA					38,503		
100	07 COMMUNITY BENEFIT/MIS			110		16,548		
100	10 DME			245		70,423		
100	12 MED ONE/TWO		2,056					
100	13 UNUSED SPACE							
100	14 ADVERTISING AND MARK			150				
100	15 PHYSICIANS RECRUITING							
100	16 MOB			126				
100	17 ASB							
100	18 MAB		2,345					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED		985,615	3,255,337	768,139	2,692,155		1,089,001
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.519879		21.070882			
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED		8,926	36,084610	16,124	1,456605		1,172593
	(WRKSHT B, PART II)			7,158		13,253		3,136
106	UNIT COST MULTIPLIER		.004708		.442299			
	(WRKSHT B, PT II)			.079345		.007171		.003377
107	COST TO BE ALLOCATED		94,336	91,137	178,470	156,901		32,125
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.049759		4.895625			
	(WRKSHT B, PT III)			1.010231		.084892		.034591

COST ALLOCATION - STATISTICAL BASIS

15-0088

FROM 7/1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG) EXPENSE	MEDICAL RECORDS & LIBRARY (DEPT.) REVENUE	SOCIAL SERVICE (TIME) SPENT	NONPHYSICIAN ANESTHETISTS (ASSIGNED) TIME	NURSING SCHOOL (ASSIGNED) TIME	I&R SERVICES-SALARY & FRI (ASSIGNED) TIME
	15	16	17	18	20	21	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	10,494,674						
016 PHARMACY		14,777,165					
017 MEDICAL RECORDS & LIBRARY	20		479,431,204				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PROGRAM							
024 PARAMEDICAL PRGM	21	82					
024 01 SCH OF RADIOLOGY							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	351,756	16,733	32,243,715				
026 INTENSIVE CARE UNIT	141,165	833	7,130,693				
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER	22,181	90	2,545,618				
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	4,694,982	28,010	51,044,193				
037 01 SURGERY CENTER	1,589,749	9,978	25,087,449				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY			6,099,507				
041 RADIOLOGY-DIAGNOSTIC	269,447	1,799	73,828,786				
042 RADIOLOGY-THERAPEUTIC	9,381	15	15,445,336				
043 RADIOISOTOPE							
044 LABORATORY	65,425	6,542	58,514,554				
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING			2,811,896				
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	166,950	513	10,347,203				
050 PHYSICAL THERAPY	27,983	142	8,076,103				
051 OCCUPATIONAL THERAPY	442		5,343,856				
052 SPEECH PATHOLOGY	120,590		893,583				
053 ELECTROCARDIOLOGY	68,699	818	10,937,188				
054 ELECTROENCEPHALOGRAPHY	11,146	207	5,116,067				
055 MEDICAL SUPPLIES CHARACTERIZED	1,017,598	95,304	18,812,971				
055 30 IMPL. DEV. CHARGED TO	1,239,832		14,060,298				
056 DRUGS CHARGED TO PATIENT	116,177	8,418,126	39,573,206				
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC) PARAMEDICAL							
059 CHEMOTHERAPY	65,364	5,986,603	30,558,078				
060 OUTPAT SERVICE COST CENTER							
060 01 ANDERSON CENTER OPERATING CLINIC			947,509				
061 EMERGENCY	321,617	8,886	43,043,551				
062 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY	28,941	2,053	5,066,380				
082 LUNG ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG)EXPENSE	MEDICAL RECORDS & LIBRARY (DEPT.)REVENUE	SOCIAL SERVICE (TIME)SPENT	NONPHYSICIAN ANESTHETISTS (ASSIGNED)TIME	NURSING SCHOOL (ASSIGNED)TIME	I&R SERVICES-SALARY & FRI (ASSIGNED)TIME
OTHER REIMBURS COST C SPEC PURPOSE COST CEN	15	16	17	18	20	21	22
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE	131,060	81,811	2,284,426				
095 SUBTOTALS	10,460,526	14,658,545	469,812,166				
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH	37	15					
098 PHYSICIANS' PRIVATE O	880	41,150	3,586,225				
099 NONPAID WORKERS							
100 FOUNDATION							
100 02 CHILDREN'S CLINIC	7,546	5,912	870,635				
100 04 HEALTH RESOURCE CENTE	33						
100 05 ADOLESCENT RESIDENTIA			2,312,750				
100 07 COMMUNITY BENEFIT/MIS	1,891		12,221				
100 10 DME	401		42,766				
100 12 MED ONE/TWO	15,714	71,543	2,794,441				
100 13 UNUSED SPACE							
100 14 ADVERTISING AND MARK							
100 15 PHYSICIANS RECRUITING							
100 16 MOB							
100 17 ASB	7,646						
100 18 MAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH B, PART I)	1,618,743	4,772,662	2,568,551				
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	.154244	.322975	.005357				
105 COST TO BE ALLOCATED (WRKSH B, PART II)	11,068	6,515	12,143				
106 UNIT COST MULTIPLIER (WRKSH B, PT II)	.001055	.000441	.000025				
107 COST TO BE ALLOCATED (WRKSH B, PART III)	295,086	364,084	132,616				
108 UNIT COST MULTIPLIER (WRKSH B, PT III)	.028118	.024638	.000277				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/29/2010

15-0088

FROM 7/1/2009

WORKSHEET B-1

TO 6/30/2010

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SCH OF RADIOLOGY
	(ASSIGNED TIME)	(RAD SCH)	(RAD SCH)
GENERAL SERVICE COST	23	24	24.01
001 OLD CAP REL COSTS-BLD			
001 01 OLD CAP REL COSTS-BLD			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-BLD			
005 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSON			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM		100	
024 01 SCH OF RADIOLOGY			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			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACIL			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
ANCILLARY SRVC COST C			
037 OPERATING ROOM			
037 01 SURGERY CENTER			
038 RECOVERY ROOM			
039 DELIVERY ROOM & LABOR			
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC			
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE			
044 LABORATORY			
045 PBP CLINICAL LAB SERV			
046 WHOLE BLOOD & PACKED			
047 BLOOD STORAGE, PROCES			
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY			
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
055 30 IMPL. DEV. CHARGED TO			
056 DRUGS CHARGED TO PATI			
057 RENAL DIALYSIS			
058 ASC (NON-DISTINCT PAR			
059 CHEMOTHERAPY			
OUTPAT SERVICE COST C			
060 CLINIC			
060 01 ANDERSON CENTER OP CL			
061 EMERGENCY		100	100
062 OBSERVATION BEDS (NON			
OTHER REIMBURS COST C			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP			
067 DURABLE MEDICAL EQUIP			
069 CORF			
070 I&R SERVICES-NOT APPR			
071 HOME HEALTH AGENCY			
082 LUNG ACQUISITION			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SCH OF RADIOLOGY
	(ASSIGNED TIME)	(RAD SCH)	(RAD SCH)
	23	24	24.01
083 OTHER REIMBURS COST C			
084 SPEC PURPOSE COST CEN			
085 KIDNEY ACQUISITION			
085 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITI			
092 AMBULATORY SURGICAL C			
093 HOSPICE			
095 SUBTOTALS		100	100
096 NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
097 RESEARCH			
098 PHYSICIANS' PRIVATE O			
099 NONPAID WORKERS			
100 FOUNDATION			
100 02 CHILDREN'S CLINIC			
100 04 HEALTH RESOURCE CEN			
100 05 ADOLESCENT RESIDENTIA			
100 07 COMMUNITY BENEFIT/MIS			
100 10 DME			
100 12 MED ONE/TWO			
100 13 UNUSED SPACE			
100 14 ADVERTISING AND MARK			
100 15 PHYSICIANS RECRUITING			
100 16 MOB			
100 17 ASB			
100 18 MAB			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED		119,740	150,131
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		1,197.400000	1,501.310000
(WRKSHT B, PT I)			
105 COST TO BE ALLOCATED		198	186
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER		1.980000	1.860000
(WRKSHT B, PT II)			
107 COST TO BE ALLOCATED		2,988	2,855
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		29.880000	28.550000
(WRKSHT B, PT III)			

