

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0004 | PERIOD FROM 1/1/2008 TO 12/31/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 17:50

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. MARGARET MERCY HEALTHCARE- NORTH 15-0004 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 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

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, and TOTAL with corresponding numerical values.

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.

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

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

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

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	8,686
2 UNDUPLICATED CENSUS COUNT		868.00		
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	8,686			
2 UNDUPLICATED CENSUS COUNT	1,208.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	16.09		16.09
6 DIRECTING NURSING SERVICE	16.62		16.62
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.24		2.24
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.04		.04
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	4.16		4.16
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
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).		23844	
20.01		16974	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	12,365	74	297	46
22 SKILLED NURSING VISIT CHARGES	2,314,247	13,791	55,649	8,593
23 PHYSICAL THERAPY VISITS	4,221	49	9	7
24 PHYSICAL THERAPY VISIT CHARGES	790,137	9,036	1,692	1,316
25 OCCUPATIONAL THERAPY VISITS	724	34	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	135,276	6,271	188	0
27 SPEECH PATHOLOGY VISITS	146	47	2	0
28 SPEECH PATHOLOGY VISIT CHARGES	27,382	8,671	376	0
29 MEDICAL SOCIAL SERVICE VISITS	43	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	10,436	0	0	0
31 HOME HEALTH AIDE VISITS	4,840	37	9	0
32 HOME HEALTH AIDE VISIT CHARGES	549,499	4,120	1,026	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	22,339	241	318	53
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,826,977	41,889	58,931	9,909
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	1,201	0	109	10
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	154,292	352	6,322	1,918

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	12,782
22 SKILLED NURSING VISIT CHARGES	0	0	2,392,280
23 PHYSICAL THERAPY VISITS	0	0	4,286
24 PHYSICAL THERAPY VISIT CHARGES	0	0	802,181
25 OCCUPATIONAL THERAPY VISITS	0	0	759
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	141,735
27 SPEECH PATHOLOGY VISITS	0	0	195
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	36,429
29 MEDICAL SOCIAL SERVICE VISITS	0	0	43
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	10,436
31 HOME HEALTH AIDE VISITS	0	0	4,886
32 HOME HEALTH AIDE VISIT CHARGES	0	0	554,645
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	22,951
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,937,706
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,320
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	162,884

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,355,666
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,680,370
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,273,754
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	26,906,892

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		6,952,824	6,952,824	-5,348,707	1,604,117
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				14,401	14,401
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2,909,935	2,909,935
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3,731,211	3,731,211
5	0500 EMPLOYEE BENEFITS	1,349,017	20,884,541	22,233,558	-1,046	22,232,512
6.01	1160 COMMUNICATIONS	461,349	684,180	1,145,529		1,145,529
6.02	0620 DATA PROCESSING		-6,636,322	-6,636,322		-6,636,322
6.03	0630 PURCHASING, RECEIVING AND STORES	389,896	275,044	664,940		664,940
6.04	0640 ADMINITTING	1,002,606	48,881	1,051,487		1,051,487
6.05	0661 OTHER ADMINISTRATION AND GENERAL	3,101,799	10,863,110	13,964,909	2,254,445	16,219,354
7	0700 MAINTENANCE & REPAIRS	1,527,023	1,973,638	3,500,661		3,500,661
8	0800 OPERATION OF PLANT	555,559	3,929,948	4,485,507		4,485,507
9	0900 LAUNDRY & LINEN SERVICE	1,642,425	1,200,161	2,842,586		2,842,586
10	1000 HOUSEKEEPING	1,751,161	374,466	2,125,627		2,125,627
11	1100 DIETARY	1,122,969	2,135,023	3,257,992	-1,652,001	1,605,991
12	1200 CAFETERIA				1,652,001	1,652,001
14	1400 NURSING ADMINISTRATION	3,331,301	286,556	3,617,857	-188	3,617,669
15	1500 CENTRAL SERVICES & SUPPLY	449,164	4,967,606	5,416,770	-549,914	4,866,856
16	1600 PHARMACY	2,229,484	9,301,794	11,531,278	-6,976,396	4,554,882
17	1700 MEDICAL RECORDS & LIBRARY	1,358,651	124,860	1,483,511		1,483,511
18	1800 SOCIAL SERVICE		404	404		404
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		3,290	3,290	655,303	658,593
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM - LAB	67,847	11,934	79,781	79,217	158,998
24.02	2402 PARAMED ED PRGM - RADIOLOGY	62,317	751	63,068	130,354	193,422
24.03	2403 PARAMED ED PRGM - RESP THER	55,924		55,924	49,793	105,717
24.04	2404 PARAMED ED PRGM-PHARMACY	214,799	17,259	232,058	53,406	285,464
25	2500 ADULTS & PEDIATRICS	16,485,556	4,458,196	20,943,752	-2,402,364	18,541,388
26	2600 INTENSIVE CARE UNIT	3,188,289	621,631	3,809,920	-70,231	3,739,689
30	2040 NEWBORN INTENSIVE CARE UNIT	1,807,881	96,499	1,904,380	-16,754	1,887,626
31	3100 SUBPROVIDER	2,484,227	9,725,583	12,209,810	-1,827	12,207,983
33	3300 NURSERY				1,129,783	1,129,783
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,628,298	4,022,941	5,651,239	-2,831,290	2,819,949
37.01	3701 OPEN HEART SURGERY	159,392	699,361	858,753	-475,461	383,292
37.02	3702 OUTPATIENT SURGERY	1,104,689	312,732	1,417,421	-145,801	1,271,620
38	3800 RECOVERY ROOM	470,586	14,514	485,100	-4,562	480,538
40	4000 ANESTHESIOLOGY	5,037,367	560,898	5,598,265	-114,477	5,483,788
41	4100 RADIOLOGY-DIAGNOSTIC	1,465,320	322,437	1,787,757	-399,300	1,388,457
41.01	4101 RADIOLOGY SPECIAL PROCEDURES	440,759	913,040	1,353,799	-687,347	666,452
41.02	3630 ULTRASOUND	575,593	142,134	717,727	535	718,262
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 COMPUTED TOMOGRAPHY	497,915	978,568	1,476,483	132,560	1,609,043
44	4400 LABORATORY		7,884,606	7,884,606	-79,217	7,805,389
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,476,828	1,476,828	275,205	1,752,033
47.01	3450 NUCLEAR MEDICINE	289,421	323,982	613,403	-3,836	609,567
49	4900 RESPIRATORY THERAPY	1,688,990	493,493	2,182,483	34,333	2,216,816
50	5000 PHYSICAL THERAPY	1,369,517	204,137	1,573,654	-262,570	1,311,084
51	5100 OCCUPATIONAL THERAPY	444,617	57,049	501,666	15,679	517,345
52	5200 SPEECH PATHOLOGY	287,961	107,499	395,460	-32,273	363,187
53	5300 ELECTROCARDIOLOGY	455,729	198,712	654,441	-2,385	652,056
54	5400 ELECTROENCEPHALOGRAPHY	226,797	46,583	273,380	-3,566	269,814
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,137,697	7,137,697
56	5600 DRUGS CHARGED TO PATIENTS				6,604,926	6,604,926
59	3020 PAIN CLINIC	184,209	25,131	209,340	-12,881	196,459
59.01	3021 ORTHOPEDICS	598,142	67,252	665,394	-31,973	633,421
59.02	3022 CARDIOVASCULAR SERVICES	860,436	1,303,150	2,163,586	-983,672	1,179,914
59.03	3023 CARDIAC REHAB	402,498	26,493	428,991	14,347	443,338
59.04	3024 RADIATION ONCOLOGY	583,377	267,186	850,563	-11,894	838,669
59.05	3025 MRI	131,855	211,630	343,485	13,777	357,262
59.06	3026 BARIATRIC CENTER	617	54	671		671
59.07	3027 PSYCH ACTIVITY THERAPY		1,139,160	1,139,160		1,139,160
59.08	3028 WOUND CARE	465,704	118,359	584,063	-67,846	516,217
59.09	3029 RENAL DIALYSIS				985,706	985,706
60	6000 CLINIC					
60.01	6001 OCC HEALTH CLINIC				-1,913	-1,913
61	6100 EMERGENCY	6,621,272	2,531,228	9,152,500	-1,141,637	8,010,863
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,286,912	526,603	2,813,515		2,813,515
88	8800 INTEREST EXPENSE		6,185,472	6,185,472	-3,561,285	2,624,187
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	72,917,217	103,463,089	176,380,306	-0-	176,380,306
96	9600 NONREIMBURS COST CENTERS					
96.01	9601 GIFT, FLOWER, COFFEE SHOP & CANTEN	37,770	132,040	169,810		169,810
96.02	9602 CONVENT		9,376	9,376		9,376
96.03	9603 HOME MEDICAL EQUIPMENT		579,452	579,452		579,452
96.04	9604 MEDICAL ARTS BUILDING	3,564	186,157	189,721		189,721
96.05	9605 WOMEN'S HEALTH CENTER	87,905	6,947	94,852		94,852
96.06	9606 DEVELOPMENT					
96.07	9607 NEUROSURGERY PROF SERVICES					
96.08	9608 IMAGE RECOVERY	7,950	44,748	52,698		52,698

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
96.08 9608	HAMMOND FAMILY SERVICES	287,849	92,375	380,224		380,224
96.09 9609	MDWISE	122,792	7,715,830	7,838,622		7,838,622
96.10 9610	CATHERINE MCAULEY CLINIC	207,760	93,672	301,432		301,432
96.11 9611	CENTER OF HOPE	9,686	90	9,776		9,776
96.12 9612	SELECT					
96.13 9613	PERCINI AS					
98 9800	PHYSICIANS' PRIVATE OFFICES	2,458,138	422,687	2,880,825		2,880,825
98.01 9801	WORKING WELL	236,846	149,449	386,295		386,295
99 9900	NONPAID WORKERS					
100.01 7951	REHAB	2,196		2,196		2,196
101	TOTAL	76,379,673	112,895,912	189,275,585	-0-	189,275,585

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 15-0004 I FROM 1/ 1/2008 I WORKSHEET A
 I I TO 12/31/2008 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	-20,332	1,583,785
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		14,401
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,844,659	4,754,594
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		3,731,211
5 0500	EMPLOYEE BENEFITS	-1,017,866	21,214,646
6.01 1160	COMMUNICATIONS	-36,555	1,108,974
6.02 0620	DATA PROCESSING	7,105,979	469,657
6.03 0630	PURCHASING, RECEIVING AND STORES	-243,304	421,636
6.04 0640	ADMINISTRATIVE		1,051,487
6.05 0661	OTHER ADMINISTRATIVE AND GENERAL	607,787	16,827,141
7 0700	MAINTENANCE & REPAIRS	-15,547	3,485,114
8 0800	OPERATION OF PLANT		4,485,507
9 0900	LAUNDRY & LINEN SERVICE	-2,724,997	117,589
10 1000	HOUSEKEEPING		2,125,627
11 1100	DIETARY	-572,575	1,033,416
12 1200	CAFETERIA	-886,398	765,603
14 1400	NURSING ADMINISTRATION	-38,776	3,578,893
15 1500	CENTRAL SERVICES & SUPPLY	-470,478	4,396,378
16 1600	PHARMACY	270,753	4,825,635
17 1700	MEDICAL RECORDS & LIBRARY	-504	1,483,007
18 1800	SOCIAL SERVICE		404
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		658,593
24 2400	PARAMEDICAL PRGM		
24.01 2401	PARAMEDICAL PRGM - LAB	-27,556	131,442
24.02 2402	PARAMEDICAL PRGM - RADIOLOGY		193,422
24.03 2403	PARAMEDICAL PRGM - RESPIRATORY		105,717
24.04 2404	PARAMEDICAL PRGM-PHARMACY		285,464
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,783,551	16,757,837
26 2600	INTENSIVE CARE UNIT	-38	3,739,651
30 2040	NEWBORN INTENSIVE CARE UNIT		1,887,626
31 3100	SUBPROVIDER	-6,940,386	5,267,597
33 3300	NURSERY		1,129,783
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-618,166	2,201,783
37.01 3701	OPEN HEART SURGERY	-5,863	377,429
37.02 3702	OUTPATIENT SURGERY		1,271,620
38 3800	RECOVERY ROOM		480,538
40 4000	ANESTHESIOLOGY	-4,162,992	1,320,796
41 4100	RADIOLOGY-DIAGNOSTIC	-54,857	1,333,600
41.01 4101	RADIOLOGY SPECIAL PROCEDURES		666,452
41.02 3630	ULTRASOUND	-14,696	703,566
42 4200	RADIOLOGY-THERAPEUTIC		
42.01 4201	COMPUTED TOMOGRAPHY	-95,671	1,513,372
44 4400	LABORATORY	-1,695,571	6,109,818
47 4700	BLOOD STORING, PROCESSING & TRANS.	-765	1,751,268
47.01 3450	NUCLEAR MEDICINE	-2,711	606,856
49 4900	RESPIRATORY THERAPY	-34,206	2,182,610
50 5000	PHYSICAL THERAPY	-3,696	1,307,388
51 5100	OCCUPATIONAL THERAPY	-408	516,937
52 5200	SPEECH PATHOLOGY		363,187
53 5300	ELECTROCARDIOLOGY	-103,195	548,861
54 5400	ELECTROENCEPHALOGRAPHY	-4,011	265,803
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-54,084	7,083,613
56 5600	DRUGS CHARGED TO PATIENTS	-1,190,994	5,413,932
59 3020	PAIN CLINIC		196,459
59.01 3021	ORTHOPEDICS	-356,283	277,138
59.02 3022	CARDIOVASCULAR SERVICES	-108,831	1,071,083
59.03 3023	CARDIAC REHAB	-5,803	437,535
59.04 3024	RADIATION ONCOLOGY	-100	838,569
59.05 3025	MRI	-31,421	325,841
59.06 3026	BARITRIC CENTER		671
59.07 3027	PSYCH ACTIVITY THERAPY	-288,899	850,261
59.08 3028	WOUND CARE	-39,151	477,066
59.09 3029	RENAL DIALYSIS		985,706
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	OCC HEALTH CLINIC	-220	-2,133
61 6100	EMERGENCY	-3,825,476	4,185,387
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY	-75,000	2,738,515
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-2,624,187	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-20,346,942	156,033,364
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		169,810
96.01 9601	CONVENT		9,376
96.02 9602	HOME MEDICAL EQUIPMENT		579,452
96.03 9603	MEDICAL ARTS BUILDING		189,721
96.04 9604	WOMEN'S HEALTH CENTER		94,852
96.05 9605	DEVELOPMENT		
96.06 9606	NEUROSURGERY PROF SERVICES		
96.07 9607	IMAGE RECOVERY		52,698

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0004
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.08 9608	HAMMOND FAMILY SERVICES		380,224
96.09 9609	MDWISE		7,838,622
96.10 9610	CATHERINE MCAULEY CLINIC		301,432
96.11 9611	CENTER OF HOPE		9,776
96.12 9612	SELECT		
96.13 9613	PERCINI AS		
98 9800	PHYSICIANS' PRIVATE OFFICES		2,880,825
98.01 9801	WORKING WELL		386,295
99 9900	NONPAID WORKERS		
100.01 7951	REHAB		2,196
101	TOTAL	-20,346,942	168,928,643

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATION	0640	ADMINISTRATION
6.05	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM - LAB	2401	PARAMED PRGM
24.02	PARAMED PRGM - RADIOLOGY	2402	PARAMED PRGM
24.03	PARAMED PRGM - RESP THER	2403	PARAMED PRGM
24.04	PARAMED PRGM-PHARMACY	2404	PARAMED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEWBORN INTENSIVE CARE UNIT	2040	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPEN HEART SURGERY	3701	OPERATING ROOM
37.02	OUTPATIENT SURGERY	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY SPECIAL PROCEDURES	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	3630	ULTRASOUND
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	COMPUTED TOMOGRAPHY	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
47.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
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	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PAIN CLINIC	3020	ACUPUNCTURE
59.01	ORTHOPEDECS	3021	ACUPUNCTURE
59.02	CARDIOVASCULAR SERVICES	3022	ACUPUNCTURE
59.03	CARDIAC REHAB	3023	ACUPUNCTURE
59.04	RADIATION ONCOLOGY	3024	ACUPUNCTURE
59.05	MRI	3025	ACUPUNCTURE
59.06	BARITRIC CENTER	3026	ACUPUNCTURE
59.07	PSYCH ACTIVITY THERAPY	3027	ACUPUNCTURE
59.08	WOUND CARE	3028	ACUPUNCTURE
59.09	RENAL DIALYSIS	3029	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OCC HEALTH CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	CONVENT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	HOME MEDICAL EQUIPMENT	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MEDICAL ARTS BUILDING	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	WOMEN'S HEALTH CENTER	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	DEVELOPMENT	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NEUROSURGERY PROF SERVICES	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	IMAGE RECOVERY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	HAMMOND FAMILY SERVICES	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.09	MDWISE	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	CATHERINE MCAULEY CLINIC	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	CENTER OF HOPE	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	SELECT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	PERCINI AS	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WORKING WELL	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100.01	REHAB	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150004	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAPITAL RECLASSIFICATION	A	OLD CAP REL COSTS-MVBLE EQUIP	2		14,401
2		NEW CAP REL COSTS-BLDG & FIXT	3		2,909,935
3		NEW CAP REL COSTS-MVBLE EQUIP	4		3,731,211
4 INTEREST ADJUSTMENT	B	OLD CAP REL COSTS-BLDG & FIXT	1		1,111,212
5 DIETARY RECLASSIFICATION	C	CAFETERIA	12	569,750	1,082,251
6 INSURANCE RECLASSIFICATION	D	OLD CAP REL COSTS-BLDG & FIXT	1		177,928
7		OTHER ADMINISTRATIVE AND GENERAL	6.05		2,254,435
8 MEDICAL SUPPLY RECLASSIFICATION	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,137,697
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLY RECLASSIFICATION	E				
2					
3					
4					
5					
6 PHARMACY RECLASSIFICATION	F	DRUGS CHARGED TO PATIENTS	56	206,404	6,398,522
7		BLOOD STORING, PROCESSING & TRANS.	47		275,205
8 RADIOLOGY ADMINISTRATIVE RECLASS	G	ULTRASOUND	41.02		29,683
9		COMPUTED TOMOGRAPHY	42.01		152,217
10		RADIOLOGY SPECIAL PROCEDURES	41.01		43,633
11		MRI	59.05		40,825
12 PROFESSIONAL SUPPORT SERVICES	H	RESPIRATORY THERAPY	49	186,293	1,248
13		OCCUPATIONAL THERAPY	51	28,811	193
14		SPEECH PATHOLOGY	52	10,636	71
15		CARDIAC REHAB	59.03	15,073	101
16 INTERN/RESIDENT RECLASSIFICATION	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		655,303
17 RENT RECLASSIFICATION	J	OLD CAP REL COSTS-BLDG & FIXT	1		17,700
18		OTHER ADMINISTRATIVE AND GENERAL	6.05		10
19 PARAMEDICAL RECLASS	K	PARAMEDICAL PRGM - LAB	24.01		79,217
20		PARAMEDICAL PRGM - RADIOLOGY	24.02	130,354	
21		PARAMEDICAL PRGM - RESPIRATORY	24.03	49,793	
22 PHARMACY PARAMEDICAL	L	PARAMEDICAL PRGM-PHARMACY	24.04	53,406	
23 NURSERY RECLASS	M	NURSERY	33	910,516	219,267
24 RENAL DIALYSIS	N	RENAL DIALYSIS	59.09	549,571	436,135
36 TOTAL RECLASSIFICATIONS				2,710,607	26,768,400