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	28,099,971		28,099,971	72,829	28,172,800
26	INTENSIVE CARE UNIT	6,249,880		6,249,880		6,249,880
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2,443,025		2,443,025	30,144	2,473,169
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,703,100		12,703,100		12,703,100
37	01 SURGERY CENTER	6,106,476		6,106,476		6,106,476
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	246,029		246,029		246,029
41	RADIOLOGY-DIAGNOSTIC	11,537,010		11,537,010		11,537,010
42	RADIOLOGY-THERAPEUTIC	3,285,260		3,285,260	37,918	3,323,178
43	RADIOISOTOPE					
44	LABORATORY	10,089,864		10,089,864	1,707	10,091,571
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,088,017		1,088,017		1,088,017
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,467,642		2,467,642		2,467,642
50	PHYSICAL THERAPY	3,535,289		3,535,289		3,535,289
51	OCCUPATIONAL THERAPY	1,849,818		1,849,818		1,849,818
52	SPEECH PATHOLOGY	388,088		388,088	1,864	389,952
53	ELECTROCARDIOLOGY	2,153,937		2,153,937	5,936	2,159,873
54	ELECTROENCEPHALOGRAPHY	1,112,741		1,112,741		1,112,741
55	MEDICAL SUPPLIES CHARGED	8,395,105		8,395,105		8,395,105
55	30 IMPL. DEV. CHARGED TO PAT	4,749,771		4,749,771		4,749,771
56	DRUGS CHARGED TO PATIENTS	13,752,341		13,752,341		13,752,341
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CHEMOTHERAPY	11,342,778		11,342,778		11,342,778
	OUTPAT SERVICE COST CNTRS					
	CLINIC					
60	01 ANDERSON CENTER OP CLINIC	895,476		895,476		895,476
61	EMERGENCY	16,958,390		16,958,390	259,710	17,218,100
62	OBSERVATION BEDS (NON-DIS	480,187		480,187		480,187
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	149,930,195		149,930,195	410,108	150,340,303
102	LESS OBSERVATION BEDS	480,187		480,187		480,187
103	TOTAL	149,450,008		149,450,008	410,108	149,860,116

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	29,580,687		29,580,687			
26	INTENSIVE CARE UNIT	7,130,693		7,130,693			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,545,618		2,545,618			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,823,780	35,220,413	51,044,193	.248865	.248865	.248865
01	SURGERY CENTER	213,604	24,873,845	25,087,449	.243408	.243408	.243408
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,458,258	4,641,249	6,099,507	.040336	.040336	.040336
41	RADIOLOGY-DIAGNOSTIC	15,144,165	58,684,621	73,828,786	.156267	.156267	.156267
42	RADIOLOGY-THERAPEUTIC	586,393	14,858,943	15,445,336	.212702	.212702	.215157
43	RADIOISOTOPE						
44	LABORATORY	22,748,739	35,765,815	58,514,554	.172433	.172433	.172463
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,416,289	1,395,607	2,811,896	.386934	.386934	.386934
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	8,858,286	1,488,917	10,347,203	.238484	.238484	.238484
50	PHYSICAL THERAPY	29,670	8,046,433	8,076,103	.437747	.437747	.437747
51	OCCUPATIONAL THERAPY	4,915,430	428,426	5,343,856	.346158	.346158	.346158
52	SPEECH PATHOLOGY	4,853	888,730	893,583	.434305	.434305	.436391
53	ELECTROCARDIOLOGY	3,998,146	6,939,042	10,937,188	.196937	.196937	.197480
54	ELECTROENCEPHALOGRAPHY	272,711	4,843,356	5,116,067	.217499	.217499	.217499
55	MEDICAL SUPPLIES CHARGED	9,052,959	9,760,013	18,812,972	.446240	.446240	.446240
30	IMPL. DEV. CHARGED TO PAT	8,338,896	5,721,402	14,060,298	.337814	.337814	.337814
56	DRUGS CHARGED TO PATIENTS	26,358,618	13,214,588	39,573,206	.347516	.347516	.347516
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
59	CHEMOTHERAPY	21,561	30,536,517	30,558,078	.371188	.371188	.371188
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
01	ANDERSON CENTER OP CLINIC		947,509	947,509	.945084	.945084	.945084
61	EMERGENCY	10,264,574	32,778,977	43,043,551	.393982	.393982	.400016
62	OBSERVATION BEDS (NON-DIS	98,101	2,565,155	2,663,256	.180301	.180301	.180301
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	168,862,031	293,599,558	462,461,589			
102	LESS OBSERVATION BEDS						
103	TOTAL	168,862,031	293,599,558	462,461,589			

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET C
PART I

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	28,099,971		28,099,971	72,829	28,172,800
26	INTENSIVE CARE UNIT	6,249,880		6,249,880		6,249,880
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2,443,025		2,443,025	30,144	2,473,169
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,703,100		12,703,100		12,703,100
37	01 SURGERY CENTER	6,106,476		6,106,476		6,106,476
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	246,029		246,029		246,029
41	RADIOLOGY-DIAGNOSTIC	11,537,010		11,537,010		11,537,010
42	RADIOLOGY-THERAPEUTIC	3,285,260		3,285,260	37,918	3,323,178
43	RADIOISOTOPE					
44	LABORATORY	10,089,864		10,089,864	1,707	10,091,571
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	1,088,017		1,088,017		1,088,017
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,467,642		2,467,642		2,467,642
50	PHYSICAL THERAPY	3,535,289		3,535,289		3,535,289
51	OCCUPATIONAL THERAPY	1,849,818		1,849,818		1,849,818
52	SPEECH PATHOLOGY	388,088		388,088	1,864	389,952
53	ELECTROCARDIOLOGY	2,153,937		2,153,937	5,936	2,159,873
54	ELECTROENCEPHALOGRAPHY	1,112,741		1,112,741		1,112,741
55	MEDICAL SUPPLIES CHARGED	8,395,105		8,395,105		8,395,105
55	30 IMPL. DEV. CHARGED TO PAT	4,749,771		4,749,771		4,749,771
56	DRUGS CHARGED TO PATIENTS	13,752,341		13,752,341		13,752,341
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CHEMOTHERAPY	11,342,778		11,342,778		11,342,778
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 ANDERSON CENTER OP CLINIC	895,476		895,476		895,476
61	EMERGENCY	16,958,390		16,958,390	259,710	17,218,100
62	OBSERVATION BEDS (NON-DIS	480,187		480,187		480,187
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	149,930,195		149,930,195	410,108	150,340,303
102	LESS OBSERVATION BEDS	480,187		480,187		480,187
103	TOTAL	149,450,008		149,450,008	410,108	149,860,116

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET C
PART I

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	29,580,687		29,580,687			
26	INTENSIVE CARE UNIT	7,130,693		7,130,693			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,545,618		2,545,618			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,823,780	35,220,413	51,044,193	.248865	.248865	.248865
01	SURGERY CENTER	213,604	24,873,845	25,087,449	.243408	.243408	.243408
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,458,258	4,641,249	6,099,507	.040336	.040336	.040336
41	RADIOLOGY-DIAGNOSTIC	15,144,165	58,684,621	73,828,786	.156267	.156267	.156267
42	RADIOLOGY-THERAPEUTIC	586,393	14,858,943	15,445,336	.212702	.212702	.215157
43	RADIOISOTOPE						
44	LABORATORY	22,748,739	35,765,815	58,514,554	.172433	.172433	.172463
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,416,289	1,395,607	2,811,896	.386934	.386934	.386934
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	8,858,286	1,488,917	10,347,203	.238484	.238484	.238484
50	PHYSICAL THERAPY	29,670	8,046,433	8,076,103	.437747	.437747	.437747
51	OCCUPATIONAL THERAPY	4,915,430	428,426	5,343,856	.346158	.346158	.346158
52	SPEECH PATHOLOGY	4,853	888,730	893,583	.434305	.434305	.436391
53	ELECTROCARDIOLOGY	3,998,146	6,939,042	10,937,188	.196937	.196937	.197480
54	ELECTROENCEPHALOGRAPHY	272,711	4,843,356	5,116,067	.217499	.217499	.217499
55	MEDICAL SUPPLIES CHARGED	9,052,959	9,760,013	18,812,972	.446240	.446240	.446240
30	IMPL. DEV. CHARGED TO PAT	8,338,896	5,721,402	14,060,298	.337814	.337814	.337814
56	DRUGS CHARGED TO PATIENTS	26,358,618	13,214,588	39,573,206	.347516	.347516	.347516
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
59	CHEMOTHERAPY	21,561	30,536,517	30,558,078	.371188	.371188	.371188
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
01	ANDERSON CENTER OP CLINIC		947,509	947,509	.945084	.945084	.945084
61	EMERGENCY	10,264,574	32,778,977	43,043,551	.393982	.393982	.400016
62	OBSERVATION BEDS (NON-DIS	98,101	2,565,155	2,663,256	.180301	.180301	.180301
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	168,862,031	293,599,558	462,461,589			
102	LESS OBSERVATION BEDS						
103	TOTAL	168,862,031	293,599,558	462,461,589			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	12,703,100	1,442,955	11,260,145			12,703,100
38	SURGERY CENTER	6,106,476	359,627	5,746,849			6,106,476
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	246,029	13,129	232,900			246,029
42	RADIOLOGY-DIAGNOSTIC	11,537,010	1,624,206	9,912,804			11,537,010
43	RADIOLOGY-THERAPEUTIC	3,285,260	671,299	2,613,961			3,285,260
44	RADIOISOTOPE						
45	LABORATORY	10,089,864	498,827	9,591,037			10,089,864
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	1,088,017	7,296	1,080,721			1,088,017
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,467,642	124,576	2,343,066			2,467,642
51	PHYSICAL THERAPY	3,535,289	457,607	3,077,682			3,535,289
52	OCCUPATIONAL THERAPY	1,849,818	99,983	1,749,835			1,849,818
53	SPEECH PATHOLOGY	388,088	10,269	377,819			388,088
54	ELECTROCARDIOLOGY	2,153,937	302,149	1,851,788			2,153,937
55	ELECTROENCEPHALOGRAPHY	1,112,741	113,454	999,287			1,112,741
56	MEDICAL SUPPLIES CHARGED	8,395,105	79,946	8,315,159			8,395,105
57	30 IMPL. DEV. CHARGED TO PAT	4,749,771	77,355	4,672,416			4,749,771
58	DRUGS CHARGED TO PATIENTS	13,752,341	300,148	13,452,193			13,752,341
59	RENAL DIALYSIS						
60	ASC (NON-DI STINCT PART)						
61	CHEMOTHERAPY	11,342,778	285,900	11,056,878			11,342,778
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	01 ANDERSON CENTER OP CLINIC	895,476	54,100	841,376			895,476
65	EMERGENCY	16,958,390	570,715	16,387,675			16,958,390
66	OBSERVATION BEDS (NON-DIS	480,187	32,834	447,353			480,187
67	OTHER REIMBURS COST CNTRS						
68	HOME PROGRAM DIALYSIS						
69	AMBULANCE SERVICES						
70	DURABLE MEDICAL EQUIP-REN						
71	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	113,137,319	7,126,375	106,010,944			113,137,319
102	LESS OBSERVATION BEDS	480,187	32,834	447,353			480,187
103	TOTAL	112,657,132	7,093,541	105,563,591			112,657,132

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	51,044,193	.248865	.248865
37 01	SURGERY CENTER	25,087,449	.243408	.243408
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	6,099,507	.040336	.040336
41	RADIOLOGY-DIAGNOSTIC	73,828,786	.156267	.156267
42	RADIOLOGY-THERAPEUTIC	15,445,336	.212702	.212702
43	RADIOISOTOPE			
44	LABORATORY	58,514,554	.172433	.172433
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	2,811,896	.386934	.386934
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,347,203	.238484	.238484
50	PHYSICAL THERAPY	8,076,103	.437747	.437747
51	OCCUPATIONAL THERAPY	5,343,856	.346158	.346158
52	SPEECH PATHOLOGY	893,583	.434305	.434305
53	ELECTROCARDIOLOGY	10,937,188	.196937	.196937
54	ELECTROENCEPHALOGRAPHY	5,116,067	.217499	.217499
55	MEDICAL SUPPLIES CHARGED	18,812,972	.446240	.446240
55 30	IMPL. DEV. CHARGED TO PAT	14,060,298	.337814	.337814
56	DRUGS CHARGED TO PATIENTS	39,573,206	.347516	.347516
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CHEMOTHERAPY	30,558,078	.371188	.371188
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	ANDERSON CENTER OP CLINIC	947,509	.945084	.945084
61	EMERGENCY	43,043,551	.393982	.393982
62	OBSERVATION BEDS (NON-DIS	2,663,256	.180301	.180301
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	423,204,591		
102	LESS OBSERVATION BEDS	2,663,256		
103	TOTAL	420,541,335		

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	12,703,100	1,442,955	11,260,145	144,296	653,088	11,905,716
37	01 SURGERY CENTER	6,106,476	359,627	5,746,849	35,963	333,317	5,737,196
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	246,029	13,129	232,900	1,313	13,508	231,208
41	RADIOLOGY-DIAGNOSTIC	11,537,010	1,624,206	9,912,804	162,421	574,943	10,799,646
42	RADIOLOGY-THERAPEUTIC	3,285,260	671,299	2,613,961	67,130	151,610	3,066,520
43	RADIOISOTOPE						
44	LABORATORY	10,089,864	498,827	9,591,037	49,883	556,280	9,483,701
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	1,088,017	7,296	1,080,721	730	62,682	1,024,605
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,467,642	124,576	2,343,066	12,458	135,898	2,319,286
50	PHYSICAL THERAPY	3,535,289	457,607	3,077,682	45,761	178,506	3,311,022
51	OCCUPATIONAL THERAPY	1,849,818	99,983	1,749,835	9,998	101,490	1,738,330
52	SPEECH PATHOLOGY	388,088	10,269	377,819	1,027	21,914	365,147
53	ELECTROCARDIOLOGY	2,153,937	302,149	1,851,788	30,215	107,404	2,016,318
54	ELECTROENCEPHALOGRAPHY	1,112,741	113,454	999,287	11,345	57,959	1,043,437
55	MEDICAL SUPPLIES CHARGED	8,395,105	79,946	8,315,159	7,995	482,279	7,904,831
55	30 IMPL. DEV. CHARGED TO PAT	4,749,771	77,355	4,672,416	7,736	271,000	4,471,035
56	DRUGS CHARGED TO PATIENTS	13,752,341	300,148	13,452,193	30,015	780,227	12,942,099
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
59	CHEMOTHERAPY	11,342,778	285,900	11,056,878	28,590	641,299	10,672,889
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ANDERSON CENTER OP CLINIC	895,476	54,100	841,376	5,410	48,800	841,266
61	EMERGENCY	16,958,390	570,715	16,387,675	57,072	950,485	15,950,833
62	OBSERVATION BEDS (NON-DIS	480,187	32,834	447,353	3,283	25,946	450,958
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	113,137,319	7,126,375	106,010,944	712,641	6,148,635	106,276,043
102	LESS OBSERVATION BEDS	480,187	32,834	447,353	3,283	25,946	450,958
103	TOTAL	112,657,132	7,093,541	105,563,591	709,358	6,122,689	105,825,085

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	51,044,193	.233243	.246038
37 01	SURGERY CENTER	25,087,449	.228688	.241974
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	6,099,507	.037906	.040121
41	RADIOLOGY-DIAGNOSTIC	73,828,786	.146280	.154067
42	RADIOLOGY-THERAPEUTIC	15,445,336	.198540	.208356
43	RADIOISOTOPE			
44	LABORATORY	58,514,554	.162074	.171581
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	2,811,896	.364382	.386674
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,347,203	.224146	.237280
50	PHYSICAL THERAPY	8,076,103	.409978	.432081
51	OCCUPATIONAL THERAPY	5,343,856	.325295	.344287
52	SPEECH PATHOLOGY	893,583	.408632	.433156
53	ELECTROCARDIOLOGY	10,937,188	.184354	.194174
54	ELECTROENCEPHALOGRAPHY	5,116,067	.203953	.215282
55	MEDICAL SUPPLIES CHARGED	18,812,972	.420180	.445815
55 30	IMPL. DEV. CHARGED TO PAT	14,060,298	.317990	.337264
56	DRUGS CHARGED TO PATIENTS	39,573,206	.327042	.346758
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CHEMOTHERAPY	30,558,078	.349266	.370252
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	ANDERSON CENTER OP CLINIC	947,509	.887871	.939375
61	EMERGENCY	43,043,551	.370574	.392656
62	OBSERVATION BEDS (NON-DIS	2,663,256	.169326	.179068
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	423,204,591		
102	LESS OBSERVATION BEDS	2,663,256		
103	TOTAL	420,541,335		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:
15-0088

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

PREPARED 11/29/2010
WORKSHEET D
PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, 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	150,062		150,062	1,776,343		1,776,343
26	INTENSIVE CARE UNIT	17,801		17,801	339,696		339,696
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	15,472		15,472	182,787		182,787
33	NURSERY						
101	TOTAL	183,335		183,335	2,298,826		2,298,826

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	28,866	13,392	5.20	69,638	61.54	824,144
26	INTENSIVE CARE UNIT	5,104	3,053	3.49	10,655	66.55	203,177
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,977	1,788	5.20	9,298	61.40	109,783
33	NURSERY						
101	TOTAL	36,947	18,233		89,591		1,137,104