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 CAPITAL RECLASSIFICATION	A	OLD CAP REL COSTS-BLDG & FIXT	1			6,655,547	9
2							9
3							9
4 INTEREST ADJUSTMENT	B	INTEREST EXPENSE	88			1,111,212	10
5 DIETARY RECLASSIFICATION	C	DIETARY	11		569,750	1,082,251	
6 INSURANCE RECLASSIFICATION	D	INTEREST EXPENSE	88			2,432,363	12
7							12
8 MEDICAL SUPPLY RECLASSIFICATION	E	EMPLOYEE BENEFITS	5			1,046	
9		NURSING ADMINISTRATION	14			188	
10		CENTRAL SERVICES & SUPPLY	15			549,914	
11		PHARMACY	16			42,859	
12		ADULTS & PEDIATRICS	25			286,875	
13		INTENSIVE CARE UNIT	26			70,231	
14		NEWBORN INTENSIVE CARE UNIT	30			16,754	
15		SUBPROVIDER	31			1,827	
16		OPERATING ROOM	37			2,831,290	
17		OPEN HEART SURGERY	37.01			475,461	
18		OUTPATIENT SURGERY	37.02			145,801	
19		RECOVERY ROOM	38			4,562	
20		ANESTHESIOLOGY	40			114,477	
21		RADIOLOGY-DIAGNOSTIC	41			2,588	
22		RADIOLOGY SPECIAL PROCEDURES	41.01			730,980	
23		ULTRASOUND	41.02			29,148	
24		COMPUTED TOMOGRAPHY	42.01			19,657	
25		NUCLEAR MEDICINE	47.01			3,836	
26		RESPIRATORY THERAPY	49			103,415	
27		PHYSICAL THERAPY	50			20,144	
28		OCCUPATIONAL THERAPY	51			13,325	
29		SPEECH PATHOLOGY	52			42,980	
30		ELECTROCARDIOLOGY	53			2,385	
31		ELECTROENCEPHALOGRAPHY	54			3,566	
32		PAIN CLINIC	59			12,881	
33		ORTHOPEDI CS	59.01			31,973	
34		CARDIOVASCULAR SERVICES	59.02			983,672	
35		CARDIAC REHAB	59.03			827	
1 MEDICAL SUPPLY RECLASSIFICATION	E	RADIATION ONCOLOGY	59.04			11,894	
2		MRI	59.05			27,048	
3		WOUND CARE	59.08			67,846	
4		OCC HEALTH CLINIC	60.01			1,913	
5		EMERGENCY	61			486,334	
6 PHARMACY RECLASSIFICATION	F	PHARMACY	16		206,404	6,673,727	
7							
8 RADIOLOGY ADMINISTRATION RECLASS	G	RADIOLOGY-DIAGNOSTIC	41			266,358	
9							
10							
11							
12 PROFESSIONAL SUPPORT SERVICES	H	PHYSICAL THERAPY	50		240,813	1,613	
13							
14							
15							
16 INTERN/RESIDENT RECLASSIFICATION	I	EMERGENCY	61			655,303	
17 RENT RECLASSIFICATION	J	INTEREST EXPENSE	88			17,710	10
18							10
19 PARAMEDICAL RECLASS	K	LABORATORY	44			79,217	
20		RADIOLOGY-DIAGNOSTIC	41		130,354		
21		RESPIRATORY THERAPY	49		49,793		
22 PHARMACY PARAMEDICAL	L	PHARMACY	16		53,406		
23 NURSERY RECLASS	M	ADULTS & PEDIATRICS	25		910,516	219,267	
24 RENAL DIALYSIS	N	ADULTS & PEDIATRICS	25		549,571	436,135	
36 TOTAL RECLASSIFICATIONS					2,710,607	26,768,400	

(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:
150004

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: CAPITAL RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	14,401	OLD CAP REL COSTS-BLDG & FIXT	1	6,655,547	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,909,935			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,731,211			0	
TOTAL RECLASSIFICATIONS FOR CODE A			6,655,547			6,655,547	

RECLASS CODE: B
EXPLANATION: INTEREST ADJUSTMENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,111,212	INTEREST EXPENSE	88	1,111,212	
TOTAL RECLASSIFICATIONS FOR CODE B			1,111,212			1,111,212	

RECLASS CODE: C
EXPLANATION: DIETARY RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,652,001	DIETARY	11	1,652,001	
TOTAL RECLASSIFICATIONS FOR CODE C			1,652,001			1,652,001	

RECLASS CODE: D
EXPLANATION: INSURANCE RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	177,928	INTEREST EXPENSE	88	2,432,363	
2.00	OTHER ADMINISTRATIVE AND GENER	6.05	2,254,435			0	
TOTAL RECLASSIFICATIONS FOR CODE D			2,432,363			2,432,363	

RECLASS CODE: E
EXPLANATION: MEDICAL SUPPLY RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,137,697	EMPLOYEE BENEFITS	5	1,046	
2.00			0	NURSING ADMINISTRATION	14	188	
3.00			0	CENTRAL SERVICES & SUPPLY	15	549,914	
4.00			0	PHARMACY	16	42,859	
5.00			0	ADULTS & PEDIATRICS	25	286,875	
6.00			0	INTENSIVE CARE UNIT	26	70,231	
7.00			0	NEWBORN INTENSIVE CARE UNIT	30	16,754	
8.00			0	SUBPROVIDER	31	1,827	
9.00			0	OPERATING ROOM	37	2,831,290	
10.00			0	OPEN HEART SURGERY	37.01	475,461	
11.00			0	OUTPATIENT SURGERY	37.02	145,801	
12.00			0	RECOVERY ROOM	38	4,562	
13.00			0	ANESTHESIOLOGY	40	114,477	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	2,588	
15.00			0	RADIOLOGY SPECIAL PROCEDURES	41.01	730,980	
16.00			0	ULTRASOUND	41.02	29,148	
17.00			0	COMPUTED TOMOGRAPHY	42.01	19,657	
18.00			0	NUCLEAR MEDICINE	47.01	3,836	
19.00			0	RESPIRATORY THERAPY	49	103,415	
20.00			0	PHYSICAL THERAPY	50	20,144	
21.00			0	OCCUPATIONAL THERAPY	51	13,325	
22.00			0	SPEECH PATHOLOGY	52	42,980	
23.00			0	ELECTROCARDIOLOGY	53	2,385	
24.00			0	ELECTROENCEPHALOGRAPHY	54	3,566	
25.00			0	PAIN CLINIC	59	12,881	
26.00			0	ORTHOPEDICS	59.01	31,973	
27.00			0	CARDIOVASCULAR SERVICES	59.02	983,672	
28.00			0	CARDIAC REHAB	59.03	827	
29.00			0	RADIATION ONCOLOGY	59.04	11,894	
30.00			0	MRI	59.05	27,048	
31.00			0	WOUND CARE	59.08	67,846	
32.00			0	OCC HEALTH CLINIC	60.01	1,913	
33.00			0	EMERGENCY	61	486,334	
TOTAL RECLASSIFICATIONS FOR CODE E			7,137,697			7,137,697	

RECLASS CODE: F
EXPLANATION: PHARMACY RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,604,926	PHARMACY	16	6,880,131	

RECLASSIFICATIONS

PROVIDER NO: 150004	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: F
EXPLANATION : PHARMACY RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	BLOOD STORING, PROCESSING & TR	47	275,205			0	
TOTAL RECLASSIFICATIONS FOR CODE F			6,880,131			6,880,131	

RECLASS CODE: G
EXPLANATION : RADIOLOGY ADMINISTRATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRASOUND	41.02	29,683	RADIOLOGY-DIAGNOSTIC	41	266,358	
2.00	COMPUTED TOMOGRAPHY	42.01	152,217			0	
3.00	RADIOLOGY SPECIAL PROCEDURES	41.01	43,633			0	
4.00	MRI	59.05	40,825			0	
TOTAL RECLASSIFICATIONS FOR CODE G			266,358			266,358	

RECLASS CODE: H
EXPLANATION : PROFESSIONAL SUPPORT SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	187,541	PHYSICAL THERAPY	50	242,426	
2.00	OCCUPATIONAL THERAPY	51	29,004			0	
3.00	SPEECH PATHOLOGY	52	10,707			0	
4.00	CARDIAC REHAB	59.03	15,174			0	
TOTAL RECLASSIFICATIONS FOR CODE H			242,426			242,426	

RECLASS CODE: I
EXPLANATION : INTERN/RESIDENT RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	655,303	EMERGENCY	61	655,303	
TOTAL RECLASSIFICATIONS FOR CODE I			655,303			655,303	

RECLASS CODE: J
EXPLANATION : RENT RECLASSIFICATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	17,710	INTEREST EXPENSE	88	17,710	
2.00	OTHER ADMINSTRATIVE AND GENER	6.05	10			0	
TOTAL RECLASSIFICATIONS FOR CODE J			17,710			17,710	

RECLASS CODE: K
EXPLANATION : PARAMED ED RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM - LAB	24.01	79,217	LABORATORY	44	79,217	
2.00	PARAMED ED PRGM - RADIOLOGY	24.02	130,354	RADIOLOGY-DIAGNOSTIC	41	130,354	
3.00	PARAMED ED PRGM - RESP THER	24.03	49,793	RESPIRATORY THERAPY	49	49,793	
TOTAL RECLASSIFICATIONS FOR CODE K			259,364			259,364	

RECLASS CODE: L
EXPLANATION : PHARMACY PARAMED ED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM-PHARMACY	24.04	53,406	PHARMACY	16	53,406	
TOTAL RECLASSIFICATIONS FOR CODE L			53,406			53,406	

RECLASS CODE: M
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,129,783	ADULTS & PEDIATRICS	25	1,129,783	
TOTAL RECLASSIFICATIONS FOR CODE M			1,129,783			1,129,783	

RECLASS CODE: N
EXPLANATION : RENAL DIALYSIS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	59.09	985,706	ADULTS & PEDIATRICS	25	985,706	
TOTAL RECLASSIFICATIONS FOR CODE N			985,706			985,706	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	4,036,392						4,036,392	
2 LAND IMPROVEMENTS	2,007,008					12,080	1,994,928	
3 BUILDINGS & FIXTURE	37,521,962					1,025,001	36,496,961	
4 BUILDING IMPROVEMENT	70,263						70,263	
5 FIXED EQUIPMENT	42,329,766						42,329,766	
6 MOVABLE EQUIPMENT	1,391,199						1,391,199	
7 SUBTOTAL	87,356,590					1,037,081	86,319,509	
8 RECONCILING ITEMS								
9 TOTAL	87,356,590					1,037,081	86,319,509	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	1,486,544						1,486,544	
2 LAND IMPROVEMENTS	1,323,196						1,323,196	
3 BUILDINGS & FIXTURE	7,902,649						7,902,649	
4 BUILDING IMPROVEMENT	86,870						86,870	
5 FIXED EQUIPMENT	47,817,550	4,001,609			4,001,609		51,819,159	
6 MOVABLE EQUIPMENT	49,675,593						49,675,593	
7 SUBTOTAL	108,292,402	4,001,609			4,001,609		112,294,011	
8 RECONCILING ITEMS								
9 TOTAL	108,292,402	4,001,609			4,001,609		112,294,011	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	297,277	1,125,039		177,928		-16,459	1,583,785
2	OLD CAP REL COSTS-MV	14,401						14,401
3	NEW CAP REL COSTS-BL	2,909,935					1,844,659	4,754,594
4	NEW CAP REL COSTS-MV	3,731,211						3,731,211
5	TOTAL	6,952,824	1,125,039		177,928		1,828,200	10,083,991

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	6,952,824						6,952,824
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	6,952,824						6,952,824

* 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

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-325,103	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-470,478	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-3,873	OLD CAP REL COSTS-BLDG &	1	10
9 TELEPHONE SERVICES	B	-36,555	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,526,912			
13 SALE OF SCRAP, WASTE, ETC.	B	-11,208	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,479,594			
15 LAUNDRY AND LINEN SERVICE	B	-2,657,143	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-872,706	CAFETERIA	12	
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	-504	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-19,610	OTHER ADMINISTRATIVE AND	6.05	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 SELECT MEALS	B	-218,402	DIETARY	11	
38 WELLNESS CENTER	B	-12,482	EMPLOYEE BENEFITS	5	
39 DIETARY SUPPLEMENTS	B	-352,253	DIETARY	11	
40 CATERING	B	-249	CAFETERIA	12	
41 PHYSICIAN APPLICATION FEES	B	-27,450	OTHER ADMINISTRATIVE AND	6.05	
42 CARDIAC DIETETIC INSTRUCTION	B	-2,903	CAFETERIA	12	
43 MEALS ON WHEELS	B	-10,540	CAFETERIA	12	
44 MISC INCOME	B	-22,185	CARDIOVASCULAR SERVICES	59.02	
45 RENTAL INCOME	B	-11,646	CARDIOVASCULAR SERVICES	59.02	
46 MISC INCOME	B	-100	RADIATION ONCOLOGY	59.04	
47 PENSION EXPENSE	A	-630,157	EMPLOYEE BENEFITS	5	
48 LIFELINE	B	-91,976	OTHER ADMINISTRATIVE AND	6.05	
49 LOBBYING EXPENSE	A	-3,577	OTHER ADMINISTRATIVE AND	6.05	
49.01 PROGRAM FEES	B	-38,776	NURSING ADMINISTRATION	14	
49.02 PROGRAM FEES	B	-27,556	PARAMED PRGM - LAB	24.01	
49.03 UNNECESSARY BORROWING	A	-2,515,945	INTEREST EXPENSE	88	
49.04 SHARED SERVICES - HR	A	-375,227	EMPLOYEE BENEFITS	5	
49.05 SHARED SERVICES-LAUNDRY	A	-67,854	LAUNDRY & LINEN SERVICE	9	
49.06 SHARED SERVICES-RECEIVING	A	-243,304	PURCHASING, RECEIVING AND	6.03	
49.07 SHARED SERVICES-A&G	A	-2,811,737	OTHER ADMINISTRATIVE AND	6.05	
49.08 SHARED SERVICES - PR	A	740,167	OTHER ADMINISTRATIVE AND	6.05	
49.09 MISCELLANEOUS INCOME	B	-12,000	ADULTS & PEDIATRICS	25	
49.10 RENTAL INCOME	B	-2,714	OTHER ADMINISTRATIVE AND	6.05	
49.11 MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	71	
49.12 DONATIONS EXPENSE	B	-38,479	OTHER ADMINISTRATIVE AND	6.05	
49.13 ADVERTISING	A	-9,214	OTHER ADMINISTRATIVE AND	6.05	
49.14 ADVERTISING	A	-836	SUBPROVIDER	31	
49.15 ADVERTISING	A	-1,932	WOUND CARE	59.08	
49.16 ADVERTISING	A	-220	OCC HEALTH CLINIC	60.01	
49.17 GOODWILL	A	-22,350	OLD CAP REL COSTS-BLDG &	1	14
49.18 SELECT CLINICAL ENGINEERING INCOME	B	-15,547	MAINTENANCE & REPAIRS	7	
50 TOTAL (SUM OF LINES 1 THRU 49)		-20,346,942			

(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	1	OLD CAP REL COSTS-BLDG &	5,891		5,891	14
2	3	NEW CAP REL COSTS-BLDG &	1,844,659		1,844,659	14
3	6 2	DATA PROCESSING		8,144,244	-8,144,244	
4	6 5	OTHER ADMINISTRATIVE AND	8,000,946	5,128,569	2,872,377	
4.01	16	PHARMACY	583,065	312,312	270,753	
4.02	88	INTEREST EXPENSE	3,952,260	3,735,399	216,861	
4.03	6 2	DATA PROCESSING		-15,250,223	15,250,223	
4.04	11	DIETARY		1,920	-1,920	
4.05	55	MEDICAL SUPPLIES CHARGED	20,098	74,182	-54,084	
4.06	56	DRUGS CHARGED TO PATIENTS	319,622	1,510,616	-1,190,994	
4.07	25	ADULTS & PEDIATRICS		2,342	-2,342	
4.08	26	INTENSIVE CARE UNIT		38	-38	
4.09	31	SUBPROVIDER		9,577,272	-9,577,272	
4.10	37	OPERATING ROOM	31	72	-41	
4.11	41	RADIOLOGY-DIAGNOSTIC	8,020	51,669	-43,649	
4.12	41 2	ULTRASOUND	2,699	17,395	-14,696	
4.13	42 1	COMPUTED TOMOGRAPHY	35,498	131,169	-95,671	
4.14	44	LABORATORY	333,359	2,028,930	-1,695,571	
4.15	47	BLOOD STORING, PROCESSING	328	1,093	-765	
4.16	47 1	NUCLEAR MEDICINE	1,161	3,872	-2,711	
4.17	49	RESPIRATORY THERAPY	14,275	40,373	-26,098	
4.18	50	PHYSICAL THERAPY	3,803	7,499	-3,696	
4.19	51	OCCUPATIONAL THERAPY	1,843	2,251	-408	
4.20	53	ELECTROCARDIOLOGY	25,943	129,138	-103,195	
4.21	59 3	CARDIAC REHAB	1,459	7,262	-5,803	
4.22	59 5	MRI	7,899	39,320	-31,421	
4.23	59 7	PSYCH ACTIVITY THERAPY	850,261	1,139,160	-288,899	
4.24	61	EMERGENCY	149,276	484,650	-335,374	
4.25	31	SUBPROVIDER	2,637,722		2,637,722	
5		TOTALS	18,800,118	17,320,524	1,479,594	

* 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) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SAINT MARGARET MERCY	100.00	SISTERS OF ST. FRANCIS HE	0.00
2			0.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 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	IN HOUSE PHYSICIANS	1,769,209	1,769,209		136,700			
2 37	SURGERY	618,125	618,125		204,100			
3 37 1	OPEN HEART SURGERY	88,680		88,680	204,100	844	82,817	4,141
4 40	ANESTHESIA PHYSICIANS	150,867	150,867		200,300			
5 40	ANESTHESIA PHYSICIANS	4,012,125	4,012,125		200,300			
6 49	RESPIRATORY CARE	15,360		15,360	171,400	88	7,252	363
7 54	SLEEP LAB	13,000		13,000	171,400	120	9,888	494
8 54	HYPERBARIC MEDICINE	2,300		2,300	171,400	17	1,401	70
9 59 1	SPI NE CLINI C	356,283	356,283		171,400			
10 59 2	CARDIOVASCULAR SERVI CES	75,000	75,000		171,400			
11 59 8	WOUND CARE	6,550		6,550	171,400	75	6,180	309
12 59 8	WOUND CARE	36,849	36,849		171,400			
13 61	ER PHYSICIANS	123,200	123,200		171,400			
14 61	ER PHYSICIANS	3,366,902	3,366,902		171,400			
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	10,634,450	10,508,560	125,890		1,144	107,538	5,377

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	5	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	6	ALLOC OF TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	COSTED REQUIS.	ENTERED
6.04	ADMITTING	8	GROSS CHARGES	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	PROD HOURS	ENTERED
14	NURSING ADMINISTRATION	14	DI RECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.	ENTERED
16	PHARMACY	16	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	8	GROSS CHARGES	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	17	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	18	NO STATISTICS	ENTERED
24.01	PARAMED ED PRGM - LAB	19	ASSIGNED TIME	ENTERED
24.02	PARAMED ED PRGM - RADIOLOGY	20	ASSIGNED TIME	ENTERED
24.03	PARAMED ED PRGM - RESPIRATORY	21	ASSIGNED TIME	ENTERED
24.04	PARAMED ED PRGM-PHARMACY	18	NO STATISTICS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,583,785	1,583,785					
003 OLD CAP REL COSTS-MVBLE E	14,401		14,401				
004 NEW CAP REL COSTS-BLDG &	4,754,594			4,754,594			
005 NEW CAP REL COSTS-MVBLE E	3,731,211				3,731,211		
006 EMPLOYEE BENEFITS	21,214,646	4,759		14,285	7,677	21,241,367	
006 01 COMMUNICATIONS	1,108,974	3,525	431	10,584	46,591	130,609	1,300,714
006 02 DATA PROCESSING	469,657	18,036		54,144	445,662		
006 03 PURCHASING, RECEIVING AND	421,636	4,431		13,301	6,713	110,381	17,139
006 04 ADMINISTRATION	1,051,487	9,745		29,255	5,946	283,841	52,029
006 05 OTHER ADMINISTRATIVE AND	16,827,141	48,230		144,789	36,849	878,129	151,189
007 MAINTENANCE & REPAIRS	3,485,114	83,029		249,257	60,530	432,305	83,858
008 OPERATION OF PLANT	4,485,507	46,580	7,594	139,836	56,287	157,280	36,726
009 LAUNDRY & LINEN SERVICE	117,589	87,733	63	263,380	77,192	464,975	24,957
010 HOUSEKEEPING	2,125,627	29,374		88,182	11,817	495,759	8,569
011 DIETARY	1,033,416	38,963		116,968	60,299	156,618	16,527
012 CAFETERIA	765,603					161,298	
014 NURSING ADMINISTRATION	3,578,893	16,054		48,194	36,144	943,101	41,011
015 CENTRAL SERVICES & SUPPLY	4,396,378	46,813		140,534	221,638	127,160	24,484
016 PHARMACY	4,825,635	11,239		33,739	6,175	557,621	32,441
017 MEDICAL RECORDS & LIBRARY	1,483,007	40,810		122,514	18,595	384,638	10,406
018 SOCIAL SERVICE	404	2,991		8,980			
023 I&R SERVICES-OTHER PRGM C	658,593						
024 PARAMEDICAL PRGM							612
024 01 PARAMEDICAL PRGM - LAB	131,442					19,208	612
024 02 PARAMEDICAL PRGM - RADIOLO	193,422					54,546	612
024 03 PARAMEDICAL PRGM - RESP TH	105,717					29,929	612
024 04 PARAMEDICAL PRGM-PHARMACY	285,464					75,930	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,757,837	292,699		878,702	461,268	4,253,715	192,811
026 INTENSIVE CARE UNIT	3,739,651	40,341		121,106	198,043	902,614	30,605
030 NEWBORN INTENSIVE CARE UN	1,887,626	8,440		25,338	50,671	511,817	7,957
031 SUBPROVIDER	5,267,597					703,292	
033 NURSERY	1,129,783					257,770	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,201,783	86,351		259,228	194,639	460,976	71,616
037 01 OPEN HEART SURGERY	377,429				32,744	45,124	
037 02 OUTPATIENT SURGERY	1,271,620	61,518		184,680	84,564	312,741	28,157
038 RECOVERY ROOM	480,538				32,875	133,224	
040 ANESTHESIOLOGY	1,320,796	1,064		3,193	80,717	1,426,094	5,509
041 RADIOLOGY-DIAGNOSTIC	1,333,600	42,497		127,578	275,259	377,933	52,029
041 01 RADIOLOGY SPECIAL PROCEDURE	666,452	6,801		20,418	16,047	124,780	3,673
041 02 ULTRASOUND	703,566	4,539		13,627	51,062	162,952	7,957
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	1,513,372	5,180		15,550	4,791	140,961	
044 LABORATORY	6,109,818	30,540		91,682	4,294		28,157
047 BLOOD STORAGE, PROCESSING	1,751,268						27,545
047 01 NUCLEAR MEDICINE	606,856	4,211		12,643	49,444	81,936	7,957
049 RESPIRATORY THERAPY	2,182,610	8,532		25,612	106,325	516,802	16,527
050 PHYSICAL THERAPY	1,307,388	34,504		103,582	6,169	319,539	32,441
051 OCCUPATIONAL THERAPY	516,937	3,367		10,108	812	134,029	7,345
052 SPEECH PATHOLOGY	363,187	7,550		22,666	12,086	84,534	1,836
053 ELECTROCARDIOLOGY	548,861	5,282	6,274	15,856	43,248	129,018	8,569
054 ELECTROENCEPHALOGRAPHY	265,803	4,220		12,669	22,037	64,207	11,630
055 MEDICAL SUPPLIES CHARGED	7,083,613						
056 DRUGS CHARGED TO PATIENTS	5,413,932					58,434	
059 PAIN CLINIC	196,459	8,833		26,518	10,695	52,150	14,078
059 01 ORTHOPEDICS	277,138	2,167		6,504	176	169,336	
059 02 CARDIOVASCULAR SERVICES	1,071,083	22,468		67,451	440,772	243,592	46,520
059 03 CARDIAC REHAB	437,535	3,968		11,913	37,855	118,216	1,836
059 04 RADIATION ONCOLOGY	838,569	48,784		146,451	206,792	165,156	
059 05 MRI	325,841	8,914	39	26,759	79,096	37,329	
059 06 BARIATRIC CENTER	671				5,888	175	
059 07 PSYCH ACTIVITY THERAPY	850,261						
059 08 WOUND CARE	477,066	14,953		44,889	13,688	131,842	18,363
059 09 RENAL DIALYSIS	985,706					155,585	
060 OUTPATIENT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC	-2,133						
061 EMERGENCY	4,185,387	33,533		100,669	55,757	1,874,502	63,658
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,738,515	11,601		34,827	2,104	647,432	56,313
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	156,033,364	1,295,169	14,401	3,888,161	3,678,033	20,261,135	1,227,873
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	169,810	2,460		7,384		10,693	3,061
096 01 CONVENT	9,376	25,360		76,132	244		20,199
096 02 HOME MEDICAL EQUIPMENT	579,452						
096 03 MEDICAL ARTS BUILDING	189,721	56,443		169,443	5,460	1,009	
096 04 WOMEN'S HEALTH CENTER	94,852	2,616		7,853		24,886	3,061
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE					9,441		
096 07 IMAGE RECOVERY	52,698	16,455		49,399	725	2,251	
096 08 HAMMOND FAMILY SERVICES	380,224				4,436	81,491	

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATI ON S
		0	1	2	3	4	5	6.01
NONREIMBURS COST CENTERS								
096	09 MDWISE	7,838,622					34,763	
096	10 CATHERINE MCAULEY CLINIC	301,432	7,685		23,070	2,034	58,817	3,673
096	11 CENTER OF HOPE	9,776	1,181		3,545		2,742	
096	12 SELECT		86,924		260,949	474		
096	13 PERCINI AS		34,821		104,533			
098	PHYSICIANS' PRIVATE OFFIC	2,880,825	12,220		36,684	25,807	695,906	25,708
098	01 WORKING WELL	386,295				602	67,052	
099	NONPAID WORKERS							
100	01 REHAB	2,196	42,451		127,441	3,955	622	17,139
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	168,928,643	1,583,785	14,401	4,754,594	3,731,211	21,241,367	1,300,714

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	
	6.02	6.03	6.04	6a.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	987,499						
006 03 PURCHASING, RECEIVING AND	32,057	605,658					
006 04 ADMINISTRATION	70,025	1,003	1,503,331				
006 05 OTHER ADMINISTRATIVE AND	293,866	55		18,380,248	18,380,248		
007 MAINTENANCE & REPAIRS		13		4,394,106	536,463	4,930,569	
008 OPERATION OF PLANT		1		4,929,811	601,866		5,531,677
009 LAUNDRY & LINEN SERVICE		12,301		1,031,190	125,895		
010 HOUSEKEEPING		482		2,759,810	336,937		
011 DIETARY		306		1,423,097	173,742	174,576	195,860
012 CAFETERIA				926,901	113,163		
014 NURSING ADMINISTRATION	11,452	22		4,674,871	570,741	71,930	80,699
015 CENTRAL SERVICES & SUPPLY		200,391		5,157,398	629,651	209,749	235,320
016 PHARMACY	65,009	3,573		5,535,432	675,804	50,356	56,495
017 MEDICAL RECORDS & LIBRARY	247,657	64		2,307,691	281,739	78,096	87,617
018 SOCIAL SERVICE				12,375	1,511		
023 I&R SERVICES-OTHER PRGM C				658,593	80,406		
024 PARAMEDICAL PRGM				612	75		
024 01 PARAMEDICAL PRGM - LAB				151,262	18,467		
024 02 PARAMEDICAL PRGM - RADIOLO				248,580	30,348		
024 03 PARAMEDICAL PRGM - RESP TH				136,258	16,635		
024 04 PARAMEDICAL PRGM-PHARMACY				361,394	44,122		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		29,596	145,511	23,012,139	2,809,467	1,311,473	1,471,363
026 INTENSIVE CARE UNIT		6,844	27,210	5,066,414	618,543	180,753	202,789
030 NEWBORN INTENSIVE CARE UN		2,235	19,091	2,513,175	306,826	37,818	42,428
031 SUBPROVIDER		631	67,350	6,038,870	737,268		
033 NURSERY			5,625	1,393,178	170,089		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	20,773	142,941	38,298	3,476,605	424,448	386,903	434,072
037 01 OPEN HEART SURGERY		22,994	6,004	484,295	59,126		
037 02 OUTPATIENT SURGERY		9,580	8,941	1,961,801	239,510	275,638	309,242
038 RECOVERY ROOM		411	11,604	658,652	80,413		
040 ANESTHESIOLOGY		7,601	8,464	2,853,438	348,368	4,766	5,347
041 RADIOLOGY-DIAGNOSTIC	57,023	1,283	44,214	2,311,416	282,194	129,473	145,258
041 01 RADIOLOGY SPECIAL PROCEDU		36,497	25,218	899,886	109,864	30,474	34,189
041 02 ULTRASOUND		1,823	33,202	978,728	119,490	20,339	22,818
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		5,504	112,414	1,797,772	219,485	23,208	26,038
044 LABORATORY	132,154		176,339	6,572,984	802,476	136,837	153,519
047 BLOOD STORAGE, PROCESSING			19,856	1,798,669	219,594		
047 01 NUCLEAR MEDICINE		10,079	21,484	794,610	97,012	18,870	21,171
049 RESPIRATORY THERAPY		10,090	48,188	2,914,686	355,845	38,226	42,887
050 PHYSICAL THERAPY		1,024	18,562	1,823,209	222,590	154,598	173,445
051 OCCUPATIONAL THERAPY		615	9,547	682,760	83,356	15,086	16,925
052 SPEECH PATHOLOGY		2,188	3,339	497,386	60,724	33,830	37,954
053 ELECTROCARDIOLOGY		913	30,832	788,853	96,309	23,665	26,550
054 ELECTROENCEPHALOGRAPHY		365	5,349	386,280	47,160	18,909	21,214
055 MEDICAL SUPPLIES CHARGED			171,789	7,255,402	885,790		
056 DRUGS CHARGED TO PATIENTS			205,094	5,677,460	693,144		
059 PAIN CLINIC		858	4,298	313,889	38,322	39,578	44,403
059 01 ORTHOPEDICS		1,929	2,837	460,087	56,171	9,707	10,891
059 02 CARDIOVASCULAR SERVICES		48,060	44,816	1,984,762	242,314	100,672	112,946
059 03 CARDIAC REHAB		397	5,063	616,783	75,301	17,781	19,948
059 04 RADIATION ONCOLOGY		874	20,477	1,427,103	174,231	218,580	245,229
059 05 MRI		2,226	30,164	510,368	62,309	39,938	44,807
059 06 BARIATRIC CENTER				6,734	822		
059 07 PSYCH ACTIVITY THERAPY			3,993	854,254	104,293		
059 08 WOUND CARE		3,549	6,239	710,589	86,754	66,998	75,166
059 09 RENAL DIALYSIS			10,102	1,151,393	140,570		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC				-2,133			
061 EMERGENCY		32,306	111,817	6,457,629	788,393	150,250	168,567
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	57,483	4,034		3,552,309	433,691	51,980	58,317
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	987,499	605,658	1,503,331	153,772,064	16,529,827	4,134,461	4,638,512
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				193,408	23,613	11,020	12,364
096 01 CONVENT				131,311	16,031	113,628	127,481
096 02 HOME MEDICAL EQUIPMENT				579,452	70,744		
096 03 MEDICAL ARTS BUILDING				422,076	51,530	252,897	283,728
096 04 WOMEN'S HEALTH CENTER				133,268	16,270	11,721	13,150
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE				9,441	1,153		
096 07 IMAGE RECOVERY				121,528	14,837		
096 08 HAMMOND FAMILY SERVICES				466,151	56,911		

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	1,157,085							
010 HOUSEKEEPING		3,096,747						
011 DIETARY		109,646	2,076,921					
012 CAFETERIA				1,040,064				
014 NURSING ADMINISTRATION		45,177		54,107	5,497,525			
015 CENTRAL SERVICES & SUPPLY		131,737		17,234	104,004	6,485,093		
016 PHARMACY		31,627		37,086		23,626	6,410,426	
017 MEDICAL RECORDS & LIBRARY		49,050		36,041		1,050		
018 SOCIAL SERVICE		8,418						
023 I&R SERVICES-OTHER PRGM C								
024 PARAMEDICAL PRGM								
024 01 PARAMEDICAL PRGM - LAB				1,135				
024 02 PARAMEDICAL PRGM - RADIOLO				1,168				
024 03 PARAMEDICAL PRGM - RESP TH				11				
024 04 PARAMEDICAL PRGM-PHARMACY				4,853				
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	927,786	823,702	1,665,341	321,881	3,002,935	268,430	4,142	
026 INTENSIVE CARE UNIT	92,453	113,526	165,951	58,309	561,104	56,365	32	
030 NEWBORN INTENSIVE CARE UN	64,753	23,752	116,225	30,154	290,174	23,597	353	
031 SUBPROVIDER						7,132	85	
033 NURSERY								
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM		243,002		34,086	328,014	136,361	245	
037 02 OPEN HEART SURGERY				1,887	18,163	10,443		
037 03 OUTPATIENT SURGERY		173,120		17,818	171,467	43,584	506	
038 RECOVERY ROOM				7,584	72,976	2,919	17	
040 ANESTHESIOLOGY		2,993		19,740		28,741	23	
041 RADIOLOGY-DIAGNOSTIC		81,318		37,401		12,780	643	
041 01 RADIOLOGY SPECIAL PROCEDU		19,140		6,808		46,494	374	
041 02 ULTRASOUND		12,774		7,437		6,314		
042 RADIOLOGY-THERAPEUTIC				8,572				
042 01 COMPUTED TOMOGRAPHY		14,576				70,099	19	
044 LABORATORY		85,943						
047 BLOOD STORING, PROCESSING								
047 01 NUCLEAR MEDICINE		11,852		3,898		159,709	96	
049 RESPIRATORY THERAPY		24,009		33,851		34,487	251	
050 PHYSICAL THERAPY		97,098		29,896		1,609		
051 OCCUPATIONAL THERAPY		9,475		7,224		48		
052 SPEECH PATHOLOGY		21,248		4,101		3,491		
053 ELECTROCARDIOLOGY		14,863		10,527		11,275		
054 ELECTROENCEPHALOGRAPHY		11,876		4,157		3,069		
055 MEDICAL SUPPLIES CHARGED						5,352,246		
056 DRUGS CHARGED TO PATIENTS							6,388,794	
059 PAIN CLINIC		24,858		3,179		3,175	94	
059 01 ORTHOPEDICS		6,097		5,426		7,519	29	
059 02 CARDIOVASCULAR SERVICES		63,229		12,044	115,897	45,796	414	
059 03 CARDIAC REHAB		11,167		6,606	63,570	5,727	43	
059 04 RADIATION ONCOLOGY		137,284		9,448		4,562	732	
059 05 MRI		25,084		2,517		15,645		
059 06 BARIATRIC CENTER				11				
059 07 PSYCH ACTIVITY THERAPY								
059 08 WOUND CARE		42,080		7,999		7,006	4,300	
059 09 RENAL DIALYSIS								
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC								
061 OCC HEALTH CLINIC								
061 EMERGENCY		94,367		90,744	737,003	76,434	9,234	
062 OBSERVATION BEDS (NON-DIS								
071 HOME HEALTH AGENCY		32,647		43,984		15,360		
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	1,084,992	2,596,735	1,947,517	978,924	5,497,525	6,485,093	6,410,426	
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP		6,922		1,685				
096 02 CONVENT		71,367						
096 03 HOME MEDICAL EQUIPMENT								
096 04 MEDICAL ARTS BUILDING		158,837		79				
096 05 WOMEN'S HEALTH CENTER		7,361		4,999				
096 06 DEVELOPMENT								
096 07 NEUROSURGERY PROF SERVICE								
096 08 IMAGE RECOVERY				258				
096 09 HAMMOND FAMILY SERVICES				5,550				

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
NONREIMBURS COST CENTERS							
096 09 MDWISE				1,618			
096 10 CATHERINE MCAULEY CLINIC		21,626		4,910			
096 11 CENTER OF HOPE		3,323		79			
096 12 SELECT							
096 13 PERCINI AS		76,724					
098 PHYSICIANS' PRIVATE OFFICE		34,388		19,021			
098 01 WORKING WELL				1,112			
099 NONPAID WORKERS							
100 01 REHAB	72,093	119,464	129,404	21,829			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,157,085	3,096,747	2,076,921	1,040,064	5,497,525	6,485,093	6,410,426

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	17	18	23	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,841,284						
018 SOCIAL SERVICE		50,746					
023 I&R SERVICES-OTHER PRGM C			738,999				
024 PARAMED ED PRGM				687			
024 01 PARAMED ED PRGM - LAB					170,864		
024 02 PARAMED ED PRGM - RADIOLO						280,096	
024 03 PARAMED ED PRGM - RESP TH							152,904
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	275,038	4,899	7,317				
026 INTENSIVE CARE UNIT	51,431	916					
030 NEWBORN INTENSIVE CARE UN	36,085	643					
031 SUBPROVIDER	127,303	2,267					
033 NURSERY	10,632	189					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	72,389	1,289					
037 02 OPEN HEART SURGERY	11,348	202					
038 OUTPATIENT SURGERY	16,900	301					
040 RECOVERY ROOM	21,934	391					
041 ANESTHESIOLOGY	15,998	285					
041 RADIOLOGY-DIAGNOSTIC	83,571	1,489				266,091	
041 01 RADIOLOGY SPECIAL PROCEDU	47,666	849				5,602	
041 02 ULTRASOUND	62,757	1,118				2,801	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	212,479	3,785				5,602	
044 LABORATORY	333,309	5,937			140,109		
047 BLOOD STORING, PROCESSING	37,531	668			27,338		
047 01 NUCLEAR MEDICINE	40,609	723			3,417		
049 RESPIRATORY THERAPY	91,083	1,622					152,904
050 PHYSICAL THERAPY	35,085	625					
051 OCCUPATIONAL THERAPY	18,045	321					
052 SPEECH PATHOLOGY	6,311	112					
053 ELECTROCARDIOLOGY	58,278	1,038					
054 ELECTROENCEPHALOGRAPHY	10,110	180					
055 MEDICAL SUPPLIES CHARGED	324,708	5,783					
056 DRUGS CHARGED TO PATIENTS	387,411	7,041		687			
059 PAIN CLINIC	8,124	145					
059 01 ORTHOPEDICS	5,363	96					
059 02 CARDIOVASCULAR SERVICES	84,709	1,509					
059 03 CARDIAC REHAB	9,571	170					
059 04 RADIATION ONCOLOGY	38,705	689					
059 05 MRI	57,016	1,016					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	7,547	134					
059 08 WOUND CARE	11,792	210					
059 09 RENAL DIALYSIS	19,095	340					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	211,351	3,764	731,682				
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,841,284	50,746	738,999	687	170,864	280,096	152,904
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 CONVENT							
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING							
096 05 WOMEN'S HEALTH CENTER							
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							
096 09 HAMMOND FAMILY SERVICES							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,841,284	50,746	738,999	687	170,864	280,096	152,904