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	35,501	1,407,454	51,044,193	7,118,170	.000695	4,947
38	RECOVERY ROOM	6,512	353,115	25,087,449		.000260	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	441	12,688	6,099,507	652,723	.000072	47
41	RADIOLOGY-DIAGNOSTIC	33,226	1,590,980	73,828,786	7,897,726	.000450	3,554
42	RADIOLOGY-THERAPEUTIC	2,148	669,151	15,445,336		.000139	
43	RADIOISOTOPE						
44	LABORATORY	24,204	474,623	58,514,554	11,169,621	.000414	4,624
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	445	6,851	2,811,896	731,447	.000158	116
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,190	120,386	10,347,203	4,942,152	.000405	2,002
50	PHYSICAL THERAPY	12,401	445,206	8,076,103	918	.001536	1
51	OCCUPATIONAL THERAPY	8,410	91,573	5,343,856	1,258,977	.001574	1,982
52	SPEECH PATHOLOGY	376	9,893	893,583	1,602	.000421	1
53	ELECTROCARDIOLOGY	5,145	297,004	10,937,188	2,247,439	.000470	1,056
54	ELECTROENCEPHALOGRAPHY	3,604	109,850	5,116,067	138,833	.000704	98
55	MEDICAL SUPPLIES CHARGED	4,073	75,873	18,812,972	5,863,118	.000216	1,266
55	30 IMPL. DEV. CHARGED TO PAT	4,031	73,324	14,060,298	6,979,957	.000287	2,003
56	DRUGS CHARGED TO PATIENTS	8,720	291,428	39,573,206	13,345,543	.000220	2,936
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CHEMOTHERAPY	7,034	278,866	30,558,078		.000230	
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	01 ANDERSON CENTER OP CLINIC	4,788	49,312	947,509		.005053	
61	EMERGENCY	34,960	535,755	43,043,551	4,963,293	.000812	4,030
62	OBSERVATION BEDS (NON-DIS	2,557	30,277	2,663,256		.000960	
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	202,766	6,923,609	423,204,591	67,311,519		28,663

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

PROVIDER NO: 15-0088
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
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					28,866	
26	INTENSIVE CARE UNIT					5,104	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					2,977	
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					36,947	

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

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
15-0088	FROM 7/1/2009	WORKSHEET D
	TO 6/30/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	13,392	
26	INTENSIVE CARE UNIT	3,053	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	1,788	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL	18,233	

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	SURGERY CENTER						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CHEMOTHERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	ANDERSON CENTER OP CLINIC						
61	EMERGENCY			269,871			
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			269,871			

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			51,044,193			7,118,170	
37	01 OPERATING ROOM			25,087,449				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			6,099,507			652,723	
41	RADIOLOGY-DIAGNOSTIC			73,828,786			7,897,726	
42	RADIOLOGY-THERAPEUTIC			15,445,336				
43	RADIOISOTOPE							
44	LABORATORY			58,514,554			11,169,621	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			2,811,896			731,447	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			10,347,203			4,942,152	
50	PHYSICAL THERAPY			8,076,103			918	
51	OCCUPATIONAL THERAPY			5,343,856			1,258,977	
52	SPEECH PATHOLOGY			893,583			1,602	
53	ELECTROCARDIOLOGY			10,937,188			2,247,439	
54	ELECTROENCEPHALOGRAPHY			5,116,067			138,833	
55	MEDICAL SUPPLIES CHARGED			18,812,972			5,863,118	
55	30 IMPL. DEV. CHARGED TO PAT			14,060,298			6,979,957	
56	DRUGS CHARGED TO PATIENTS			39,573,206			13,345,543	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	CHEMOTHERAPY			30,558,078				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 ANDERSON CENTER OP CLINIC			947,509				
61	EMERGENCY	269,871	269,871	43,043,551	.006270	.006270	4,963,293	31,120
62	OBSERVATION BEDS (NON-DIS			2,663,256				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	269,871	269,871	423,204,591			67,311,519	31,120

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	10,142,186					
37 01	SURGERY CENTER	10,628,629					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,383,777					
41	RADIOLOGY-DIAGNOSTIC	17,106,693					
42	RADIOLOGY-THERAPEUTIC	5,862,538					
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	660,771					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,335,839					
50	PHYSICAL THERAPY	2,265,375					
51	OCCUPATIONAL THERAPY	133,859					
52	SPEECH PATHOLOGY	354,420					
53	ELECTROCARDIOLOGY	2,575,512					
54	ELECTROENCEPHALOGRAPHY	522,301					
55	MEDICAL SUPPLIES CHARGED	1,408,353					
55 30	IMPL. DEV. CHARGED TO PAT	1,886,387					
56	DRUGS CHARGED TO PATIENTS	8,756,722					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CHEMOTHERAPY	7,501,680					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	ANDERSON CENTER OP CLINIC	58,855					
61	EMERGENCY	5,038,236			31,590		
62	OBSERVATION BEDS (NON-DIS	1,018,153					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	78,640,286			31,590		

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	35,501	1,407,454	51,044,193	37,480	.000695	26
38	RECOVERY ROOM	6,512	353,115	25,087,449		.000260	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	441	12,688	6,099,507		.000072	
41	RADIOLOGY-DIAGNOSTIC	33,226	1,590,980	73,828,786	120,071	.000450	54
42	RADIOLOGY-THERAPEUTIC	2,148	669,151	15,445,336	18,456	.000139	3
43	RADIOISOTOPE						
44	LABORATORY	24,204	474,623	58,514,554	394,440	.000414	163
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	445	6,851	2,811,896		.000158	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	4,190	120,386	10,347,203	411,628	.000405	167
50	PHYSICAL THERAPY	12,401	445,206	8,076,103		.001536	
51	OCCUPATIONAL THERAPY	8,410	91,573	5,343,856	1,903,392	.001574	2,996
52	SPEECH PATHOLOGY	376	9,893	893,583		.000421	
53	ELECTROCARDIOLOGY	5,145	297,004	10,937,188		.000470	
54	ELECTROENCEPHALOGRAPHY	3,604	109,850	5,116,067		.000704	
55	MEDICAL SUPPLIES CHARGED	4,073	75,873	18,812,972	64,436	.000216	14
55	30 IMPL. DEV. CHARGED TO PAT	4,031	73,324	14,060,298		.000287	
56	DRUGS CHARGED TO PATIENTS	8,720	291,428	39,573,206	598,551	.000220	132
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CHEMOTHERAPY	7,034	278,866	30,558,078		.000230	
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	ANDERSON CENTER OP CLINIC	4,788	49,312	947,509		.005053	
61	EMERGENCY	34,960	535,755	43,043,551	7,580	.000812	6
62	OBSERVATION BEDS (NON-DIS	2,557	30,277	2,663,256		.000960	
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	202,766	6,923,609	423,204,591	3,556,034		3,561

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
15-0088	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
15-T088		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.027573	1,033
37 01	SURGERY CENTER	.014075	
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.002080	
41	RADIOLOGY-DIAGNOSTIC	.021550	2,588
42	RADIOLOGY-THERAPEUTIC	.043324	800
43	RADIOISOTOPE		
44	LABORATORY	.008111	3,199
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.002436	
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.011635	4,789
50	PHYSICAL THERAPY	.055126	
51	OCCUPATIONAL THERAPY	.017136	32,617
52	SPEECH PATHOLOGY	.011071	
53	ELECTROCARDIOLOGY	.027155	
54	ELECTROENCEPHALOGRAPHY	.021472	
55	MEDICAL SUPPLIES CHARGED	.004033	260
55 30	IMPL. DEV. CHARGED TO PAT	.005215	
56	DRUGS CHARGED TO PATIENTS	.007364	4,408
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	CHEMOTHERAPY	.009126	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	ANDERSON CENTER OP CLINIC	.052044	
61	EMERGENCY	.012447	94
62	OBSERVATION BEDS (NON-DIS	.011368	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		49,788

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	SURGERY CENTER										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	CHEMOTHERAPY										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60 01	ANDERSON CENTER OP CLINIC										
61	EMERGENCY			269,871							
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL			269,871							

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			51,044,193			37,480	
37	01 OPERATING ROOM			25,087,449				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			6,099,507				
41	RADIOLOGY-DIAGNOSTIC			73,828,786			120,071	
42	RADIOLOGY-THERAPEUTIC			15,445,336			18,456	
43	RADIOISOTOPE							
44	LABORATORY			58,514,554			394,440	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			2,811,896				
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			10,347,203			411,628	
50	PHYSICAL THERAPY			8,076,103				
51	OCCUPATIONAL THERAPY			5,343,856			1,903,392	
52	SPEECH PATHOLOGY			893,583				
53	ELECTROCARDIOLOGY			10,937,188				
54	ELECTROENCEPHALOGRAPHY			5,116,067				
55	MEDICAL SUPPLIES CHARGED			18,812,972			64,436	
55	30 IMPL. DEV. CHARGED TO PAT			14,060,298				
56	DRUGS CHARGED TO PATIENTS			39,573,206			598,551	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	CHEMOTHERAPY			30,558,078				
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC							
60	01 ANDERSON CENTER OP CLINIC			947,509				
61	EMERGENCY	269,871	269,871	43,043,551	.006270	.006270	7,580	48
62	OBSERVATION BEDS (NON-DIS			2,663,256				
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	269,871	269,871	423,204,591			3,556,034	48