COST CENTER DESCRIPTION	PARAMED PR GM-PHARMACY	24.04	25	I&R COST POST STEP-DOWN ADJ	26	TOTAL
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMINISTRATION						
006 05 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED PRGM						
024 01 PARAMED PRGM - LAB						
024 02 PARAMED PRGM - RADIOLO						
024 03 PARAMED PRGM - RESP TH						
024 04 PARAMED PRGM-PHARMACY		410,369				
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS			35,905,913	-7,317		35,898,596
030 INTENSIVE CARE UNIT			7,168,586			7,168,586
031 NEWBORN INTENSIVE CARE UN			3,485,983			3,485,983
033 SUBPROVIDER			6,912,925			6,912,925
034 NURSERY			1,574,088			1,574,088
037 SKILLED NURSING FACILITY						
037 ANCLLARY SRVC COST CNTRS						
037 01 OPERATING ROOM			5,537,414			5,537,414
037 02 OPEN HEART SURGERY			585,464			585,464
038 OUTPATIENT SURGERY			3,209,887			3,209,887
040 RECOVERY ROOM			844,886			844,886
041 ANESTHESIOLOGY			3,279,699			3,279,699
041 RADIOLOGY-DIAGNOSTIC			3,351,634			3,351,634
041 01 RADIOLOGY SPECIAL PROCEDU			1,201,346			1,201,346
041 02 ULTRASOUND			1,234,576			1,234,576
042 RADIOLOGY-THERAPEUTIC			8,572			8,572
042 01 COMPUTED TOMOGRAPHY			2,373,063			2,373,063
044 LABORATORY			8,231,114			8,231,114
047 BLOOD STORING, PROCESSING			2,083,800			2,083,800
047 01 NUCLEAR MEDICINE			1,151,967			1,151,967
049 RESPIRATORY THERAPY			3,689,851			3,689,851
050 PHYSICAL THERAPY			2,538,155			2,538,155
051 OCCUPATIONAL THERAPY			833,240			833,240
052 SPEECH PATHOLOGY			665,157			665,157
053 ELECTROCARDIOLOGY			1,031,358			1,031,358
054 ELECTROENCEPHALOGRAPHY			502,955			502,955
055 MEDICAL SUPPLIES CHARGED			13,823,929			13,823,929
056 DRUGS CHARGED TO PATIENTS		410,369	13,564,906			13,564,906
059 PAIN CLINIC			475,767			475,767
059 01 ORTHOPEDICS			593,604			593,604
059 02 CARDIOVASCULAR SERVICES			2,764,292			2,764,292
059 03 CARDIAC REHAB			826,667			826,667
059 04 RADIATION ONCOLOGY			2,256,563			2,256,563
059 05 MRI			758,700			758,700
059 06 BARIATRIC CENTER			7,567			7,567
059 07 PSYCH ACTIVITY THERAPY			966,228			966,228
059 08 WOUND CARE			1,012,894			1,012,894
059 09 RENAL DIALYSIS			1,311,398			1,311,398
060 OUTPAT SERVICE COST CNTRS						
060 01 CLINIC						
061 OCC HEALTH CLINIC			-2,133			-2,133
062 EMERGENCY			9,519,418	-731,682		8,787,736
071 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY			4,188,288			4,188,288
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS		410,369	149,469,721	-738,999		148,730,722
096 NONREIMBURS COST CENTERS						
096 01 GIFT, FLOWER, COFFEE SHOP			249,012			249,012
096 02 CONVENT			459,818			459,818
096 03 HOME MEDICAL EQUIPMENT			650,196			650,196
096 04 MEDICAL ARTS BUILDING			1,169,147			1,169,147
096 05 WOMEN'S HEALTH CENTER			186,769			186,769
096 06 DEVELOPMENT						
096 07 NEUROSURGERY PROF SERVICE			10,594			10,594
096 08 IMAGE RECOVERY			136,623			136,623
096 09 HAMMOND FAMILY SERVICES			528,612			528,612

COST CENTER DESCRIPTION	PARAMED ED PR	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	24.04	25	26	27
NONREIMBURS COST CENTERS				
096 09 MDWISE		8,836,241		8,836,241
096 10 CATHERINE MCAULEY CLINIC		544,744		544,744
096 11 CENTER OF HOPE		33,978		33,978
096 12 SELECT		390,876		390,876
096 13 PERCINI AS		492,302		492,302
098 PHYSICIANS' PRIVATE OFFIC		4,295,670		4,295,670
098 01 WORKING WELL		510,482		510,482
099 NONPAID WORKERS				
100 01 REHAB		963,858		963,858
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	410,369	168,928,643	-738,999	168,189,644

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		4,759				4,759	4,759
006 01 COMMUNICATIONS		3,525	431			3,956	29
006 02 DATA PROCESSING		18,036				18,036	
006 03 PURCHASING, RECEIVING AND		4,431				4,431	25
006 04 ADMINISTRATION		9,745				9,745	63
006 05 OTHER ADMINISTRATIVE AND		48,230				48,230	195
007 MAINTENANCE & REPAIRS		83,029				83,029	96
008 OPERATION OF PLANT		46,580	7,594			54,174	35
009 LAUNDRY & LINEN SERVICE		87,733	63			87,796	103
010 HOUSEKEEPING		29,374				29,374	110
011 DIETARY		38,963				38,963	35
012 CAFETERIA							36
014 NURSING ADMINISTRATION		16,054				16,054	210
015 CENTRAL SERVICES & SUPPLY		46,813				46,813	28
016 PHARMACY		11,239				11,239	124
017 MEDICAL RECORDS & LIBRARY		40,810				40,810	86
018 SOCIAL SERVICE		2,991				2,991	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB							4
024 02 PARAMEDICAL PRGM - RADIOLO							12
024 03 PARAMEDICAL PRGM - RESP TH							7
024 04 PARAMEDICAL PRGM-PHARMACY							17
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		292,699				292,699	978
026 INTENSIVE CARE UNIT		40,341				40,341	201
030 NEWBORN INTENSIVE CARE UN		8,440				8,440	114
031 SUBPROVIDER							157
033 NURSERY							57
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		86,351				86,351	103
037 02 OPEN HEART SURGERY							10
037 03 OUTPATIENT SURGERY		61,518				61,518	70
038 RECOVERY ROOM							30
040 ANESTHESIOLOGY		1,064				1,064	317
041 RADIOLOGY-DIAGNOSTIC		42,497				42,497	84
041 01 RADIOLOGY SPECIAL PROCEDU		6,801				6,801	28
041 02 ULTRASOUND		4,539				4,539	36
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		5,180				5,180	31
044 LABORATORY		30,540				30,540	
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE		4,211				4,211	18
049 RESPIRATORY THERAPY		8,532				8,532	115
050 PHYSICAL THERAPY		34,504				34,504	71
051 OCCUPATIONAL THERAPY		3,367				3,367	30
052 SPEECH PATHOLOGY		7,550				7,550	19
053 ELECTROCARDIOLOGY		5,282	6,274			11,556	29
054 ELECTROENCEPHALOGRAPHY		4,220				4,220	14
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							13
059 PAIN CLINIC		8,833				8,833	12
059 01 ORTHOPEDICS		2,167				2,167	38
059 02 CARDIOVASCULAR SERVICES		22,468				22,468	54
059 03 CARDIAC REHAB		3,968				3,968	26
059 04 RADIATION ONCOLOGY		48,784				48,784	37
059 05 MRI		8,914	39			8,953	8
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		14,953				14,953	29
059 09 RENAL DIALYSIS							35
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		33,533				33,533	417
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		11,601				11,601	144
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,295,169	14,401			1,309,570	4,540
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		2,460				2,460	2
096 02 CONVENT		25,360				25,360	
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING		56,443				56,443	
096 05 WOMEN'S HEALTH CENTER		2,616				2,616	6
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY		16,455				16,455	1
096 09 HAMMOND FAMILY SERVICES							18

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
096 09 MDWISE							8
096 10 CATHERINE MCAULEY CLINIC		7,685				7,685	13
096 11 CENTER OF HOPE		1,181				1,181	1
096 12 SELECT		86,924				86,924	
096 13 PERCINI AS		34,821				34,821	
098 PHYSICIANS' PRIVATE OFFIC		12,220				12,220	155
098 01 WORKING WELL							15
099 NONPAID WORKERS							
100 01 REHAB		42,451				42,451	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,583,785	14,401			1,598,186	4,759

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 5/28/2009
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	3,985						
006 02 DATA PROCESSING		18,036					
006 03 PURCHASING, RECEIVING AND	53	585	5,094				
006 04 ADMINISTRATIVE	159	1,279	8	11,254			
006 05 OTHER ADMINISTRATIVE AND	463	5,368			54,256		
007 MAINTENANCE & REPAIRS	257				1,582	84,964	
008 OPERATION OF PLANT	113				1,775		56,097
009 LAUNDRY & LINEN SERVICE	24		103		371		
010 HOUSEKEEPING	26		4		994		
011 DIETARY	51		3		512	3,008	1,986
012 CAFETERIA					334		
014 NURSING ADMINISTRATION	126	209			1,683	1,239	818
015 CENTRAL SERVICES & SUPPLY	75		1,688		1,857	3,614	2,386
016 PHARMACY	99	1,187	30		1,993	868	573
017 MEDICAL RECORDS & LIBRARY	32	4,523	1		831	1,346	889
018 SOCIAL SERVICE					4	231	152
023 I&R SERVICES-OTHER PRGM C					237		
024 PARAMEDICAL PRGM	2						
024 01 PARAMEDICAL PRGM - LAB	2				54		
024 02 PARAMEDICAL PRGM - RADIOLO	2				89		
024 03 PARAMEDICAL PRGM - RESP TH	2				49		
024 04 PARAMEDICAL PRGM-PHARMACY					130		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	591		249	1,079	8,341	22,600	14,926
026 INTENSIVE CARE UNIT	94		58	202	1,824	3,115	2,056
030 NEWBORN INTENSIVE CARE UN	24		19	142	905	652	430
031 SUBPROVIDER			5	500	2,174		
033 NURSERY				42	502		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	219	379	1,201	284	1,252	6,667	4,402
037 01 OPEN HEART SURGERY			193	45	174		
037 02 OUTPATIENT SURGERY	86		81	66	706	4,750	3,136
038 RECOVERY ROOM			3	86	237		
040 ANESTHESIOLOGY	17		64	63	1,027	82	54
041 RADIOLOGY-DIAGNOSTIC	159	1,042	11	328	832	2,231	1,473
041 01 RADIOLOGY SPECIAL PROCEDU	11		307	187	324	525	347
041 02 ULTRASOUND	24		15	246	352	350	231
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY			46	834	647	400	264
044 LABORATORY	86	2,414		1,308	2,366	2,358	1,557
047 BLOOD STORING, PROCESSING	84			147	648		
047 01 NUCLEAR MEDICINE	24		85	159	286	325	215
049 RESPIRATORY THERAPY	51		85	357	1,049	659	435
050 PHYSICAL THERAPY	99		9	138	656	2,664	1,759
051 OCCUPATIONAL THERAPY	23		5	71	246	260	172
052 SPEECH PATHOLOGY	6		18	25	179	583	385
053 ELECTROCARDIOLOGY	26		8	229	284	408	269
054 ELECTROENCEPHALOGRAPHY	36		3	40	139	326	215
055 MEDICAL SUPPLIES CHARGED				1,274	2,612		
056 DRUGS CHARGED TO PATIENTS				1,623	2,044		
059 PAIN CLINIC	43		7	32	113	682	450
059 01 ORTHOPEDICS			16	21	166	167	110
059 02 CARDIOVASCULAR SERVICES	143		404	332	715	1,735	1,145
059 03 CARDIAC REHAB	6		3	38	222	306	202
059 04 RADIATION ONCOLOGY			7	152	514	3,767	2,487
059 05 MRI			19	224	184	688	454
059 06 BARIATRIC CENTER					2		
059 07 PSYCH ACTIVITY THERAPY				30	308		
059 08 WOUND CARE	56		30	46	256	1,155	762
059 09 RENAL DIALYSIS				75	415		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	195		272	829	2,325	2,589	1,709
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	173	1,050	34		1,279	896	591
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,762	18,036	5,094	11,254	48,800	71,246	47,040
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	9				70	190	125
096 01 CONVENT	62				47	1,958	1,293
096 02 HOME MEDICAL EQUIPMENT					209		
096 03 MEDICAL ARTS BUILDING					152	4,358	2,877
096 04 WOMEN'S HEALTH CENTER	9				48	202	133
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE					3		
096 07 IMAGE RECOVERY					44		
096 08 HAMMOND FAMILY SERVICES					168		

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 09 MDWISE					2,834		
096 10 CATHERINE MCAULEY CLINIC	11				143	593	392
096 11 CENTER OF HOPE					6	91	60
096 12 SELECT					125		
096 13 PERCINI AS					50	2,105	1,390
098 PHYSICIANS' PRIVATE OFFICE	79				1,324	943	623
098 01 WORKING WELL					163		
099 NONPAID WORKERS							
100 01 REHAB	53				70	3,278	2,164
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,985	18,036	5,094	11,254	54,256	84,964	56,097

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	88,397						
010 HOUSEKEEPING		30,508					
011 DIETARY		1,080	45,638				
012 CAFETERIA				370			
014 NURSING ADMINISTRATION		445		19	20,803		
015 CENTRAL SERVICES & SUPPLY		1,298		6	394	58,159	
016 PHARMACY		312		13		212	16,650
017 MEDICAL RECORDS & LIBRARY		483		13		9	
018 SOCIAL SERVICE		83					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB							
024 02 PARAMEDICAL PRGM - RADIOLO							
024 03 PARAMEDICAL PRGM - RESP TH							
024 04 PARAMEDICAL PRGM-PHARMACY				2			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	70,879	8,112	36,593	115	11,362	2,407	11
026 INTENSIVE CARE UNIT	7,063	1,118	3,647	21	2,123	505	
030 NEWBORN INTENSIVE CARE UN	4,947	234	2,554	11	1,098	212	1
031 SUBPROVIDER						64	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		2,394		12	1,241	1,223	1
037 02 OPEN HEART SURGERY				1	69	94	
037 03 OUTPATIENT SURGERY		1,706		6	649	391	1
038 RECOVERY ROOM				3	276	26	
040 ANESTHESIOLOGY		29		7		258	
041 RADIOLOGY-DIAGNOSTIC		801		13		115	2
041 01 RADIOLOGY SPECIAL PROCEDU		189		2		417	1
041 02 ULTRASOUND		126		3		57	
042 RADIOLOGY-THERAPEUTIC				3			
042 01 COMPUTED TOMOGRAPHY		144				629	
044 LABORATORY		847					
047 BLOOD STORAGE, PROCESSING							
047 01 NUCLEAR MEDICINE		117		1		1,432	
049 RESPIRATORY THERAPY		237		12		309	1
050 PHYSICAL THERAPY		957		11		14	
051 OCCUPATIONAL THERAPY		93		3			
052 SPEECH PATHOLOGY		209		1		31	
053 ELECTROCARDIOLOGY		146		4		101	
054 ELECTROENCEPHALOGRAPHY		117		1		28	
055 MEDICAL SUPPLIES CHARGED						48,001	
056 DRUGS CHARGED TO PATIENTS							16,594
059 PAIN CLINIC		245		1		28	
059 01 ORTHOPEDICS		60		2	122	67	
059 02 CARDIOVASCULAR SERVICES		623		4	439	411	1
059 03 CARDIAC REHAB		110		2	241	51	
059 04 RADIATION ONCOLOGY		1,352		3		41	2
059 05 MRI		247		1		140	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		415		3		63	11
059 09 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		930		32	2,789	685	24
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		322		16		138	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	82,889	25,581	42,794	347	20,803	58,159	16,650
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		68		1			
096 02 CONVENT		703					
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING		1,565					
096 05 WOMEN'S HEALTH CENTER		73		2			
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							
096 09 HAMMOND FAMILY SERVICES				2			

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
NONREIMBURS COST CENTERS							
096 09 MDWISE				1			
096 10 CATHERINE MCAULEY CLINIC		213		2			
096 11 CENTER OF HOPE		33					
096 12 SELECT							
096 13 PERCINI AS		756					
098 PHYSICIANS' PRIVATE OFFICE		339		7			
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB	5,508	1,177	2,844	8			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	88,397	30,508	45,638	370	20,803	58,159	16,650

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 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	17	18	23	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	49,023						
018 SOCIAL SERVICE		3,461					
023 I&R SERVICES-OTHER PRGM C			237				
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - LAB				2		60	
024 02 PARAMED ED PRGM - RADIOLO							103
024 03 PARAMED ED PRGM - RESP TH							58
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,733	332					
030 INTENSIVE CARE UNIT	885	62					
031 NEWBORN INTENSIVE CARE UN	621	44					
033 SUBPROVIDER	2,191	154					
034 NURSERY	183	13					
037 SKILLED NURSING FACILITY							
037 01 ANCI LLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	1,246	87					
037 01 OPEN HEART SURGERY	195	14					
037 02 OUTPATIENT SURGERY	291	20					
038 RECOVERY ROOM	377	26					
040 ANESTHESIOLOGY	275	19					
041 RADIOLOGY-DIAGNOSTIC	1,438	101					
041 01 RADIOLOGY SPECIAL PROCEDU	820	58					
041 02 ULTRASOUND	1,080	76					
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	3,656	257					
044 LABORATORY	5,735	402					
047 BLOOD STORING, PROCESSING	646	45					
047 01 NUCLEAR MEDICINE	699	49					
049 RESPIRATORY THERAPY	1,567	110					
050 PHYSICAL THERAPY	604	42					
051 OCCUPATIONAL THERAPY	311	22					
052 SPEECH PATHOLOGY	109	8					
053 ELECTROCARDIOLOGY	1,003	70					
054 ELECTROENCEPHALOGRAPHY	174	12					
055 MEDICAL SUPPLIES CHARGED	5,587	392					
056 DRUGS CHARGED TO PATIENTS	6,796	499					
059 PAIN CLINIC	140	10					
059 01 ORTHOPEDICS	92	6					
059 02 CARDIOVASCULAR SERVICES	1,458	102					
059 03 CARDIAC REHAB	165	12					
059 04 RADIATION ONCOLOGY	666	47					
059 05 MRI	981	69					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	130	9					
059 08 WOUND CARE	203	14					
059 09 RENAL DIALYSIS	329	23					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	3,637	255					
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	49,023	3,461					
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 CONVENT							
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING							
096 05 WOMEN'S HEALTH CENTER							
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							
096 09 HAMMOND FAMILY SERVICES							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INFORMATION & RESEARCH SERVICES- OTHER PROGRAMS	PARAMEDICAL PROGRAMS	PARAMEDICAL PROGRAMS - LAB	PARAMEDICAL PROGRAMS - RADIOLOGY	PARAMEDICAL PROGRAMS - RESPIRATORY
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENTS			237	2	60	103	58
102 NEGATIVE COST CENTER							
103 TOTAL	49,023	3,461	237	2	60	103	58

ALLOCATION OF OLD CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMINISTRATION			
006 05 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMEDICAL PRGM			
024 01 PARAMEDICAL PRGM - LAB			
024 02 PARAMEDICAL PRGM - RADIOLO			
024 03 PARAMEDICAL PRGM - RESPT H			
024 04 PARAMEDICAL PRGM-PHARMACY	149		
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	476,007		476,007
026 INTENSIVE CARE UNIT	63,315		63,315
030 NEWBORN INTENSIVE CARE UN	20,448		20,448
031 SUBPROVIDER	5,245		5,245
033 NURSERY	797		797
034 SKILLED NURSING FACILITY			
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	107,062		107,062
037 02 OPEN HEART SURGERY	795		795
037 03 OUTPATIENT SURGERY	73,477		73,477
038 RECOVERY ROOM	1,064		1,064
040 ANESTHESIOLOGY	3,276		3,276
041 RADIOLOGY-DIAGNOSTIC	51,127		51,127
041 01 RADIOLOGY SPECIAL PROCEDU	10,017		10,017
041 02 ULTRASOUND	7,135		7,135
042 RADIOLOGY-THERAPEUTIC	3		3
042 01 COMPUTED TOMOGRAPHY	12,088		12,088
044 LABORATORY	47,613		47,613
047 BLOOD STORAGE, PROCESSING	1,570		1,570
047 01 NUCLEAR MEDICINE	7,621		7,621
049 RESPIRATORY THERAPY	13,519		13,519
050 PHYSICAL THERAPY	41,528		41,528
051 OCCUPATIONAL THERAPY	4,603		4,603
052 SPEECH PATHOLOGY	9,123		9,123
053 ELECTROCARDIOLOGY	14,133		14,133
054 ELECTROENCEPHALOGRAPHY	5,325		5,325
055 MEDICAL SUPPLIES CHARGED	57,866		57,866
056 DRUGS CHARGED TO PATIENTS	27,569		27,569
059 PAIN CLINIC	10,596		10,596
059 01 ORTHOPEDICS	3,034		3,034
059 02 CARDIOVASCULAR SERVICES	30,034		30,034
059 03 CARDIAC REHAB	5,352		5,352
059 04 RADIATION ONCOLOGY	57,859		57,859
059 05 MRI	11,968		11,968
059 06 BARIATRIC CENTER	2		2
059 07 PSYCH ACTIVITY THERAPY	477		477
059 08 WOUND CARE	17,996		17,996
059 09 RENAL DIALYSIS	877		877
060 OUTPAT SERVICE COST CNTRS			
060 01 CLINIC			
061 OCC HEALTH CLINIC	50,221		50,221
062 EMERGENCY			
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	16,244		16,244
095 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	1,266,986		1,266,986
096 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	2,925		2,925
096 02 CONVENT	29,423		29,423
096 03 HOME MEDICAL EQUIPMENT	209		209
096 04 MEDICAL ARTS BUILDING	65,395		65,395
096 05 WOMEN'S HEALTH CENTER	3,089		3,089
096 06 DEVELOPMENT			
096 07 NEUROSURGERY PROF SERVICE	3		3
096 08 IMAGE RECOVERY	16,500		16,500
096 09 HAMMOND FAMILY SERVICES	188		188

		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
NONREIMBURS COST CENTERS				
096	09 MDWISE	2,843		2,843
096	10 CATHERINE MCAULEY CLINIC	9,052		9,052
096	11 CENTER OF HOPE	1,372		1,372
096	12 SELECT	87,049		87,049
096	13 PERCINI AS	39,122		39,122
098	PHYSICIANS' PRIVATE OFFIC	15,690		15,690
098	01 WORKING WELL	178		178
099	NONPAID WORKERS			
100	01 REHAB	57,553		57,553
101	CROSS FOOT ADJUSTMENTS	149	609	609
102	NEGATIVE COST CENTER			
103	TOTAL	149	1,598,186	1,598,186

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/ 1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				14,285	7,677	21,962	21,962
006 01 COMMUNICATIONS				10,584	46,591	57,175	135
006 02 DATA PROCESSING				54,144	445,662	499,806	
006 03 PURCHASING, RECEIVING AND				13,301	6,713	20,014	114
006 04 ADMINITTING				29,255	5,946	35,201	294
006 05 OTHER ADMINISTRATIVE AND				144,789	36,849	181,638	909
007 MAINTENANCE & REPAIRS				249,257	60,530	309,787	447
008 OPERATION OF PLANT				139,836	56,287	196,123	163
009 LAUNDRY & LINEN SERVICE				263,380	77,192	340,572	481
010 HOUSEKEEPING				88,182	11,817	99,999	513
011 DIETARY				116,968	60,299	177,267	162
012 CAFETERIA							167
014 NURSING ADMINISTRATION				48,194	36,144	84,338	976
015 CENTRAL SERVICES & SUPPLY				140,534	221,638	362,172	132
016 PHARMACY				33,739	6,175	39,914	577
017 MEDICAL RECORDS & LIBRARY				122,514	18,595	141,109	398
018 SOCIAL SERVICE				8,980		8,980	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - LAB							20
024 02 PARAMED ED PRGM - RADIOLO							56
024 03 PARAMED ED PRGM - RESP TH							31
024 04 PARAMED ED PRGM-PHARMACY							79
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				878,702	461,268	1,339,970	4,381
026 INTENSIVE CARE UNIT				121,106	198,043	319,149	934
030 NEWBORN INTENSIVE CARE UN				25,338	50,671	76,009	530
031 SUBPROVIDER							728
033 NURSERY							267
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				259,228	194,639	453,867	477
037 01 OPEN HEART SURGERY					32,744	32,744	47
037 02 OUTPATIENT SURGERY				184,680	84,564	269,244	324
038 RECOVERY ROOM					32,875	32,875	138
040 ANESTHESIOLOGY				3,193	80,717	83,910	1,476
041 RADIOLOGY-DIAGNOSTIC				127,578	275,259	402,837	391
041 01 RADIOLOGY SPECIAL PROCEDU				20,418	16,047	36,465	129
041 02 ULTRASOUND				13,627	51,062	64,689	169
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY				15,550	4,791	20,341	146
044 LABORATORY				91,682	4,294	95,976	
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE				12,643	49,444	62,087	85
049 RESPIRATORY THERAPY				25,612	106,325	131,937	535
050 PHYSICAL THERAPY				103,582	6,169	109,751	331
051 OCCUPATIONAL THERAPY				10,108	812	10,920	139
052 SPEECH PATHOLOGY				22,666	12,086	34,752	87
053 ELECTROCARDIOLOGY				15,856	43,248	59,104	134
054 ELECTROENCEPHALOGRAPHY				12,669	22,037	34,706	66
055 MEDICAL SUPPLIES CHARGED							60
056 DRUGS CHARGED TO PATIENTS							54
059 PAIN CLINIC				26,518	10,695	37,213	175
059 01 ORTHOPEDICS				6,504	176	6,680	252
059 02 CARDIOVASCULAR SERVICES				67,451	440,772	508,223	122
059 03 CARDIAC REHAB				11,913	37,855	49,768	171
059 04 RADIATION ONCOLOGY				146,451	206,792	353,243	39
059 05 MRI				26,759	79,096	105,855	
059 06 BARIATRIC CENTER					5,888	5,888	
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE				44,889	13,688	58,577	136
059 09 RENAL DIALYSIS							161
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY				100,669	55,757	156,426	1,940
062 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY				34,827	2,104	36,931	670
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				3,888,161	3,678,033	7,566,194	20,948
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,384		7,384	11
096 01 CONVENT				76,132	244	76,376	
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING				169,443	5,460	174,903	1
096 04 WOMEN'S HEALTH CENTER				7,853		7,853	26
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE					9,441	9,441	
096 07 IMAGE RECOVERY				49,399	725	50,124	2
096 08 HAMMOND FAMILY SERVICES					4,436	4,436	84

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
096 09 MDWISE							36
096 10 CATHERINE MCAULEY CLINIC				23,070	2,034	25,104	61
096 11 CENTER OF HOPE				3,545		3,545	3
096 12 SELECT				260,949	474	261,423	
096 13 PERCINI AS				104,533		104,533	
098 PHYSICIANS' PRIVATE OFFIC				36,684	25,807	62,491	720
098 01 WORKING WELL					602	602	69
099 NONPAID WORKERS							
100 01 REHAB				127,441	3,955	131,396	1
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,754,594	3,731,211	8,485,805	21,962

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	57,310						
006 02 DATA PROCESSING		499,806					
006 03 PURCHASING, RECEIVING AND	755	16,225	37,108				
006 04 ADMINISTRATION	2,292	35,442	61	73,290			
006 05 OTHER ADMINISTRATIVE AND	6,661	148,736	3		337,947		
007 MAINTENANCE & REPAIRS	3,695		1		9,865	323,795	
008 OPERATION OF PLANT	1,618				11,067		208,971
009 LAUNDRY & LINEN SERVICE	351		754		2,315		
010 HOUSEKEEPING	378		30		6,196		
011 DIETARY	728		19		3,195	11,465	7,399
012 CAFETERIA					2,081		
014 NURSING ADMINISTRATION	1,807	5,796	1		10,495	4,724	3,049
015 CENTRAL SERVICES & SUPPLY	1,079		12,277		11,578	13,774	8,890
016 PHARMACY	1,429	32,903	219		12,427	3,307	2,134
017 MEDICAL RECORDS & LIBRARY	458	125,347	4		5,181	5,129	3,310
018 SOCIAL SERVICE					28	880	568
023 I&R SERVICES-OTHER PRGM C					1,479		
024 PARAMEDICAL PRGM	27				1		
024 01 PARAMEDICAL PRGM - LAB	27				340		
024 02 PARAMEDICAL PRGM - RADIOLO	27				558		
024 03 PARAMEDICAL PRGM - RESP TH	27				306		
024 04 PARAMEDICAL PRGM-PHARMACY					811		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,494		1,813	7,099	51,622	86,125	55,583
026 INTENSIVE CARE UNIT	1,348		419	1,328	11,374	11,870	7,661
030 NEWBORN INTENSIVE CARE UN	351		137	931	5,642	2,484	1,603
031 SUBPROVIDER			39	3,286	13,557		
033 NURSERY				274	3,128		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	3,155	10,514	8,758	1,868	7,805	25,408	16,398
037 02 OPEN HEART SURGERY			1,409	293	1,087		
037 02 OUTPATIENT SURGERY	1,241		587	436	4,404	18,101	11,682
038 RECOVERY ROOM			25	566	1,479		
040 ANESTHESIOLOGY	243		466	413	6,406	313	202
041 RADIOLOGY-DIAGNOSTIC	2,292	28,861	79	2,157	5,189	8,503	5,487
041 01 RADIOLOGY SPECIAL PROCEDU	162		2,236	1,230	2,020	2,001	1,292
041 02 ULTRASOUND	351		112	1,620	2,197	1,336	862
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY			337	5,484	4,036	1,524	984
044 LABORATORY	1,241	66,888		8,603	14,756	8,986	5,800
047 BLOOD STORAGE, PROCESSING	1,214			969	4,038		
047 01 NUCLEAR MEDICINE	351		618	1,048	1,784	1,239	800
049 RESPIRATORY THERAPY	728		618	2,351	6,543	2,510	1,620
050 PHYSICAL THERAPY	1,429		63	906	4,093	10,153	6,552
051 OCCUPATIONAL THERAPY	324		38	466	1,533	991	639
052 SPEECH PATHOLOGY	81		134	163	1,117	2,222	1,434
053 ELECTROCARDIOLOGY	378		56	1,504	1,771	1,554	1,003
054 ELECTROENCEPHALOGRAPHY	512		22	261	867	1,242	801
055 MEDICAL SUPPLIES CHARGED				8,381	16,288		
056 DRUGS CHARGED TO PATIENTS				9,954	12,746		
059 PAIN CLINIC	620		53	210	705	2,599	1,677
059 01 ORTHOPEDICS			118	138	1,033	637	411
059 02 CARDIOVASCULAR SERVICES	2,050		2,945	2,186	4,456	6,611	4,267
059 03 CARDIAC REHAB	81		24	247	1,385	1,168	754
059 04 RADIATION ONCOLOGY			54	999	3,204	14,354	9,264
059 05 MRI			136	1,472	1,146	2,623	1,693
059 06 BARIATRIC CENTER					15		
059 07 PSYCH ACTIVITY THERAPY				195	1,918		
059 08 WOUND CARE	809		217	304	1,595	4,400	2,840
059 09 RENAL DIALYSIS				493	2,585		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	2,805		1,979	5,455	14,497	9,867	6,368
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,481	29,094	247		7,975	3,414	2,203
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	54,100	499,806	37,108	73,290	303,919	271,514	175,230
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	135				434	724	467
096 01 CONVENT	890				295	7,462	4,816
096 02 HOME MEDICAL EQUIPMENT					1,301		
096 03 MEDICAL ARTS BUILDING					948	16,608	10,718
096 04 WOMEN'S HEALTH CENTER	135				299	770	497
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE					21		
096 07 IMAGE RECOVERY					273		
096 08 HAMMOND FAMILY SERVICES					1,047		

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 09 MDWISE					17,676		
096 10 CATHERINE MCAULEY CLINIC	162				891	2,261	1,459
096 11 CENTER OF HOPE					39	347	224
096 12 SELECT					782		
096 13 PERCINI AS					313	8,022	5,177
098 PHYSICIANS' PRIVATE OFFICE	1,133				8,255	3,596	2,321
098 01 WORKING WELL					1,019		
099 NONPAID WORKERS							
100 01 REHAB	755				435	12,491	8,062
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	57,310	499,806	37,108	73,290	337,947	323,795	208,971

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	344,473						
010 HOUSEKEEPING		107,116					
011 DIETARY		3,793	204,028				
012 CAFETERIA				2,248			
014 NURSING ADMINISTRATION		1,563		117	112,866		
015 CENTRAL SERVICES & SUPPLY		4,557		37	2,135	416,631	
016 PHARMACY		1,094		80		1,518	95,602
017 MEDICAL RECORDS & LIBRARY		1,697		78		67	
018 SOCIAL SERVICE		291					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB				2			
024 02 PARAMEDICAL PRGM - RADIOLO				3			
024 03 PARAMEDICAL PRGM - RESP TH							
024 04 PARAMEDICAL PRGM-PHARMACY				10			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	276,209	28,489	163,597	696	61,653	17,245	62
026 INTENSIVE CARE UNIT	27,524	3,927	16,302	126	11,520	3,621	
030 NEWBORN INTENSIVE CARE UN	19,277	822	11,417	65	5,957	1,516	5
031 SUBPROVIDER						458	1
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		8,405		74	6,734	8,760	4
037 02 OPEN HEART SURGERY				4	373	671	
037 03 OUTPATIENT SURGERY		5,988		39	3,520	2,800	8
038 RECOVERY ROOM				16	1,498	188	
040 ANESTHESIOLOGY		104		43		1,846	
041 RADIOLOGY-DIAGNOSTIC		2,813		81		821	10
041 01 RADIOLOGY SPECIAL PROCEDU		662		15		2,987	6
041 02 ULTRASOUND		442		16		406	
042 RADIOLOGY-THERAPEUTIC				19			
042 01 COMPUTED TOMOGRAPHY		504				4,503	
044 LABORATORY		2,973					
047 BLOOD STORAGE, PROCESSING							
047 01 NUCLEAR MEDICINE		410		8		10,260	1
049 RESPIRATORY THERAPY		830		73		2,216	4
050 PHYSICAL THERAPY		3,359		65		103	
051 OCCUPATIONAL THERAPY		328		16		3	
052 SPEECH PATHOLOGY		735		9		224	
053 ELECTROCARDIOLOGY		514		23		724	
054 ELECTROENCEPHALOGRAPHY		411		9		197	
055 MEDICAL SUPPLIES CHARGED						343,855	
056 DRUGS CHARGED TO PATIENTS							95,280
059 PAIN CLINIC		860		7		204	1
059 01 ORTHOPEDICS		211		12	661	483	
059 02 CARDIOVASCULAR SERVICES		2,187		26	2,379	2,942	6
059 03 CARDIAC REHAB		386		14	1,305	368	1
059 04 RADIATION ONCOLOGY		4,749		20		293	11
059 05 MRI		868		5		1,005	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		1,456		17		450	64
059 09 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		3,264		196	15,131	4,910	138
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		1,129		95		987	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	323,010	89,821	191,316	2,116	112,866	416,631	95,602
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		239		4			
096 02 CONVENT		2,469					
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING		5,494					
096 05 WOMEN'S HEALTH CENTER		255		11			
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY				1			
096 09 HAMMOND FAMILY SERVICES				12			

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
NONREIMBURS COST CENTERS								
096	09 MDWISE				3			
096	10 CATHERINE MCAULEY CLINIC		748		11			
096	11 CENTER OF HOPE		115					
096	12 SELECT							
096	13 PERCINI AS		2,654					
098	PHYSICIANS' PRIVATE OFFICE		1,189		41			
098	01 WORKING WELL				2			
099	NONPAID WORKERS							
100	01 REHAB	21,463	4,132	12,712	47			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	344,473	107,116	204,028	2,248	112,866	416,631	95,602

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLO	PARAMED ED PRGM - RESP TH
	17	18	23	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	282,778						
018 SOCIAL SERVICE		10,747					
023 I&R SERVICES-OTHER PRGM C			1,479				
024 PARAMED ED PRGM				28			
024 01 PARAMED ED PRGM - LAB					389		
024 02 PARAMED ED PRGM - RADIOLO						644	
024 03 PARAMED ED PRGM - RESP TH							364
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,359	1,038					
026 INTENSIVE CARE UNIT	5,116	194					
030 NEWBORN INTENSIVE CARE UN	3,589	136					
031 SUBPROVIDER	12,663	480					
033 NURSERY	1,058	40					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,201	273					
037 01 OPEN HEART SURGERY	1,129	43					
037 02 OUTPATIENT SURGERY	1,681	64					
038 RECOVERY ROOM	2,182	83					
040 ANESTHESIOLOGY	1,591	60					
041 RADIOLOGY-DIAGNOSTIC	8,313	315					
041 01 RADIOLOGY SPECIAL PROCEDU	4,741	180					
041 02 ULTRASOUND	6,243	237					
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	21,136	802					
044 LABORATORY	33,155	1,258					
047 BLOOD STORING, PROCESSING	3,733	142					
047 01 NUCLEAR MEDICINE	4,039	153					
049 RESPIRATORY THERAPY	9,060	344					
050 PHYSICAL THERAPY	3,490	132					
051 OCCUPATIONAL THERAPY	1,795	68					
052 SPEECH PATHOLOGY	628	24					
053 ELECTROCARDIOLOGY	5,797	220					
054 ELECTROENCEPHALOGRAPHY	1,006	38					
055 MEDICAL SUPPLIES CHARGED	32,299	1,225					
056 DRUGS CHARGED TO PATIENTS	38,688	1,488					
059 PAIN CLINIC	808	31					
059 01 ORTHOPEDICS	533	20					
059 02 CARDIOVASCULAR SERVICES	8,426	320					
059 03 CARDIAC REHAB	952	36					
059 04 RADIATION ONCOLOGY	3,850	146					
059 05 MRI	5,671	215					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	751	28					
059 08 WOUND CARE	1,173	44					
059 09 RENAL DIALYSIS	1,899	72					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	21,023	798					
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	282,778	10,747					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 CONVENT							
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING							
096 04 WOMEN'S HEALTH CENTER							
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY							
096 08 HAMMOND FAMILY SERVICES							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INFORMATION & OTHER SERVICES-PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLOGY	PARAMED ED PR GM - RESPIRATORY
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENTS			1,479	28	389	644	364
102 NEGATIVE COST CENTER							
103 TOTAL	282,778	10,747	1,479	28	389	644	364