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	SURGERY CENTER						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CHEMOTHERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	ANDERSON CENTER OP CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 SURGERY CENTER					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CHEMOTHERAPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 ANDERSON CENTER OP CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
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					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	492
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	975.99
85	OBSERVATION BED COST	480,187

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	150,062	.005326	480,187	2,557
87	NEW CAPITAL-RELATED COST	1,776,343	.063052	480,187	30,277
88	NON PHYSICIAN ANESTHETIST			480,187	
89	MEDICAL EDUCATION			480,187	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			11,644,889	
26	INTENSIVE CARE UNIT			4,100,766	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.248865	7,118,170	1,771,463
37	01 SURGERY CENTER		.243408		
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		.040336	652,723	26,328
41	RADIOLOGY-DIAGNOSTIC		.156267	7,897,726	1,234,154
42	RADIOLOGY-THERAPEUTIC		.215157		
43	RADIOISOTOPE				
44	LABORATORY		.172463	11,169,621	1,926,346
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.		.386934	731,447	283,022
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY		.238484	4,942,152	1,178,624
50	PHYSICAL THERAPY		.437747	918	402
51	OCCUPATIONAL THERAPY		.346158	1,258,977	435,805
52	SPEECH PATHOLOGY		.436391	1,602	699
53	ELECTROCARDIOLOGY		.197480	2,247,439	443,824
54	ELECTROENCEPHALOGRAPHY		.217499	138,833	30,196
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.446240	5,863,118	2,616,358
55	30 IMPL. DEV. CHARGED TO PATIENT		.337814	6,979,957	2,357,927
56	DRUGS CHARGED TO PATIENTS		.347516	13,345,543	4,637,790
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	CHEMOTHERAPY		.371188		
60	OUTPAT SERVICE COST CNTRS CLINIC				
60	01 ANDERSON CENTER OP CLINIC		.945084		
61	EMERGENCY		.400016	4,963,293	1,985,397
62	OBSERVATION BEDS (NON-DISTINCT PART)		.180301		
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			67,311,519	18,928,335
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			67,311,519	

TITLE XVIII, PART A SUBPROVIDER 1

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			
31	SUBPROVIDER		1,775,019	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.248865	37,480	9,327
37	01 SURGERY CENTER	.243408		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.040336		
41	RADIOLOGY-DIAGNOSTIC	.156267	120,071	18,763
42	RADIOLOGY-THERAPEUTIC	.215157	18,456	3,971
43	RADIOISOTOPE			
44	LABORATORY	.172463	394,440	68,026
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.386934		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.238484	411,628	98,167
50	PHYSICAL THERAPY	.437747		
51	OCCUPATIONAL THERAPY	.346158	1,903,392	658,874
52	SPEECH PATHOLOGY	.436391		
53	ELECTROCARDIOLOGY	.197480		
54	ELECTROENCEPHALOGRAPHY	.217499		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.446240	64,436	28,754
55	30 IMPL. DEV. CHARGED TO PATIENT	.337814		
56	DRUGS CHARGED TO PATIENTS	.347516	598,551	208,006
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CHEMOTHERAPY	.371188		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 ANDERSON CENTER OP CLINIC	.945084		
61	EMERGENCY	.400016	7,580	3,032
62	OBSERVATION BEDS (NON-DISTINCT PART)	.180301		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,556,034	1,096,920
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,556,034	

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		5,166,456	
26	INTENSIVE CARE UNIT		689,317	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.248865	1,563,414	389,079
37	01 SURGERY CENTER	.243408	6,004	1,461
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.040336		
41	RADIOLOGY-DIAGNOSTIC	.156267	1,451,189	226,773
42	RADIOLOGY-THERAPEUTIC	.212702	162,167	34,493
43	RADIOISOTOPE			
44	LABORATORY	.172433	2,976,081	513,175
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.386934		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.238484	1,195,452	285,096
50	PHYSICAL THERAPY	.437747	313	137
51	OCCUPATIONAL THERAPY	.346158	93,761	32,456
52	SPEECH PATHOLOGY	.434305	1,512	657
53	ELECTROCARDIOLOGY	.196937	259,093	51,025
54	ELECTROENCEPHALOGRAPHY	.217499	23,069	5,017
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.446240	185,249	82,666
55	30 IMPL. DEV. CHARGED TO PATIENT	.337814	82,297	27,801
56	DRUGS CHARGED TO PATIENTS	.347516	3,253,419	1,130,615
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CHEMOTHERAPY	.371188	873	324
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 ANDERSON CENTER OP CLINIC	.945084		
61	EMERGENCY	.393982	1,179,742	464,797
62	OBSERVATION BEDS (NON-DISTINCT PART)	.180301		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		12,433,635	3,245,572
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,433,635	

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			
31	SUBPROVIDER		160,550	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.248865		
37	01 SURGERY CENTER	.243408		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.040336		
41	RADIOLOGY-DIAGNOSTIC	.156267	7,979	1,247
42	RADIOLOGY-THERAPEUTIC	.212702		
43	RADIOISOTOPE			
44	LABORATORY	.172433	42,799	7,380
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.	.386934		
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.238484	26,651	6,356
50	PHYSICAL THERAPY	.437747		
51	OCCUPATIONAL THERAPY	.346158	189,040	65,438
52	SPEECH PATHOLOGY	.434305		
53	ELECTROCARDIOLOGY	.196937	2,535	499
54	ELECTROENCEPHALOGRAPHY	.217499	708	154
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.446240	2,684	1,198
55	30 IMPL. DEV. CHARGED TO PATIENT	.337814		
56	DRUGS CHARGED TO PATIENTS	.347516	59,127	20,548
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CHEMOTHERAPY	.371188		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 ANDERSON CENTER OP CLINIC	.945084		
61	EMERGENCY	.393982	761	300
62	OBSERVATION BEDS (NON-DISTINCT PART)	.180301		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		332,284	103,120
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		332,284	

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)	24,333,754	
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)	24,333,754	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	1,882,882	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	31,120	
16 TOTAL	26,247,756	
17 PRIMARY PAYER PAYMENTS	2,626	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	26,245,130	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,520,252	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	134,414	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	516,298	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	361,409	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	462,528	
22 SUBTOTAL	23,951,873	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	23,951,873	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	24,161,910	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-210,037	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	2,212,556	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	20,760,045
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	18,732,919
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.374
1.04	LINE 1.01 TIMES LINE 1.03.	7,764,257
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	31,590
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)	18,764,509

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	109,518
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,431,725
19	SUBTOTAL (SEE INSTRUCTIONS)	14,223,266
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	14,223,266
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	14,223,266

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	529,696
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	370,787
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	434,465
28	SUBTOTAL	14,594,053
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	14,594,053
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	14,256,479
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	337,574
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

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 ENTER THE AMOUNT FROM WORKSHEET D, PART 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 95
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM -95
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		1,844,021
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0101
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		89,020
1.05	OUTLIER PAYMENTS		170,995
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,104,036
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		8.156164
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,104,036
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,104,036
7	DEDUCTIBLES		8,640
8	SUBTOTAL		2,095,396
9	COINSURANCE		21,093
10	SUBTOTAL		2,074,303
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		4,304
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		3,013
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,077,316
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		48
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,077,364
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,043,012
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	34,352
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	11,655,077			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	62,331,326			
5 OTHER RECEIVABLES	3,651,776			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-41,436,840			
7 INVENTORY	2,692,702			
8 PREPAID EXPENSES	1,071,182			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	39,965,223			
FIXED ASSETS				
12 LAND	5,292,602			
12.01 LAND IMPROVEMENTS	2,430,620			
13.01 LESS ACCUMULATED DEPRECIATION	-1,919,765			
14 BUILDINGS	44,843,108			
14.01 LESS ACCUMULATED DEPRECIATION	-26,907,189			
15 LEASEHOLD IMPROVEMENTS	1,593,102			
15.01 LESS ACCUMULATED DEPRECIATION	-1,070,217			
16 FIXED EQUIPMENT	39,188,203			
16.01 LESS ACCUMULATED DEPRECIATION	-31,254,306			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	47,430,694			
18.01 LESS ACCUMULATED DEPRECIATION	-40,235,831			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	39,391,021			
OTHER ASSETS				
22 INVESTMENTS	47,596,894	3,827,223		
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	858,623			
26 TOTAL OTHER ASSETS	48,455,517	3,827,223		
27 TOTAL ASSETS	127,811,761	3,827,223		