ALLOCATION OF NEW CAPITAL RELATED COSTS

	PARAMED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.04	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006	01 COMMUNICATIONS			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 ADMINISTRATION			
006	05 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED PRGM			
024	01 PARAMED PRGM - LAB			
024	02 PARAMED PRGM - RADIOLO			
024	03 PARAMED PRGM - RESP TH			
024	04 PARAMED PRGM-PHARMACY	900		
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	2,131,435		2,131,435
026	INTENSIVE CARE UNIT	422,413		422,413
030	NEWBORN INTENSIVE CARE UN	130,471		130,471
031	SUBPROVIDER	31,212		31,212
033	NURSERY	4,767		4,767
034	SKILLED NURSING FACILITY			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	559,701		559,701
037	01 OPEN HEART SURGERY	37,800		37,800
037	02 OUTPATIENT SURGERY	320,119		320,119
038	RECOVERY ROOM	39,050		39,050
040	ANESTHESIOLOGY	97,073		97,073
041	RADIOLOGY-DIAGNOSTIC	468,149		468,149
041	01 RADIOLOGY SPECIAL PROCEDU	54,126		54,126
041	02 ULTRASOUND	78,680		78,680
042	RADIOLOGY-THERAPEUTIC	19		19
042	01 COMPUTED TOMOGRAPHY	59,797		59,797
044	LABORATORY	239,636		239,636
047	BLOOD STORING, PROCESSING	10,096		10,096
047	01 NUCLEAR MEDICINE	82,883		82,883
049	RESPIRATORY THERAPY	159,369		159,369
050	PHYSICAL THERAPY	140,427		140,427
051	OCCUPATIONAL THERAPY	17,260		17,260
052	SPEECH PATHOLOGY	41,610		41,610
053	ELECTROCARDIOLOGY	72,782		72,782
054	ELECTROENCEPHALOGRAPHY	40,138		40,138
055	MEDICAL SUPPLIES CHARGED	402,048		402,048
056	DRUGS CHARGED TO PATIENTS	158,216		158,216
059	PAIN CLINIC	45,042		45,042
059	01 ORTHOPEDICS	11,112		11,112
059	02 CARDIOVASCULAR SERVICES	547,276		547,276
059	03 CARDIAC REHAB	56,611		56,611
059	04 RADIATION ONCOLOGY	390,358		390,358
059	05 MRI	120,728		120,728
059	06 BARIATRIC CENTER	5,903		5,903
059	07 PSYCH ACTIVITY THERAPY	2,892		2,892
059	08 WOUND CARE	72,082		72,082
059	09 RENAL DIALYSIS	5,210		5,210
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 OCC HEALTH CLINIC			
061	EMERGENCY	244,797		244,797
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
071	HOME HEALTH AGENCY	85,226		85,226
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	7,386,514		7,386,514
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	9,398		9,398
096	01 CONVENT	92,308		92,308
096	02 HOME MEDICAL EQUIPMENT	1,301		1,301
096	03 MEDICAL ARTS BUILDING	208,672		208,672
096	04 WOMEN'S HEALTH CENTER	9,846		9,846
096	05 DEVELOPMENT			
096	06 NEUROSURGERY PROF SERVICE	9,462		9,462
096	07 IMAGE RECOVERY	50,400		50,400
096	08 HAMMOND FAMILY SERVICES	5,579		5,579

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION		OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)
		1	2	3	4	5	6.01
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	729,563					
003	OLD CAP REL COSTS-MVB		14,307				
004	NEW CAP REL COSTS-BLD			729,563			
005	NEW CAP REL COSTS-MVB				3,675,171		
006	EMPLOYEE BENEFITS	2,192		2,192	7,562	75,030,656	
006 01	COMMUNICATIONS	1,624	428	1,624	45,891	461,349	2,125
006 02	DATA PROCESSING	8,308		8,308	438,969		
006 03	PURCHASING, RECEIVING	2,041		2,041	6,612	389,896	28
006 04	ADMINISTRATIVE	4,489		4,489	5,857	1,002,606	85
006 05	OTHER ADMINISTRATIVE	22,217		22,217	36,296	3,101,799	247
007	MAINTENANCE & REPAIRS	38,247		38,247	59,621	1,527,023	137
008	OPERATION OF PLANT	21,457	7,544	21,457	55,442	555,559	60
009	LAUNDRY & LINEN SERVICE	40,414	63	40,414	76,033	1,642,425	13
010	HOUSEKEEPING	13,531		13,531	11,640	1,751,161	14
011	DIETARY	17,948		17,948	59,393	553,219	27
012	CAFETERIA					569,750	
014	NURSING ADMINISTRATIVE	7,395		7,395	35,601	3,331,301	67
015	CENTRAL SERVICES & SUPPORT	21,564		21,564	218,309	449,164	40
016	PHARMACY	5,177		5,177	6,082	1,969,674	53
017	MEDICAL RECORDS & LIBRARY	18,799		18,799	18,316	1,358,651	17
018	SOCIAL SERVICE	1,378		1,378			
023	INFORMATION SERVICES-OTHER PROGRAMS						
024	PARAMEDICAL PROGRAM						1
024 01	PARAMEDICAL PROGRAM - LAB					67,847	1
024 02	PARAMEDICAL PROGRAM - RADIOLOGY					192,671	1
024 03	PARAMEDICAL PROGRAM - RESPIRATORY					105,717	1
024 04	PARAMEDICAL PROGRAM - PHARMACY					268,205	
025	ADULTS & PEDIATRICS	134,831		134,831	454,341	15,025,469	315
026	INTENSIVE CARE UNIT	18,583		18,583	195,069	3,188,289	50
030	NEWBORN INTENSIVE CARE	3,888		3,888	49,910	1,807,881	13
031	SUBPROVIDER					2,484,227	
033	NURSERY					910,516	
034	SKILLED NURSING FACILITY						
037	ANCILLARY SERVICE COST CENTER						
037	OPERATING ROOM	39,777		39,777	191,716	1,628,298	117
037 01	OPEN HEART SURGERY				32,252	159,392	
037 02	OUTPATIENT SURGERY	28,338		28,338	83,294	1,104,689	46
038	RECOVERY ROOM				32,381	470,586	
040	ANESTHESIOLOGY	490		490	79,505	5,037,367	9
041	RADIOLOGY-DIAGNOSTIC	19,576		19,576	271,125	1,334,966	85
041 01	RADIOLOGY-SPECIAL PROCEDURES	3,133		3,133	15,806	440,759	6
041 02	ULTRASOUND	2,091		2,091	50,295	575,593	13
042	RADIOLOGY-THERAPEUTIC						
042 01	COMPUTED TOMOGRAPHY	2,386		2,386	4,719	497,915	
044	LABORATORY	14,068		14,068	4,230		46
047	BLOOD STORAGE, PROCESSING						45
047 01	NUCLEAR MEDICINE	1,940		1,940	48,701	289,421	13
049	RESPIRATORY THERAPY	3,930		3,930	104,728	1,825,490	27
050	PHYSICAL THERAPY	15,894		15,894	6,076	1,128,704	53
051	OCCUPATIONAL THERAPY	1,551		1,551	800	473,428	12
052	SPEECH PATHOLOGY	3,478		3,478	11,904	298,597	3
053	ELECTROCARDIOLOGY	2,433	6,233	2,433	42,598	455,729	14
054	ELECTROENCEPHALOGRAPHY	1,944		1,944	21,706	226,797	19
055	MEDICAL SUPPLIES CHARACTERIZED						
056	DRUGS CHARGED TO PATIENT					206,404	
059	PAIN CLINIC	4,069		4,069	10,534	184,209	23
059 01	ORTHOPEDICS	998		998	173	598,142	
059 02	CARDIOVASCULAR SERVICE	10,350		10,350	434,152	860,436	76
059 03	CARDIAC REHABILITATION	1,828		1,828	37,286	417,571	3
059 04	RADIATION ONCOLOGY	22,472		22,472	203,686	583,377	
059 05	MRI	4,106	39	4,106	77,908	131,855	
059 06	BARITRIC CENTER				5,800	617	
059 07	PSYCH ACTIVITY THERAPY						
059 08	WOUND CARE	6,888		6,888	13,482	465,704	30
059 09	RENAL DIALYSIS					549,571	
060	OUTPATIENT SERVICE COST CENTER						
060 01	OCULAR HEALTH CLINIC						
061	EMERGENCY	15,447		15,447	54,920	6,621,272	104
062	OBSERVATION BEDS (NON-REIMBURSABLE)						
071	HOME HEALTH AGENCY	5,344		5,344	2,072	2,286,912	92
095	SPECIAL PURPOSE COST CENTER						
095	SUBTOTALS	596,614	14,307	596,614	3,622,793	71,568,200	2,006
096	NONREIMBURSABLE COST CENTER						
096 01	GIFT, FLOWER, COFFEE	1,133		1,133		37,770	5
096 02	CONVENT	11,682		11,682	240		33
096 03	HOME MEDICAL EQUIPMENT						
096 04	MEDICAL ARTS BUILDING	26,000		26,000	5,378	3,564	
096 05	WOMEN'S HEALTH CENTER	1,205		1,205		87,905	5

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 5/28/2009
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COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	S
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NUMBER OF PHONES)
	1	2	3	4	5	6.01
NONREIMBURS COST CENT						
096 05 DEVELOPMENT						
096 06 NEUROSURGERY PROF SER				9,299		
096 07 IMAGE RECOVERY	7,580		7,580	714	7,950	
096 08 HAMMOND FAMILY SERVIC				4,369	287,849	
096 09 MDWISE					122,792	
096 10 CATHERINE MCAULEY CLI	3,540		3,540	2,003	207,760	6
096 11 CENTER OF HOPE	544		544		9,686	
096 12 SELECT	40,041		40,041	467		
096 13 PERCINI AS	16,040		16,040			
098 PHYSICIANS' PRIVATE O	5,629		5,629	25,419	2,458,138	42
098 01 WORKING WELL				593	236,846	
099 NONPAID WORKERS						
100 01 REHAB	19,555		19,555	3,896	2,196	28
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,583,785	14,401	4,754,594	3,731,211	21,241,367	1,300,714
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.170868	1.006570	6.517044	1.015248	.283103	612.100706
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					4,759	3,985
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000063	1.875294
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					21,962	57,310
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000293	26.969412

COST CENTER DESCRIPTION	DATA PROCESSING (ALLOC OF TIME)	PURCHASING, RECEIVING AND (COSTED) REQUIS.	R ADMINITTING (GROSS) CHARGES	RECONCILIATION ()	OTHER ADMINISTRATIVE AND (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE) FEET	OPERATION OF PLANT (SQUARE) FEET
	6.02	6.03	6.04	6a.05	6.05	7	8
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	482,898						
006 03 PURCHASING, RECEIVING	15,676	13,187,813					
006 04 ADMINITTING	34,243	21,845	428,868,357				
006 05 OTHER ADMINISTRATIVE	143,704	1,201		-18,380,248	150,550,528		
007 MAINTENANCE & REPAIRS		292			4,394,106	506,906	
008 OPERATION OF PLANT		15			4,929,811		506,906
009 LAUNDRY & LINEN SERVI		267,836			1,031,190		
010 HOUSEKEEPING		10,487			2,759,810		
011 DIETARY		6,661			1,423,097	17,948	17,948
012 CAFETERIA					926,901		
014 NURSING ADMINISTRATIO	5,600	475			4,674,871	7,395	7,395
015 CENTRAL SERVICES & SU		4,363,462			5,157,398	21,564	21,564
016 PHARMACY	31,790	77,791			5,535,432	5,177	5,177
017 MEDICAL RECORDS & LIB	121,107	1,400			2,307,691	8,029	8,029
018 SOCIAL SERVICE					12,375	1,378	1,378
023 I&R SERVICES-OTHER PR					658,593		
024 PARAMED ED PRGM					612		
024 01 PARAMED ED PRGM - LAB					151,262		
024 02 PARAMED ED PRGM - RAD					248,580		
024 03 PARAMED ED PRGM - RES					136,258		
024 04 PARAMED ED PRGM-PHARM					361,394		
025 ADULTS & PEDIATRICS		644,428	41,515,239		23,012,139	134,831	134,831
026 INTENSIVE CARE UNIT		149,023	7,763,170		5,066,414	18,583	18,583
030 NEWBORN INTENSIVE CAR		48,665	5,446,785		2,513,175	3,888	3,888
031 SUBPROVIDER		13,730	19,215,475		6,038,870		
033 NURSERY			1,604,888		1,393,178		
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	10,158	3,112,417	10,926,662		3,476,605	39,777	39,777
037 01 OPEN HEART SURGERY		500,676	1,712,981		484,295		
037 02 OUTPATIENT SURGERY		208,605	2,550,895		1,961,801	28,338	28,338
038 RECOVERY ROOM		8,939	3,310,739		658,652		
040 ANESTHESIOLOGY		165,507	2,414,855		2,853,438	490	490
041 RADIOLOGY-DIAGNOSTIC	27,885	27,941	12,614,562		2,311,416	13,311	13,311
041 01 RADIOLOGY SPECIAL PRO		794,688	7,194,857		899,886	3,133	3,133
041 02 ULTRASOUND		39,690	9,472,794		978,728	2,091	2,091
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		119,849	32,072,366		1,797,772	2,386	2,386
044 LABORATORY	64,625		50,310,738		6,572,984	14,068	14,068
047 BLOOD STORING, PROCES			5,665,118		1,798,669		
047 01 NUCLEAR MEDICINE		219,466	6,129,598		794,610	1,940	1,940
049 RESPIRATORY THERAPY		219,705	13,748,396		2,914,686	3,930	3,930
050 PHYSICAL THERAPY		22,305	5,295,860		1,823,209	15,894	15,894
051 OCCUPATIONAL THERAPY		13,388	2,723,836		682,760	1,551	1,551
052 SPEECH PATHOLOGY		47,634	952,668		497,386	3,478	3,478
053 ELECTROCARDIOLOGY		19,885	8,796,624		788,853	2,433	2,433
054 ELECTROENCEPHALOGRAPH		7,946	1,526,074		386,280	1,944	1,944
055 MEDICAL SUPPLIES CHAR			49,012,529		7,255,402		
056 DRUGS CHARGED TO PATI			58,472,373		5,677,460		
059 PAIN CLINIC		18,679	1,226,319		313,889	4,069	4,069
059 01 ORTHOPEDICS		42,008	809,450		460,087	998	998
059 02 CARDIOVASCULAR SERVI C		1,046,460	12,786,244		1,984,762	10,350	10,350
059 03 CARDIAC REHAB		8,642	1,444,646		616,783	1,828	1,828
059 04 RADIATION ONCOLOGY		19,029	5,842,205		1,427,103	22,472	22,472
059 05 MRI		48,478	8,606,124		510,368	4,106	4,106
059 06 BARIATRIC CENTER					6,734		
059 07 PSYCH ACTIVITY THERAP			1,139,160		854,254		
059 08 WOUND CARE		77,280	1,779,895		710,589	6,888	6,888
059 09 RENAL DIALYSIS			2,882,214		1,151,393		
060 OUTPAT SERVICE COST C							
060 01 OCC HEALTH CLINIC				2,133			
061 EMERGENCY		703,445	31,902,018		6,457,629	15,447	15,447
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	28,110	87,840			3,552,309	5,344	5,344
SPEC PURPOSE COST CEN							
095 SUBTOTALS	482,898	13,187,813	428,868,357	-18,378,115	135,393,949	425,059	425,059
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					193,408	1,133	1,133
096 01 CONVENT					131,311	11,682	11,682
096 02 HOME MEDICAL EQUIPMEN					579,452		
096 03 MEDICAL ARTS BUILDING					422,076	26,000	26,000
096 04 WOMEN'S HEALTH CENTER					133,268	1,205	1,205

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	OPERATION OF PLANT
	(ALLOC OF TIME)	(COSTED)REQUIS.	(GROSS)CHARGES	()	(ACCUM. COST	(SQUARE)FEET	(SQUARE)FEET
NONREIMBURS COST CENT	6.02	6.03	6.04	6a.05	6.05	7	8
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SER					9,441		
096 07 IMAGE RECOVERY					121,528		
096 08 HAMMOND FAMILY SERVIC					466,151		
096 09 MDWISE					7,873,385		
096 10 CATHERINE MCAULEY CLI					396,711	3,540	3,540
096 11 CENTER OF HOPE					17,244	544	544
096 12 SELECT					348,347		
096 13 PERCINI AS					139,354	12,559	12,559
098 PHYSICIANS' PRIVATE O					3,677,150	5,629	5,629
098 01 WORKING WELL					453,949		
099 NONPAID WORKERS							
100 01 REHAB					193,804	19,555	19,555
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	987,499	605,658	1,503,331		18,380,248	4,930,569	5,531,677
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.045926				9.726792	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2.044943 18,036	5,094	11,254	.003505	.122087 54,256	84,964	10.912629 56,097
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000386				.167613	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.037350 499,806	37,108	73,290	.000026	.000360 337,947	323,795	.110665 208,971
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.035014	.002814		.000171	.002245	.638767	.412248

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PROD HOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,146,566						
010 HOUSEKEEPING		506,906					
011 DIETARY		17,948	243,172				
012 CAFETERIA				92,575			
014 NURSING ADMINISTRATION		7,395		4,816	50,850		
015 CENTRAL SERVICES & SUPPLY		21,564		1,534	962	8,645,695	
016 PHARMACY		5,177		3,301		31,498	6,909,103
017 MEDICAL RECORDS & LIBRARY		8,029		3,208		1,400	
018 SOCIAL SERVICE		1,378					
023 I&R SERVICES-OTHER PROGRAMS							
024 PARAMEDICAL PROGRAM							
024 01 PARAMEDICAL PROGRAM - LAB				101			
024 02 PARAMEDICAL PROGRAM - RADIOLOGY				104			
024 03 PARAMEDICAL PROGRAM - RESPIRATORY				1			
024 04 PARAMEDICAL PROGRAM-PHARMACY				432			
025 ADULTS & PEDIATRICS	919,351	134,831	194,983	28,650	27,776	357,861	4,464
026 INTENSIVE CARE UNIT	91,613	18,583	19,430	5,190	5,190	75,144	35
030 NEWBORN INTENSIVE CARE	64,164	3,888	13,608	2,684	2,684	31,459	380
031 SUBPROVIDER						9,508	92
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		39,777		3,034	3,034	181,791	264
037 01 OPEN HEART SURGERY				168	168	13,922	
037 02 OUTPATIENT SURGERY		28,338		1,586	1,586	58,105	545
038 RECOVERY ROOM				675	675	3,892	18
040 ANESTHESIOLOGY		490		1,757		38,316	25
041 RADIOLOGY-DIAGNOSTIC		13,311		3,329		17,038	693
041 01 RADIOLOGY-SPECIAL PROCEDURES		3,133		606		61,984	403
041 02 ULTRASOUND		2,091		662		8,418	
042 RADIOLOGY-THERAPEUTIC				763			
042 01 COMPUTED TOMOGRAPHY		2,386				93,453	21
044 LABORATORY		14,068					
047 BLOOD STORAGE, PROCESSING							
047 01 NUCLEAR MEDICINE		1,940		347		212,918	104
049 RESPIRATORY THERAPY		3,930		3,013		45,977	270
050 PHYSICAL THERAPY		15,894		2,661		2,145	
051 OCCUPATIONAL THERAPY		1,551		643		64	
052 SPEECH PATHOLOGY		3,478		365		4,654	
053 ELECTROCARDIOLOGY		2,433		937		15,031	
054 ELECTROENCEPHALOGRAPHY		1,944		370		4,092	
055 MEDICAL SUPPLIES CHARACTERIZED						7,135,423	
056 DRUGS CHARGED TO PATIENTS							6,885,790
059 PAIN CLINIC		4,069		283		4,233	101
059 01 ORTHOPEDICS		998		483		10,024	31
059 02 CARDIOVASCULAR SERVICE		10,350		1,072	1,072	61,054	446
059 03 CARDIAC REHABILITATION		1,828		588	588	7,635	46
059 04 RADIATION ONCOLOGY		22,472		841		6,082	789
059 05 MRI		4,106		224		20,858	
059 06 BARIATRIC CENTER				1			
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		6,888		712		9,340	4,634
059 09 RENAL DIALYSIS							
060 OUTPATIENT SERVICE COST CENTER							
060 CLINIC							
060 01 OCCUPATIONAL HEALTH CLINIC							
061 EMERGENCY		15,447		8,077	6,817	101,899	9,952
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 HOME HEALTH AGENCY		5,344		3,915		20,477	
095 SPECIFIC PURPOSE COST CENTER							
095 SUBTOTALS	1,075,128	425,059	228,021	87,133	50,850	8,645,695	6,909,103
096 NONREIMBURSABLE COST CENTER							
096 01 GIFT, FLOWER, COFFEE		1,133		150			
096 02 CONVENT		11,682					
096 03 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING		26,000		7			
096 04 WOMEN'S HEALTH CENTER		1,205		445			