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,441,898			
29 SALARIES, WAGES & FEES PAYABLE	9,718,329			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	131,832			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	14,292,059			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	16,207,236			
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	18,373,838			
42 TOTAL LONG-TERM LIABILITIES	34,581,074			
43 TOTAL LIABILITIES	48,873,133			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	78,938,628			
45 SPECIFIC PURPOSE FUND		3,827,223		
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	78,938,628	3,827,223		
52 TOTAL LIABILITIES AND FUND BALANCES	127,811,761	3,827,223		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		68,695,189		4,217,247
2 OF PERIOD				
3 NET INCOME (LOSS)		15,281,468		
4 TOTAL		83,976,657		4,217,247
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 DONATIONS			844,813	
7 INVESTMENT INCOME			318,572	
8 OTHER				
9 TRANSFER AFFILIATES				
10 RESTRICTED CONTRIBUTION P	656,669			
11 TOTAL ADDITIONS		656,669		1,163,385
12 SUBTOTAL		84,633,326		5,380,632
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 REIMBURSEMENT RESTRICTED			894,557	
15 UNREALIZED LOSS ON INVEST	1,047,514		658,852	
16 TRANSFER TO AFFILIATES	4,647,184			
17				
18 TOTAL DEDUCTIONS		5,694,698		1,553,409
19 FUND BALANCE AT END OF		78,938,628		3,827,223
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 DONATIONS				
7 INVESTMENT INCOME				
8 OTHER				
9 TRANSFER AFFILIATES				
10 RESTRICTED CONTRIBUTION P				
11 TOTAL ADDITIONS				
12 SUBTOTAL				
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 REIMBURSEMENT RESTRICTED				
15 UNREALIZED LOSS ON INVEST				
16 TRANSFER TO AFFILIATES				
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	25,616,719		25,616,719
2 00 SUBPROVIDER	2,543,450		2,543,450
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	28,160,169		28,160,169
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,126,671		7,126,671
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,126,671		7,126,671
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	35,286,840		35,286,840
17 00 ANCILLARY SERVICES	122,211,171	269,014,101	391,225,272
18 00 OUTPATIENT SERVICES	10,291,969	32,931,742	43,223,711
19 00 HOME HEALTH AGENCY		5,066,380	5,066,380
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE		2,284,426	2,284,426
24 00 ADOLESCENT RESIDENCE	2,312,750		2,312,750
24 01 HOMEMAKER		42,766	42,766
25 00 TOTAL PATIENT REVENUES	170,102,730	309,339,415	479,442,145

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	181,427,690		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 ROUNDING			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		181,427,690	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	479,442,145
2	LESS: ALLOWANCES AND DISCOUNTS ON	299,610,174
3	NET PATIENT REVENUES	179,831,971
4	LESS: TOTAL OPERATING EXPENSES	181,427,690
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-1,595,719
6	CONTRIBUTIONS, DONATIONS, BEQUES	237,888
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	62,755
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	511,127
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	68,987
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	30,422
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MAB/MOB/ASC REVENUE	629,669
24.01	GRANTS	380,861
24.02	DME	6,254,537
24.03	INCOME FROM INVESTMENTS	5,443,102
24.04		
24.05	ER PHYSICIAN BILLING FEES	3,063,528
24.06	EMPLOYEE MD BILLING FEES	
24.07	HEALTHY FAMILIES	
24.08	ALL OTHER MISC INCOME	203,253
25	TOTAL OTHER INCOME	16,886,129
26	TOTAL	15,290,410
	OTHER EXPENSES	
27	MINORITY INTEREST	8,942
28	ALL OTHER MISC INCOME	
29		
30	TOTAL OTHER EXPENSES	8,942
31	NET INCOME (OR LOSS) FOR THE PERIO	15,281,468

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	357,825	87,136			188,271	633,232
HHA REIMBURSABLE SERVICES						
6	1,201,722	292,639	81,571	85,191		1,661,123
7	557,003	135,639	55,776			748,418
8	336,049	81,833	17,808			435,690
9	64,855	15,793	6,281			86,929
10	120,753	29,405	5,903			156,061
11	130,743	31,838	25,776			188,357
12					28,859	28,859
13					2,034	2,034
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,768,950	674,283	193,115	85,191	219,164	3,940,703

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-81,950	551,282		551,282
HHA REIMBURSABLE SERVICES				
6		1,661,123		1,661,123
7		748,418		748,418
8		435,690		435,690
9		86,929		86,929
10		156,061		156,061
11		188,357		188,357
12		28,859		28,859
13		2,034		2,034
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-81,950	3,858,753		3,858,753

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	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	551,282					551,282	551,282
HHA REIMBURSABLE SERVICES							
6	1,661,123					1,661,123	276,872
7	748,418					748,418	124,745
8	435,690					435,690	72,620
9	86,929					86,929	14,489
10	156,061					156,061	26,012
11	188,357					188,357	31,395
12	28,859					28,859	4,810
13	2,034					2,034	339
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,858,753					3,858,753	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	1,937,995						
7	873,163						
8	508,310						
9	101,418						
10	182,073						
11	219,752						
12	33,669						
13	2,373						
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,858,753						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-551,282	3,307,471
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,661,123
7	PHYSICAL THERAPY					748,418
8	OCCUPATIONAL THERAPY					435,690
9	SPEECH PATHOLOGY					86,929
10	MEDICAL SOCIAL SERVICES					156,061
11	HOME HEALTH AIDE					188,357
12	SUPPLIES					28,859
13	DRUGS					2,034
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-551,282	3,307,471
25	COST TO BE ALLOCATED					551,282
26	UNIT COST MULTIPLIER					.166678

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			8,751	85,914		12,544
2 SKILLED NURSING CARE	1,937,995					42,127
3 PHYSICAL THERAPY	873,163					19,526
4 OCCUPATIONAL THERAPY	508,310					11,780
5 SPEECH PATHOLOGY	101,418					2,273
6 MEDICAL SOCIAL SERVICES	182,073					4,233
7 HOME HEALTH AIDE	219,752					4,583
8 SUPPLIES	33,669					
9 DRUGS	2,373					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,858,753		8,751	85,914		97,066
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03	ADMINISTRATIVE 6.04	CASHIERING/A/COUNTS RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	7,156					114,365
2 SKILLED NURSING CARE		2,568		8,431	16,511	2,007,632
3 PHYSICAL THERAPY		1,967		6,457	12,643	913,756
4 OCCUPATIONAL THERAPY		699		2,296	4,496	527,581
5 SPEECH PATHOLOGY		182		599	1,172	105,644
6 MEDICAL SOCIAL SERVICES		240		787	1,541	188,874
7 HOME HEALTH AIDE		459		1,508	2,952	229,254
8 SUPPLIES			2,117			35,786
9 DRUGS						2,373
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,156	6,115	2,117	20,078	39,315	4,125,265
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.06	7	8	9	10	11
1 ADMIN & GENERAL	23,998	242,579			25,259	
2 SKILLED NURSING CARE	421,267					
3 PHYSICAL THERAPY	191,736					
4 OCCUPATIONAL THERAPY	110,704					
5 SPEECH PATHOLOGY	22,168					
6 MEDICAL SOCIAL SERVICES	39,632					
7 HOME HEALTH AIDE	48,105					
8 SUPPLIES	7,509					
9 DRUGS	498					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	865,617	242,579			25,259	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR
	12	13	14	15	16	17
1 ADMIN & GENERAL	131,679		106,004			
2 SKILLED NURSING CARE						11,398
3 PHYSICAL THERAPY						8,728
4 OCCUPATIONAL THERAPY						3,104
5 SPEECH PATHOLOGY						809
6 MEDICAL SOCIAL SERVICES						1,064
7 HOME HEALTH AIDE						2,038
8 SUPPLIES				4,464		
9 DRUGS					663	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	131,679		106,004	4,464	663	27,141
21 UNIT COST MULTIPLIER						

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

HHA 1

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

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

HHA COST CENTER	SCH OF RADIO LOGY 24.01	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL	643,884		643,884		
2	SKILLED NURSING CARE	2,440,297		2,440,297	321,666	2,761,963
3	PHYSICAL THERAPY	1,114,220		1,114,220	146,870	1,261,090
4	OCCUPATIONAL THERAPY	641,389		641,389	84,544	725,933
5	SPEECH PATHOLOGY	128,621		128,621	16,954	145,575
6	MEDICAL SOCIAL SERVICES	229,570		229,570	30,261	259,831
7	HOME HEALTH AIDE	279,397		279,397	36,828	316,225
8	SUPPLIES	47,759		47,759	6,295	54,054
9	DRUGS	3,534		3,534	466	4,000
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)	5,528,671		5,528,671	643,884	5,528,671
21	UNIT COST MULTIPLIER				0.131814	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)
	1	1.01	3	3.01	5	6.01
1 ADMIN & GENERAL	8,813		8,813		357,825	9
2 SKILLED NURSING CARE					1,201,722	
3 PHYSICAL THERAPY					557,003	
4 OCCUPATIONAL THERAPY					336,049	
5 SPEECH PATHOLOGY					64,855	
6 MEDICAL SOCIAL SERVICES					120,753	
7 HOME HEALTH AIDE					130,743	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	8,813		8,813		2,768,950	9
21 COST TO BE ALLOCATED	8,751		85,914		97,066	7,156
22 UNIT COST MULTIPLIER	0.992965		9.748553		0.035055	795.111111

HHA COST CENTER	DATA PROCESSING (DEPT. REVENUE)	PURCHASING, RECEIVING AND SUPPLY (SUPPLY) EXPENSE	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/A/COUNTS RECE (DEPT. REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND STRATEGIC (ACCUM. COST)
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL						114,365
2 SKILLED NURSING CARE						2,007,632
3 PHYSICAL THERAPY	2,127,550		2,127,550	2,127,550		913,756
4 OCCUPATIONAL THERAPY	1,629,280		1,629,280	1,629,280		527,581
5 SPEECH PATHOLOGY	579,407		579,407	579,407		105,644
6 MEDICAL SOCIAL SERVICES	151,042		151,042	151,042		188,874
7 HOME HEALTH AIDE	198,634		198,634	198,634		229,254
8 SUPPLIES	380,467	45,721	380,467	380,467		35,786
9 DRUGS						2,373
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,066,380	45,721	5,066,380	5,066,380		4,125,265
21 COST TO BE ALLOCATED	6,115	2,117	20,078	39,315		865,617
22 UNIT COST MULTIPLIER	0.001207	0.046303	0.003963	0.007760		0.209833

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (TOTAL HOURS)
	7	8	9	10	11	12
1 ADMIN & GENERAL	8,813			700		90,401
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	8,813			700		90,401
21 COST TO BE ALLOCATED	242,579			25,259		131,679
22 UNIT COST MULTIPLIER	27.525133			36.084286		1.456610

HHA COST CENTER	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLIES (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)
	13	14	15	16	17	18
1 ADMIN & GENERAL		90,401				
2 SKILLED NURSING CARE					2,127,550	
3 PHYSICAL THERAPY					1,629,280	
4 OCCUPATIONAL THERAPY					579,407	
5 SPEECH PATHOLOGY					151,042	
6 MEDICAL SOCIAL SERVICES					198,634	
7 HOME HEALTH AIDE					380,467	
8 SUPPLIES			28,941			
9 DRUGS				2,053		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		90,401	28,941	2,053	5,066,380	
21 COST TO BE ALLOCATED		106,004	4,464	663	27,141	
22 UNIT COST MULTIPLIER		1.172598	0.154245	0.322942	0.005357	

HHA 1

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

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I) WKST H-5 PART I)	(FROM PART II) PART II)				PART A
1 SKILLED NURSING	2	2,761,963	2,761,963	2,761,963	13,834	199.65	6,487	
2 PHYSICAL THERAPY	3	1,261,090	1,261,090	1,261,090	8,915	141.46	4,689	
3 OCCUPATIONAL THERAPY	4	725,933	725,933	725,933	3,180	228.28	1,591	
4 SPEECH PATHOLOGY	5	145,575	145,575	145,575	878	165.80	347	
5 MEDICAL SOCIAL SERVICES	6	259,831	259,831	259,831	929	279.69	489	
6 HOME HEALTH AIDE SERVICE	7	316,225	316,225	316,225	3,875	81.61	1,631	
7 TOTAL		5,470,617	5,470,617	5,470,617	31,611		15,234	

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,551	9	509,307	1,804,437
2 PHYSICAL THERAPY	8	1,813	10	256,467	919,773
3 OCCUPATIONAL THERAPY		628	11	143,360	506,553
4 SPEECH PATHOLOGY		51		8,456	65,989
5 MEDICAL SOCIAL SERVICES		218		60,972	197,740
6 HOME HEALTH AIDE SERVICES		1,061		86,588	219,694
7 TOTAL		6,322		1,065,150	3,714,186

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
8 SKILLED NURSING		3480					
8.01 SKILLED NURSING		5280					
8.02 SKILLED NURSING		3850					
8.03 SKILLED NURSING		9915					
8.04 SKILLED NURSING							
8.05 SKILLED NURSING							
9 PHYSICAL THERAPY		3480					
9.01 PHYSICAL THERAPY		5280					
9.02 PHYSICAL THERAPY		3850					
9.03 PHYSICAL THERAPY		9915					
9.04 PHYSICAL THERAPY							
9.05 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY		3480					
10.01 OCCUPATIONAL THERAPY		5280					
10.02 OCCUPATIONAL THERAPY		3850					
10.03 OCCUPATIONAL THERAPY		9915					
10.04 OCCUPATIONAL THERAPY							
10.05 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY		3480					
11.01 SPEECH PATHOLOGY		5280					
11.02 SPEECH PATHOLOGY		3850					
11.03 SPEECH PATHOLOGY		9915					
11.04 SPEECH PATHOLOGY							
11.05 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES		3480					
12.01 MEDICAL SOCIAL SERVICES		5280					
12.02 MEDICAL SOCIAL SERVICES		3850					
12.03 MEDICAL SOCIAL SERVICES		9915					
12.04 MEDICAL SOCIAL SERVICES							
12.05 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE		3480					
13.01 HOME HEALTH AIDE SERVICE		5280					
13.02 HOME HEALTH AIDE SERVICE		3850					
13.03 HOME HEALTH AIDE SERVICE		9915					
13.04 HOME HEALTH AIDE SERVICE							
13.05 HOME HEALTH AIDE SERVICE							
14 TOTAL							

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
8 SKILLED NURSING	7	8	9	10	11	12

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
15-0088	FROM 7/ 1/2009	WORKSHEET H-6
HHA NO:	TO 6/30/2010	PARTS I II & III
15-7059		HHA 1

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11	TOTAL PROGRAM COST 12
8.01	SKILLED NURSING					
8.02	SKILLED NURSING					
8.03	SKILLED NURSING					
8.04	SKILLED NURSING					
8.05	SKILLED NURSING					
9	PHYSICAL THERAPY					
9.01	PHYSICAL THERAPY					
9.02	PHYSICAL THERAPY					
9.03	PHYSICAL THERAPY					
9.04	PHYSICAL THERAPY					
9.05	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
10.01	OCCUPATIONAL THERAPY					
10.02	OCCUPATIONAL THERAPY					
10.03	OCCUPATIONAL THERAPY					
10.04	OCCUPATIONAL THERAPY					
10.05	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
11.03	SPEECH PATHOLOGY					
11.04	SPEECH PATHOLOGY					
11.05	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
12.03	MEDICAL SOCIAL SERVICES					
12.04	MEDICAL SOCIAL SERVICES					
12.05	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
13.01	HOME HEALTH AIDE SERVICE					
13.02	HOME HEALTH AIDE SERVICE					
13.03	HOME HEALTH AIDE SERVICE					
13.04	HOME HEALTH AIDE SERVICE					
13.05	HOME HEALTH AIDE SERVICE					
14	TOTAL					

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	54,054		54,054	40,101	1.347946	28,480
16 COST OF DRUGS	9.00	4,000		4,000			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES		11,621	38,390	15,664	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	3480	
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4	5280	
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4	3850	
16.03 PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	
16.04 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.05 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)	3480	
17.01 PER BENE COST LIMITATION (FRM FI)	5280	
17.02 PER BENE COST LIMITATION (FRM FI)	3850	
17.03 PER BENE COST LIMITATION (FRM FI)	9915	
17.04 PER BENE COST LIMITATION (FRM FI)		
17.05 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.437747			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.346158			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.434305			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.446240			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.337814			
5 DRUGS CHARGED TO PATIENTS	56	.347516			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	141.46	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	228.28					
3 SPEECH PATHOLOGY	4	165.80					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HHA NO:	TO 6/30/2010	WORKSHEET H-7
15-7059		PARTS I & II

TITLE XVII I

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	2,658,416	1,094,129
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	2,658,416	1,094,129
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,658,416	1,094,129
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	2,433,932
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	22,870
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	11,061
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	2,467,863
13	EXCESS REASONABLE COST	983,362
14	SUBTOTAL	2,467,863
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	2,467,863
17	REIMBURSABLE BAD DEBTS	1,100
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2,468,963
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	986,098
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	
22	SUBTOTAL	2,468,963
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	2,468,963
25	INTERIM PAYMENTS	2,467,862
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	983,362
26	BALANCE DUE PROVIDER/PROGRAM	1,101
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2	2,736