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PROD) HOURS	(DIRECT) NRSING HRS	(COSTED) REQUIS.	(COSTED) REQUIS
NONREIMBURS COST CENT	9	10	11	12	14	15	16
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SER							
096 07 IMAGE RECOVERY				23			
096 08 HAMMOND FAMILY SERVIC				494			
096 09 MDWISE				144			
096 10 CATHERINE MCAULEY CLI		3,540		437			
096 11 CENTER OF HOPE		544		7			
096 12 SELECT							
096 13 PERCINI AS		12,559					
098 PHYSICIANS' PRIVATE O		5,629		1,693			
098 01 WORKING WELL				99			
099 NONPAID WORKERS							
100 01 REHAB	71,438	19,555	15,151	1,943			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,157,085	3,096,747	2,076,921	1,040,064	5,497,525	6,485,093	6,410,426
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.009174	6.109115	8.540955	11.234826	108.112586	.750095	.927823
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	88,397	30,508	45,638	370	20,803	58,159	16,650
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.077097	.060185	.187678	.003997	.409105	.006727	.002410
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	344,473	107,116	204,028	2,248	112,866	416,631	95,602
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.300439	.211313	.839028	.024283	2.219587	.048189	.013837

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	(GROSS CHARGES)	(GROSS CHARGES)	(ASSIGNED TIME)	(NO STATISTICS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	17	18	23	24	24.01	24.02	24.03
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SER							
096 07 IMAGE RECOVERY							
096 08 HAMMOND FAMILY SERVIC							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLI							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE O							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,841,284	50,746	738,999	687	170,864	280,096	152,904
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.006625	.000118	7,316.821782	6.870000	170.864000	280.096000	1,529.040000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	49,023	3,461	237	2	60	103	58
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000114	.000008	2.346535	.020000	.060000	.103000	.580000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	282,778	10,747	1,479	28	389	644	364
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000659	.000025	14.643564	.280000	.389000	.644000	3.640000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED PRGM-PHARMACY	(NO STATISTICS)
		24.04
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 OTHER ADMINISTRATION		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
023 I&R SERVICES-OTHER PROGRAMS		
024 PARAMEDICAL PROGRAM		
024 01 PARAMEDICAL PROGRAM - LAB		
024 02 PARAMEDICAL PROGRAM - RADIOLOGY		
024 03 PARAMEDICAL PROGRAM - RESPIRATORY		
024 04 PARAMEDICAL PROGRAM-PHARMACY	100	
025 INPATIENT ROUTINE SERVICE CENTER		
026 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
030 NEWBORN INTENSIVE CARE		
031 SUBPROVIDER		
033 NURSERY		
034 SKILLED NURSING FACILITY		
037 ANCILLARY SERVICE CENTER		
037 01 OPERATING ROOM		
037 02 OPEN HEART SURGERY		
037 03 OUTPATIENT SURGERY		
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
041 01 RADIOLOGY SPECIAL PROCEDURES		
041 02 ULTRASOUND		
042 RADIOLOGY-THERAPEUTIC		
042 01 COMPUTED TOMOGRAPHY		
044 LABORATORY		
047 BLOOD STORAGE, PROCESSING		
047 01 NUCLEAR MEDICINE		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPHY		
055 MEDICAL SUPPLIES CHARACTERIZATION		
056 DRUGS CHARGED TO PATIENT	100	
059 PAIN CLINIC		
059 01 ORTHOPEDICS		
059 02 CARDIOVASCULAR SERVICE		
059 03 CARDIAC REHABILITATION		
059 04 RADIATION ONCOLOGY		
059 05 MRI		
059 06 BARIATRIC CENTER		
059 07 PSYCH ACTIVITY THERAPY		
059 08 WOUND CARE		
059 09 RENAL DIALYSIS		
060 OUTPATIENT SERVICE COST CENTER		
060 01 CLINIC		
060 02 OCCASIONAL HEALTH CLINIC		
061 EMERGENCY		
062 OBSERVATION BEDS (NON-REIMBURSABLE)		
062 OTHER REIMBURSABLE COST CENTER		
071 HOME HEALTH AGENCY		
071 SPECIFIC PURPOSE COST CENTER		
095 SUBTOTALS	100	
095 NONREIMBURSABLE COST CENTER		
096 GIFT, FLOWER, COFFEE		
096 01 CONVENT		
096 02 HOME MEDICAL EQUIPMENT		
096 03 MEDICAL ARTS BUILDING		
096 04 WOMEN'S HEALTH CENTER		

COST CENTER DESCRIPTION	PARAMED ED PR GM-PHARMACY	(NO STATISTICS)
		24.04
NONREIMBURS COST CENT		
096 05 DEVELOPMENT		
096 06 NEUROSURGERY PROF SER		
096 07 IMAGE RECOVERY		
096 08 HAMMOND FAMILY SERVIC		
096 09 MDWISE		
096 10 CATHERINE MCAULEY CLI		
096 11 CENTER OF HOPE		
096 12 SELECT		
096 13 PERCINI AS		
098 PHYSICIANS' PRIVATE O		
098 01 WORKING WELL		
099 NONPAID WORKERS		
100 01 REHAB		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED		410,369
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)		4,103.690000
105 COST TO BE ALLOCATED		149
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		1.490000
107 COST TO BE ALLOCATED		900
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)		9.000000

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	35,898,596		35,898,596		35,898,596
26	INTENSIVE CARE UNIT	7,168,586		7,168,586		7,168,586
30	NEWBORN INTENSIVE CARE UN	3,485,983		3,485,983		3,485,983
31	SUBPROVIDER	6,912,925		6,912,925		6,912,925
33	NURSERY	1,574,088		1,574,088		1,574,088
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,537,414		5,537,414		5,537,414
37 01	OPEN HEART SURGERY	585,464		585,464	5,863	591,327
37 02	OUTPATIENT SURGERY	3,209,887		3,209,887		3,209,887
38	RECOVERY ROOM	844,886		844,886		844,886
40	ANESTHESIOLOGY	3,279,699		3,279,699		3,279,699
41	RADIOLOGY-DIAGNOSTIC	3,351,634		3,351,634		3,351,634
41 01	RADIOLOGY SPECIAL PROCEDU	1,201,346		1,201,346		1,201,346
41 02	ULTRASOUND	1,234,576		1,234,576		1,234,576
42	RADIOLOGY-THERAPEUTIC	8,572		8,572		8,572
42 01	COMPUTED TOMOGRAPHY	2,373,063		2,373,063		2,373,063
44	LABORATORY	8,231,114		8,231,114		8,231,114
47	BLOOD STORING, PROCESSING	2,083,800		2,083,800		2,083,800
47 01	NUCLEAR MEDICINE	1,151,967		1,151,967		1,151,967
49	RESPIRATORY THERAPY	3,689,851		3,689,851	8,108	3,697,959
50	PHYSICAL THERAPY	2,538,155		2,538,155		2,538,155
51	OCCUPATIONAL THERAPY	833,240		833,240		833,240
52	SPEECH PATHOLOGY	665,157		665,157		665,157
53	ELECTROCARDIOLOGY	1,031,358		1,031,358		1,031,358
54	ELECTROENCEPHALOGRAPHY	502,955		502,955	4,011	506,966
55	MEDICAL SUPPLIES CHARGED	13,823,929		13,823,929		13,823,929
56	DRUGS CHARGED TO PATIENTS	13,564,906		13,564,906		13,564,906
59	PAIN CLINIC	475,767		475,767		475,767
59 01	ORTHOPEDICS	593,604		593,604		593,604
59 02	CARDIOVASCULAR SERVICES	2,764,292		2,764,292		2,764,292
59 03	CARDIAC REHAB	826,667		826,667		826,667
59 04	RADIATION ONCOLOGY	2,256,563		2,256,563		2,256,563
59 05	MRI	758,700		758,700		758,700
59 06	BARIATRIC CENTER	7,567		7,567		7,567
59 07	PSYCH ACTIVITY THERAPY	966,228		966,228		966,228
59 08	WOUND CARE	1,012,894		1,012,894	370	1,013,264
59 09	RENAL DIALYSIS	1,311,398		1,311,398		1,311,398
60	OUTPAT SERVICE COST CNTRS CLINIC					
60 01	OCC HEALTH CLINIC					
61	EMERGENCY	8,787,736		8,787,736		8,787,736
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,697,610		1,697,610		1,697,610
101	SUBTOTAL	146,242,177		146,242,177	18,352	146,260,529
102	LESS OBSERVATION BEDS	1,697,610		1,697,610		1,697,610
103	TOTAL	144,544,567		144,544,567	18,352	144,562,919

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	39,702,742		39,702,742			
26	INTENSIVE CARE UNIT	7,763,170		7,763,170			
30	NEWBORN INTENSIVE CARE UN	5,446,785		5,446,785			
31	SUBPROVIDER	19,215,475		19,215,475			
33	NURSERY	1,604,888		1,604,888			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,481,874	3,444,788	10,926,662	.506780	.506780	.506780
37 01	OPEN HEART SURGERY	1,712,981		1,712,981	.341781	.341781	.345203
37 02	OUTPATIENT SURGERY	1,247,486	1,303,409	2,550,895	1.258338	1.258338	1.258338
38	RECOVERY ROOM	2,115,629	1,195,110	3,310,739	.255196	.255196	.255196
40	ANESTHESIOLOGY	1,413,490	1,001,365	2,414,855	1.358135	1.358135	1.358135
41	RADIOLOGY-DIAGNOSTIC	5,512,496	7,102,066	12,614,562	.265696	.265696	.265696
41 01	RADIOLOGY SPECIAL PROCEDU	4,317,776	2,877,081	7,194,857	.166973	.166973	.166973
41 02	ULTRASOUND	4,066,835	5,405,959	9,472,794	.130329	.130329	.130329
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	15,062,530	17,009,836	32,072,366	.073991	.073991	.073991
44	LABORATORY	31,025,711	19,285,027	50,310,738	.163606	.163606	.163606
47	BLOOD STORING, PROCESSING	4,670,893	994,225	5,665,118	.367830	.367830	.367830
47 01	NUCLEAR MEDICINE	2,772,795	3,356,803	6,129,598	.187935	.187935	.187935
49	RESPIRATORY THERAPY	12,631,118	1,117,278	13,748,396	.268384	.268384	.268974
50	PHYSICAL THERAPY	3,826,392	1,469,468	5,295,860	.479272	.479272	.479272
51	OCCUPATIONAL THERAPY	2,385,954	337,882	2,723,836	.305907	.305907	.305907
52	SPEECH PATHOLOGY	588,776	363,892	952,668	.698204	.698204	.698204
53	ELECTROCARDIOLOGY	5,938,978	2,857,646	8,796,624	.117245	.117245	.117245
54	ELECTROENCEPHALOGRAPHY	52,737	1,473,337	1,526,074	.329574	.329574	.332203
55	MEDICAL SUPPLIES CHARGED	39,299,950	9,712,579	49,012,529	.282049	.282049	.282049
56	DRUGS CHARGED TO PATIENTS	50,869,867	7,602,506	58,472,373	.231988	.231988	.231988
59	PAIN CLINIC	36,091	1,190,228	1,226,319	.387963	.387963	.387963
59 01	ORTHOPEDICS	47,647	761,803	809,450	.733342	.733342	.733342
59 02	CARDIOVASCULAR SERVICES	9,530,003	3,256,241	12,786,244	.216193	.216193	.216193
59 03	CARDIAC REHAB	606,379	838,267	1,444,646	.572228	.572228	.572228
59 04	RADIATION ONCOLOGY	697,250	5,144,955	5,842,205	.386252	.386252	.386252
59 05	MRI	4,004,224	4,601,900	8,606,124	.088158	.088158	.088158
59 06	BARIATRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY	1,139,160		1,139,160	.848193	.848193	.848193
59 08	WOUND CARE		1,779,895	1,779,895	.569075	.569075	.569283
59 09	RENAL DIALYSIS	2,835,154	47,060	2,882,214	.454997	.454997	.454997
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	11,818,278	20,083,740	31,902,018	.275460	.275460	.275460
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	328,908	1,483,589	1,812,497	.936614	.936614	.936614
101	SUBTOTAL	301,770,422	127,097,935	428,868,357			
102	LESS OBSERVATION BEDS						
103	TOTAL	301,770,422	127,097,935	428,868,357			

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	5,537,414	666,763	4,870,651			5,537,414
37 01	OPEN HEART SURGERY	585,464	38,595	546,869			585,464
37 02	OUTPATIENT SURGERY	3,209,887	393,596	2,816,291			3,209,887
38	RECOVERY ROOM	844,886	40,114	804,772			844,886
40	ANESTHESIOLOGY	3,279,699	100,349	3,179,350			3,279,699
41	RADIOLOGY-DIAGNOSTIC	3,351,634	519,276	2,832,358			3,351,634
41 01	RADIOLOGY SPECIAL PROCEDU	1,201,346	64,143	1,137,203			1,201,346
41 02	ULTRASOUND	1,234,576	85,815	1,148,761			1,234,576
42	RADIOLOGY-THERAPEUTIC	8,572	22	8,550			8,572
42 01	COMPUTED TOMOGRAPHY	2,373,063	71,885	2,301,178			2,373,063
44	LABORATORY	8,231,114	287,249	7,943,865			8,231,114
47	BLOOD STORING, PROCESSING	2,083,800	11,666	2,072,134			2,083,800
47 01	NUCLEAR MEDICINE	1,151,967	90,504	1,061,463			1,151,967
49	RESPIRATORY THERAPY	3,689,851	172,888	3,516,963			3,689,851
50	PHYSICAL THERAPY	2,538,155	181,955	2,356,200			2,538,155
51	OCCUPATIONAL THERAPY	833,240	21,863	811,377			833,240
52	SPEECH PATHOLOGY	665,157	50,733	614,424			665,157
53	ELECTROCARDIOLOGY	1,031,358	86,915	944,443			1,031,358
54	ELECTROENCEPHALOGRAPHY	502,955	45,463	457,492			502,955
55	MEDICAL SUPPLIES CHARGED	13,823,929	459,914	13,364,015			13,823,929
56	DRUGS CHARGED TO PATIENTS	13,564,906	185,785	13,379,121			13,564,906
59	PAIN CLINIC	475,767	55,638	420,129			475,767
59 01	ORTHOPEDICS	593,604	14,146	579,458			593,604
59 02	CARDIOVASCULAR SERVICES	2,764,292	577,310	2,186,982			2,764,292
59 03	CARDIAC REHAB	826,667	61,963	764,704			826,667
59 04	RADIATION ONCOLOGY	2,256,563	448,217	1,808,346			2,256,563
59 05	MRI	758,700	132,696	626,004			758,700
59 06	BARIATRIC CENTER	7,567	5,905	1,662			7,567
59 07	PSYCH ACTIVITY THERAPY	966,228	3,369	962,859			966,228
59 08	WOUND CARE	1,012,894	90,078	922,816			1,012,894
59 09	RENAL DIALYSIS	1,311,398	6,087	1,305,311			1,311,398
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	8,787,736	295,018	8,492,718			8,787,736
62	OBSERVATION BEDS (NON-DIS	1,697,610	123,304	1,574,306			1,697,610
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	91,201,999	5,389,224	85,812,775			91,201,999
102	LESS OBSERVATION BEDS	1,697,610	123,304	1,574,306			1,697,610
103	TOTAL	89,504,389	5,265,920	84,238,469			89,504,389

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	10,926,662	.506780	.506780
37 01	OPEN HEART SURGERY	1,712,981	.341781	.341781
37 02	OUTPATIENT SURGERY	2,550,895	1.258338	1.258338
38	RECOVERY ROOM	3,310,739	.255196	.255196
40	ANESTHESIOLOGY	2,414,855	1.358135	1.358135
41	RADIOLOGY-DIAGNOSTIC	12,614,562	.265696	.265696
41 01	RADIOLOGY SPECIAL PROCEDU	7,194,857	.166973	.166973
41 02	ULTRASOUND	9,472,794	.130329	.130329
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	32,072,366	.073991	.073991
44	LABORATORY	50,310,738	.163606	.163606
47	BLOOD STORING, PROCESSING	5,665,118	.367830	.367830
47 01	NUCLEAR MEDICINE	6,129,598	.187935	.187935
49	RESPIRATORY THERAPY	13,748,396	.268384	.268384
50	PHYSICAL THERAPY	5,295,860	.479272	.479272
51	OCCUPATIONAL THERAPY	2,723,836	.305907	.305907
52	SPEECH PATHOLOGY	952,668	.698204	.698204
53	ELECTROCARDIOLOGY	8,796,624	.117245	.117245
54	ELECTROENCEPHALOGRAPHY	1,526,074	.329574	.329574
55	MEDICAL SUPPLIES CHARGED	49,012,529	.282049	.282049
56	DRUGS CHARGED TO PATIENTS	58,472,373	.231988	.231988
59	PAIN CLINIC	1,226,319	.387963	.387963
59 01	ORTHOPEDICS	809,450	.733342	.733342
59 02	CARDIOVASCULAR SERVICES	12,786,244	.216193	.216193
59 03	CARDIAC REHAB	1,444,646	.572228	.572228
59 04	RADIATION ONCOLOGY	5,842,205	.386252	.386252
59 05	MRI	8,606,124	.088158	.088158
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	1,139,160	.848193	.848193
59 08	WOUND CARE	1,779,895	.569075	.569075
59 09	RENAL DIALYSIS	2,882,214	.454997	.454997
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	31,902,018	.275460	.275460
62	OBSERVATION BEDS (NON-DIS	1,812,497	.936614	.936614
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	355,135,297		
102	LESS OBSERVATION BEDS	1,812,497		
103	TOTAL	353,322,800		