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
15-1516		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	222,004	55,574	48,427	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	423,514	106,016		
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	64,853	16,234		
15 SPIRITUAL COUNSELING	35,691	8,934		
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	82,538	20,661		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	828,600	207,419	48,427	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0088
HOSPICE NO: 15-1516
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET K

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	2,809	2,809		2,809
3 PLANT OPERATION AND MAINTENANCE	20,727	20,727		20,727
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	160,124	486,129		486,129
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		529,530		529,530
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		81,087		81,087
15 SPIRITUAL COUNSELING		44,625		44,625
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		103,199		103,199
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	81,811	81,811		81,811
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	131,053	131,053		131,053
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	396,524	1,480,970		1,480,970

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
15-1516		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		2,809
3 PLANT OPERATION AND MAINTENANCE		20,727
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-5,060	481,069
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		529,530
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		81,087
15 SPIRITUAL COUNSELING		44,625
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		103,199
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		81,811
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		131,053
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-5,060	1,475,910

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
15-1516		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		7,844		129,123
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			64,853	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		7,844	64,853	129,123

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-1
15-1516		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				85,037
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	423,514			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				35,691
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			82,538	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	423,514		82,538	120,728

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO	WORKSHEET K-1
15-1516	6/30/2010	

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.
3	PLANT OPERATION AND MAINTENANCE
4	TRANSPORTATION - STAFF
5	VOLUNTEER SERVICE COORDINATION
6	ADMINISTRATIVE AND GENERAL
	INPATIENT CARE SERVICE
7	INPATIENT - GENERAL CARE
8	INPATIENT - RESPIRE CARE
	VISITING SERVICES
9	PHYSICIAN SERVICES
10	NURSING CARE
10.20	NURSING CARE-CONTINUOUS HOME CARE
11	PHYSICAL THERAPY
12	OCCUPATIONAL THERAPY
13	SPEECH/LANGUAGE PATHOLOGY
14	MEDICAL SOCIAL SERVICES
15	SPIRITUAL COUNSELING
16	DIETARY COUNSELING
17	COUNSELING - OTHER
18	HOME HEALTH AIDE AND HOMEMAKER
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE
	OTHER HOSPICE SERVICE COSTS
19	OTHER
20	DRUGS BIOLOGICAL AND INFUSION THERAPY
20.30	ANALGESICS
20.31	SEDATIVES / HYPNOTICS
20.32	OTHER - SPECIFY
21	DURABLE MEDICAL EQUIPMENT/OXYGEN
22	PATIENT TRANSPORTATION
23	IMAGING SERVICES
24	LABS AND DIAGNOSTICS
25	MEDICAL SUPPLIES
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)
27	RADIATION THERAPY
28	CHEMOTHERAPY
29	OTHER
30	BEREAVEMENT PROGRAM COSTS
31	VOLUNTEER PROGRAM COSTS
32	FUNDRAISING
33	OTHER PROGRAM COSTS
34	TOTAL (SUM OF LINES 1 THRU 33)

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-2
15-1516		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		1,964		32,323
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			16,234	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		1,964	16,234	32,323

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-2
15-1516		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				21,287
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	106,016			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				8,934
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			20,661	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	106,016		20,661	30,221

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO	WORKSHEET
15-1516	6/30/2010	K-2

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	55,574
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	106,016
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	16,234
15	SPIRITUAL COUNSELING	8,934
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	20,661
18.20	HH AIDE & HOME MAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	207,419

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
15-1516		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	2,809		2,809	
3 PLANT OPERATION AND MAINTENANCE	20,727			20,727
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	481,069			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	529,530		2,809	20,727
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	81,087			
15 SPIRITUAL COUNSELING	44,625			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	103,199			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	81,811			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	131,053			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,475,910		2,809	20,727

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
15-1516		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			481,069	481,069
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			553,066	267,442
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			81,087	39,211
19 SPIRITUAL COUNSELING			44,625	21,579
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			103,199	49,903
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			81,811	39,561
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			131,053	63,373
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			994,841	481,069

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
15-1516		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	820,508
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	120,298
19	SPIRITUAL COUNSELING	66,204
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	153,102
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	121,372
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	194,426
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,475,910

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	15-0088	PERIOD:	FROM 7/ 1/2009	PREPARED 11/29/2010
HOSPICE NO:	15-1516	TO	6/30/2010	WORKSHEET K-4
				PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		3,351		
4 PLANT OPERATION AND MAINTENANCE			3,351	
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		3,351	3,351	
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)		2,809	20,727	
45 UNIT COST MULTIPLIER	.000000	.838257	6.185318	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
15-1516		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL	-481,069	994,841
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		553,066
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		81,087
19	SPIRITUAL COUNSELING		44,625
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOME MAKER		103,199
23	HH AIDE & HOME MAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		81,811
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		131,053
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39			
40			
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	COST TO BE ALLOCATED (PER WKST K-4, PART I)		481,069
44	UNIT COST MULTIPLIER	.000000	.483564

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BLDG & FIXT
		0	1	1.01	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	820,508			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	120,298			
10.00 SPIRITUAL COUNSELING	15	66,204			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	153,102			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	121,372			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	194,426			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,475,910			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	3.01	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		29,047	6,361	2,757
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		29,047	6,361	2,757
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO: 15-0088
HOSPICE NO: 15-1516
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
WORKSHEET K-5
PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		242,432		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		992,678	134,777	1,127,455
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		145,540	19,760	165,300
10.00 SPIRITUAL COUNSELING		80,096	10,875	90,971
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		185,228	25,148	210,376
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		146,840	19,936	166,776
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		235,223	31,936	267,159
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,028,037	135,770	2,028,037
30.00 UNIT COST MULTIPLIER				

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)
	1	1.01	3	3.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	NONPATIENT TELEPHONES (PHONE LINES) 6.01	DATA PROCESSING (DEPT. REVENUE) 6.02	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE) 6.03
1.00 ADMINISTRATIVE AND GENERAL	828,600			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
		8	2,284,426	217,121

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	5	6.01	6.02	6.03
29.00 TOTAL (SUM OF LINE 1 THRU 28)	828,600	8	2,284,426	217,121
30.00 TOTAL COST TO BE ALLOCATED	29,047	6,361	2,757	10,055
31.00 UNIT COST MULTIPLIER	.035056	795.125000	.001207	.046311

HOSPICE COST CENTER	ADMITTING (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)
	6.04	6.05	6A.06	6.06
1.00 ADMINISTRATIVE AND GENERAL	2,284,426	2,284,426		75,000
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				820,508
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				120,298
10.00 SPIRITUAL COUNSELING				66,204
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				153,102
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				121,372
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				194,426
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,284,426	2,284,426		1,550,910
30.00 TOTAL COST TO BE ALLOCATED	9,053	17,727		325,432
31.00 UNIT COST MULTIPLIER	.003963	.007760		.209833

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	DIETARY (PATIENT DAYS) 11	CAFETERIA (TOTAL HOURS) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	20	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED ED PRGM	SCH OF RADIOLOGY
	(RAD SCH)	(RAD SCH)
	24	24.01

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS

Health Financial Systems	MCRIF32	FOR SAINT JOHN'S HEALTH SYSTEM	IN LIEU OF FORM CMS-2552-96-K-5-11 (05/2007)
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE		PROVIDER NO:	PERIOD:
COST CENTERS - STATISTICAL BASIS		15-0088	FROM 7/ 1/2009
		HOSPICE NO:	TO 6/30/2010
		15-1516	PART II

HOSPICE 1

	PARAMED ED PRGM	SCH OF RADIOLOGY
HOSPICE COST CENTER		
	24	24.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-5
15-1516		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.437747	
2	OCCUPATIONAL THERAPY	51	.346158	
3	SPEECH PATHOLOGY	52	.434305	
4	DRUGS CHARGED TO PATIENTS	56	.347516	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.172433	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.446240	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.337814	
8	EMERGENCY	61	.393982	
9	RADIOLOGY-DIAGNOSTIC	41	.156267	
10	CHEMOTHERAPY	59	.371188	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0088	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-6
15-1516		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,028,037
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				15,117
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				134.16
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	13,907			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,865,763			
6 UNDUPLICATED MEDICAID DAYS		116		
7 AGGREGATE MEDICAID COST		15,563		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,970			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	264,295			
10 UNDUPLICATED NF DAYS		12		
11 AGGREGATE NF COST		1,610		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,094	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			146,771	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,742,163
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	49,604
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	91.72
	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	6.20
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.96
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	25.16
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.23
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	91,115
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,882,882
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)	