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	5,537,414	666,763	4,870,651	66,676	282,498	5,188,240
37 01	OPEN HEART SURGERY	585,464	38,595	546,869	3,860	31,718	549,886
37 02	OUTPATIENT SURGERY	3,209,887	393,596	2,816,291	39,360	163,345	3,007,182
38	RECOVERY ROOM	844,886	40,114	804,772	4,011	46,677	794,198
40	ANESTHESIOLOGY	3,279,699	100,349	3,179,350	10,035	184,402	3,085,262
41	RADIOLOGY-DIAGNOSTIC	3,351,634	519,276	2,832,358	51,928	164,277	3,135,429
41 01	RADIOLOGY SPECIAL PROCEDU	1,201,346	64,143	1,137,203	6,414	65,958	1,128,974
41 02	ULTRASOUND	1,234,576	85,815	1,148,761	8,582	66,628	1,159,366
42	RADIOLOGY-THERAPEUTIC	8,572	22	8,550	2	496	8,074
42 01	COMPUTED TOMOGRAPHY	2,373,063	71,885	2,301,178	7,189	133,468	2,232,406
44	LABORATORY	8,231,114	287,249	7,943,865	28,725	460,744	7,741,645
47	BLOOD STORING, PROCESSING	2,083,800	11,666	2,072,134	1,167	120,184	1,962,449
47 01	NUCLEAR MEDICINE	1,151,967	90,504	1,061,463	9,050	61,565	1,081,352
49	RESPIRATORY THERAPY	3,689,851	172,888	3,516,963	17,289	203,984	3,468,578
50	PHYSICAL THERAPY	2,538,155	181,955	2,356,200	18,196	136,660	2,383,299
51	OCCUPATIONAL THERAPY	833,240	21,863	811,377	2,186	47,060	783,994
52	SPEECH PATHOLOGY	665,157	50,733	614,424	5,073	35,637	624,447
53	ELECTROCARDIOLOGY	1,031,358	86,915	944,443	8,692	54,778	967,888
54	ELECTROENCEPHALOGRAPHY	502,955	45,463	457,492	4,546	26,535	471,874
55	MEDICAL SUPPLIES CHARGED	13,823,929	459,914	13,364,015	45,991	775,113	13,002,825
56	DRUGS CHARGED TO PATIENTS	13,564,906	185,785	13,379,121	18,579	775,989	12,770,338
59	PAIN CLINIC	475,767	55,638	420,129	5,564	24,367	445,836
59 01	ORTHOPEDICS	593,604	14,146	579,458	1,415	33,609	558,580
59 02	CARDIOVASCULAR SERVICES	2,764,292	577,310	2,186,982	57,731	126,845	2,579,716
59 03	CARDIAC REHAB	826,667	61,963	764,704	6,196	44,353	776,118
59 04	RADIATION ONCOLOGY	2,256,563	448,217	1,808,346	44,822	104,884	2,106,857
59 05	MRI	758,700	132,696	626,004	13,270	36,308	709,122
59 06	BARIATRIC CENTER	7,567	5,905	1,662	591	96	6,880
59 07	PSYCH ACTIVITY THERAPY	966,228	3,369	962,859	337	55,846	910,045
59 08	WOUND CARE	1,012,894	90,078	922,816	9,008	53,523	950,363
59 09	RENAL DIALYSIS	1,311,398	6,087	1,305,311	609	75,708	1,235,081
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	9,519,418	295,018	9,224,400	29,502	535,015	8,954,901
62	OBSERVATION BEDS (NON-DIS	1,697,610	123,304	1,574,306	12,330	91,310	1,593,970
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	91,933,681	5,389,224	86,544,457	538,926	5,019,580	86,375,175
102	LESS OBSERVATION BEDS	1,697,610	123,304	1,574,306	12,330	91,310	1,593,970
103	TOTAL	90,236,071	5,265,920	84,970,151	526,596	4,928,270	84,781,205

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	10,926,662	.474824	.500678
37 01	OPEN HEART SURGERY	1,712,981	.321011	.339527
37 02	OUTPATIENT SURGERY	2,550,895	1.178873	1.242908
38	RECOVERY ROOM	3,310,739	.239885	.253984
40	ANESTHESIOLOGY	2,414,855	1.277618	1.353979
41	RADIOLOGY-DIAGNOSTIC	12,614,562	.248556	.261579
41 01	RADIOLOGY SPECIAL PROCEDURE	7,194,857	.156914	.166081
41 02	ULTRASOUND	9,472,794	.122389	.129423
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	32,072,366	.069605	.073767
44	LABORATORY	50,310,738	.153877	.163035
47	BLOOD STORING, PROCESSING	5,665,118	.346409	.367624
47 01	NUCLEAR MEDICINE	6,129,598	.176415	.186459
49	RESPIRATORY THERAPY	13,748,396	.252290	.267127
50	PHYSICAL THERAPY	5,295,860	.450031	.475836
51	OCCUPATIONAL THERAPY	2,723,836	.287827	.305104
52	SPEECH PATHOLOGY	952,668	.655472	.692879
53	ELECTROCARDIOLOGY	8,796,624	.110029	.116257
54	ELECTROENCEPHALOGRAPHY	1,526,074	.309208	.326596
55	MEDICAL SUPPLIES CHARGED	49,012,529	.265296	.281111
56	DRUGS CHARGED TO PATIENTS	58,472,373	.218400	.231671
59	PAIN CLINIC	1,226,319	.363556	.383426
59 01	ORTHOPEDICS	809,450	.690074	.731594
59 02	CARDIOVASCULAR SERVICES	12,786,244	.201757	.211678
59 03	CARDIAC REHAB	1,444,646	.537237	.567939
59 04	RADIATION ONCOLOGY	5,842,205	.360627	.378580
59 05	MRI	8,606,124	.082397	.086616
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	1,139,160	.798874	.847898
59 08	WOUND CARE	1,779,895	.533943	.564014
59 09	RENAL DIALYSIS	2,882,214	.428518	.454785
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	31,902,018	.280700	.297471
62	OBSERVATION BEDS (NON-DIS)	1,812,497	.879433	.929811
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	355,135,297		
102	LESS OBSERVATION BEDS	1,812,497		
103	TOTAL	353,322,800		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	476,007		476,007	2,131,435		2,131,435
26	INTENSIVE CARE UNIT	63,315		63,315	422,413		422,413
30	NEWBORN INTENSIVE CARE UN	20,448		20,448	130,471		130,471
31	SUBPROVIDER	5,245		5,245	31,212		31,212
33	NURSERY	797		797	4,767		4,767
101	TOTAL	565,812		565,812	2,720,298		2,720,298

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	52,803	30,533	9.01	275,102	40.37	1,232,617
26	INTENSIVE CARE UNIT	5,013	2,845	12.63	35,932	84.26	239,720
30	NEWBORN INTENSIVE CARE UN	3,511		5.82		37.16	
31	SUBPROVIDER	8,557	1,554	.61	948	3.65	5,672
33	NURSERY	1,711		.47		2.79	
101	TOTAL	71,595	34,932		311,982		1,478,009

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						
	OPERATING ROOM	107,062	559,701	10,926,662	3,129,736	.009798	30,665
37 01	OPEN HEART SURGERY	795	37,800	1,712,981	1,086,046	.000464	504
37 02	OUTPATIENT SURGERY	73,477	320,119	2,550,895	850,020	.028804	24,484
38	RECOVERY ROOM	1,064	39,050	3,310,739	869,043	.000321	279
40	ANESTHESIOLOGY	3,276	97,073	2,414,855	579,334	.001357	786
41	RADIOLOGY-DIAGNOSTIC	51,127	468,149	12,614,562	2,995,981	.004053	12,143
41 01	RADIOLOGY SPECIAL PROCEDU	10,017	54,126	7,194,857	3,001,081	.001392	4,178
41 02	ULTRASOUND	7,135	78,680	9,472,794	2,340,915	.000753	1,763
42	RADIOLOGY-THERAPEUTIC	3	19				
42 01	COMPUTED TOMOGRAPHY	12,088	59,797	32,072,366	7,940,589	.000377	2,994
44	LABORATORY	47,613	239,636	50,310,738	16,465,375	.000946	15,576
47	BLOOD STORING, PROCESSING	1,570	10,096	5,665,118	2,208,552	.000277	612
47 01	NUCLEAR MEDICINE	7,621	82,883	6,129,598	1,570,459	.001243	1,952
49	RESPIRATORY THERAPY	13,519	159,369	13,748,396	7,429,928	.000983	7,304
50	PHYSICAL THERAPY	41,528	140,427	5,295,860	1,696,418	.007842	13,303
51	OCCUPATIONAL THERAPY	4,603	17,260	2,723,836	602,447	.001690	1,018
52	SPEECH PATHOLOGY	9,123	41,610	952,668	120,320	.009576	1,152
53	ELECTROCARDIOLOGY	14,133	72,782	8,796,624	3,661,352	.001607	5,884
54	ELECTROENCEPHALOGRAPHY	5,325	40,138	1,526,074	5,742	.003489	20
55	MEDICAL SUPPLIES CHARGED	57,866	402,048	49,012,529	22,240,284	.001181	26,266
56	DRUGS CHARGED TO PATIENTS	27,569	158,216	58,472,373	28,804,251	.000471	13,567
59	PAIN CLINIC	10,596	45,042	1,226,319	22,323	.008640	193
59 01	ORTHOPEDICS	3,034	11,112	809,450	17,857	.003748	67
59 02	CARDIOVASCULAR SERVICES	30,034	547,276	12,786,244	5,488,831	.002349	12,893
59 03	CARDIAC REHAB	5,352	56,611	1,444,646	406,847	.003705	1,507
59 04	RADIATION ONCOLOGY	57,859	390,358	5,842,205	464,512	.009904	4,601
59 05	MRI	11,968	120,728	8,606,124	2,150,583	.001391	2,991
59 06	BARIATRIC CENTER	2	5,903				
59 07	PSYCH ACTIVITY THERAPY	477	2,892	1,139,160		.000419	
59 08	WOUND CARE	17,996	72,082	1,779,895		.010111	
59 09	RENAL DIALYSIS	877	5,210	2,882,214	2,027,276	.000304	616
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	50,221	244,797	31,902,018	6,571,174	.001574	10,343
62	OBSERVATION BEDS (NON-DIS	22,510	100,794	1,812,497	287,346	.012419	3,569
	OTHER REIMBURS COST CNTRS						
101	TOTAL	707,440	4,681,784	355,135,297	125,034,622		201,230

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

PROVIDER NO: 15-0004
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
30	NEWBORN INTENSIVE CARE UN						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	52,803		30,533	
26	INTENSIVE CARE UNIT	5,013		2,845	
30	NEWBORN INTENSIVE CARE UN	3,511			
31	SUBPROVIDER	8,557		1,554	
33	NURSERY	1,711			
34	SKILLED NURSING FACILITY				
101	TOTAL	71,595		34,932	

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	OPEN HEART SURGERY						
37 02	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				266,091		
41 01	RADIOLOGY SPECIAL PROCEDU				5,602		
41 02	ULTRASOUND				2,801		
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY				5,602		
44	LABORATORY				140,109		
47	BLOOD STORING, PROCESSING				27,338		
47 01	NUCLEAR MEDICINE				3,417		
49	RESPIRATORY THERAPY				152,904		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				411,056		
59	PAIN CLINIC						
59 01	ORTHOPEDICS						
59 02	CARDIOVASCULAR SERVICES						
59 03	CARDIAC REHAB						
59 04	RADIATION ONCOLOGY						
59 05	MRI						
59 06	BARIATRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY						
59 08	WOUND CARE						
59 09	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL				1,014,920		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			10,926,662			3,129,736	
37 01	OPEN HEART SURGERY			1,712,981			1,086,046	
37 02	OUTPATIENT SURGERY			2,550,895			850,020	
38	RECOVERY ROOM			3,310,739			869,043	
40	ANESTHESIOLOGY			2,414,855			579,334	
41	RADIOLOGY-DIAGNOSTIC	266,091	266,091	12,614,562	.021094	.021094	2,995,981	63,197
41 01	RADIOLOGY SPECIAL PROCEDURE	5,602	5,602	7,194,857	.000779	.000779	3,001,081	2,338
41 02	ULTRASOUND	2,801	2,801	9,472,794	.000296	.000296	2,340,915	693
42	RADIOLOGY-THERAPEUTIC							
42 01	COMPUTED TOMOGRAPHY	5,602	5,602	32,072,366	.000175	.000175	7,940,589	1,390
44	LABORATORY	140,109	140,109	50,310,738	.002785	.002785	16,465,375	45,856
47	BLOOD STORING, PROCESSING	27,338	27,338	5,665,118	.004826	.004826	2,208,552	10,658
47 01	NUCLEAR MEDICINE	3,417	3,417	6,129,598	.000557	.000557	1,570,459	875
49	RESPIRATORY THERAPY	152,904	152,904	13,748,396	.011122	.011122	7,429,928	82,636
50	PHYSICAL THERAPY			5,295,860			1,696,418	
51	OCCUPATIONAL THERAPY			2,723,836			602,447	
52	SPEECH PATHOLOGY			952,668			120,320	
53	ELECTROCARDIOLOGY			8,796,624			3,661,352	
54	ELECTROENCEPHALOGRAPHY			1,526,074			5,742	
55	MEDICAL SUPPLIES CHARGED			49,012,529			22,240,284	
56	DRUGS CHARGED TO PATIENTS	411,056	411,056	58,472,373	.007030	.007030	28,804,251	202,494
59	PAIN CLINIC			1,226,319			22,323	
59 01	ORTHOPEDICS			809,450			17,857	
59 02	CARDIOVASCULAR SERVICES			12,786,244			5,488,831	
59 03	CARDIAC REHAB			1,444,646			406,847	
59 04	RADIATION ONCOLOGY			5,842,205			464,512	
59 05	MRI			8,606,124			2,150,583	
59 06	BARITRIC CENTER							
59 07	PSYCH ACTIVITY THERAPY			1,139,160				
59 08	WOUND CARE			1,779,895				
59 09	RENAL DIALYSIS			2,882,214			2,027,276	
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	OCC HEALTH CLINIC							
61	EMERGENCY			31,902,018			6,571,174	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,812,497			287,346	
101	TOTAL	1,014,920	1,014,920	355,135,297			125,034,622	410,137

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	1,138,392					
37 01	OPEN HEART SURGERY						
37 02	OUTPATIENT SURGERY	483,100					
38	RECOVERY ROOM	431,898					
40	ANESTHESIOLOGY	215,490					
41	RADIOLOGY-DIAGNOSTIC	1,470,768			31,024		
41 01	RADIOLOGY SPECIAL PROCEDU	1,704,813					
41 02	ULTRASOUND	1,087,166					
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	4,587,730				803	
44	LABORATORY	312,414				870	
47	BLOOD STORING, PROCESSING	161,202				778	
47 01	NUCLEAR MEDICINE	1,466,682				817	
49	RESPIRATORY THERAPY	208,629				2,320	
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	13,651					
53	ELECTROCARDIOLOGY	949,400					
54	ELECTROENCEPHALOGRAPHY	679,846					
55	MEDICAL SUPPLIES CHARGED	3,582,754					
56	DRUGS CHARGED TO PATIENTS	2,954,557			20,771		
59	PAIN CLINIC	423,543					
59 01	ORTHOPEDICS	28,063					
59 02	CARDIOVASCULAR SERVICES	1,679,210					
59 03	CARDIAC REHAB	369,343					
59 04	RADIATION ONCOLOGY	2,587,120					
59 05	MRI	1,516,865					
59 06	BARITRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY						
59 08	WOUND CARE	110,509					
59 09	RENAL DIALYSIS	17,960					
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	2,414,426					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,317,292					
101	TOTAL	31,912,823			59,033		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Servi ces	Non-PPS	PPS Servi ces	Outpatient Ambulatory Surgical Ctr
		FYB to 12/31	Servi ces	1/1 to FYE	
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,138,392			
37 01 OPEN HEART SURGERY					
37 02 OUTPATIENT SURGERY		483,100			
38 RECOVERY ROOM		431,898			
40 ANESTHESIOLOGY		215,490			
41 RADIOLOGY-DIAGNOSTIC		1,470,768			
41 01 RADIOLOGY SPECIAL PROCEDURES		1,704,813			
41 02 ULTRASOUND		1,087,166			
42 RADIOLOGY-THERAPEUTIC					
42 01 COMPUTED TOMOGRAPHY		4,587,730			
44 LABORATORY		312,414	1,533		
47 BLOOD STORING, PROCESSING & TRANS.		161,202			
47 01 NUCLEAR MEDICINE		1,466,682			
49 RESPIRATORY THERAPY		208,629			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		13,651			
53 ELECTROCARDIOLOGY		949,400			
54 ELECTROENCEPHALOGRAPHY		679,846			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,582,754			
56 DRUGS CHARGED TO PATIENTS		2,954,557			
59 PAIN CLINIC		423,543			
59 01 ORTHOPEDICS		28,063			
59 02 CARDIOVASCULAR SERVICES		1,679,210			
59 03 CARDIAC REHAB		369,343			
59 04 RADIATION ONCOLOGY		2,587,120			
59 05 MRI		1,516,865			
59 06 BARIATRIC CENTER					
59 07 PSYCH ACTIVITY THERAPY					
59 08 WOUND CARE		110,509			
59 09 RENAL DIALYSIS		17,960			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OCC HEALTH CLINIC					
61 EMERGENCY		2,414,426			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,317,292			
101 SUBTOTAL		31,912,823	1,533		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		31,912,823	1,533		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				576,914	
37 01 OPEN HEART SURGERY					
37 02 OUTPATIENT SURGERY				607,903	
38 RECOVERY ROOM				110,219	
40 ANESTHESIOLOGY				292,665	
41 RADIOLOGY-DIAGNOSTIC				390,777	
41 01 RADIOLOGY SPECIAL PROCEDURES				284,658	
41 02 ULTRASOUND				141,689	
42 RADIOLOGY-THERAPEUTIC					
42 01 COMPUTED TOMOGRAPHY				339,451	
44 LABORATORY				51,113	251
47 BLOOD STORING, PROCESSING & TRANS.				59,295	
47 01 NUCLEAR MEDICINE				275,641	
49 RESPIRATORY THERAPY				55,993	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				9,531	
53 ELECTROCARDIOLOGY				111,312	
54 ELECTROENCEPHALOGRAPHY				224,060	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,010,512	
56 DRUGS CHARGED TO PATIENTS				685,422	
59 PAIN CLINIC				164,319	
59 01 ORTHOPEDICS				20,580	
59 02 CARDIOVASCULAR SERVICES				363,033	
59 03 CARDIAC REHAB				211,348	
59 04 RADIATION ONCOLOGY				999,280	
59 05 MRI				133,724	
59 06 BARIATRIC CENTER					
59 07 PSYCH ACTIVITY THERAPY					
59 08 WOUND CARE				62,888	
59 09 RENAL DIALYSIS				8,172	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 OCC HEALTH CLINIC					
61 EMERGENCY				665,078	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,233,794	
101 SUBTOTAL				9,089,371	251
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				9,089,371	251

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 OPEN HEART SURGERY
- 37 02 OUTPATIENT SURGERY
- 38 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RADIOLOGY SPECIAL PROCEDURES
- 41 02 ULTRASOUND
- 42 RADIOLOGY-THERAPEUTIC
- 42 01 COMPUTED TOMOGRAPHY
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 47 01 NUCLEAR MEDICINE
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 PAIN CLINIC
- 59 01 ORTHOPEDICS
- 59 02 CARDIOVASCULAR SERVICES
- 59 03 CARDIAC REHAB
- 59 04 RADIATION ONCOLOGY
- 59 05 MRI
- 59 06 BARIATRIC CENTER
- 59 07 PSYCH ACTIVITY THERAPY
- 59 08 WOUND CARE
- 59 09 RENAL DIALYSIS
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 OCC HEALTH CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 PROVIDER NO: 15-0004 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009
 COMPONENT NO: 15-S004 WORKSHEET D PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	107,062	559,701	10,926,662		.009798	
37	01 OPEN HEART SURGERY	795	37,800	1,712,981		.000464	
37	02 OUTPATIENT SURGERY	73,477	320,119	2,550,895		.028804	
38	RECOVERY ROOM	1,064	39,050	3,310,739		.000321	
40	ANESTHESIOLOGY	3,276	97,073	2,414,855		.001357	
41	RADIOLOGY-DIAGNOSTIC	51,127	468,149	12,614,562	17,593	.004053	71
41	01 RADIOLOGY SPECIAL PROCEDURE	10,017	54,126	7,194,857		.001392	
41	02 ULTRASOUND	7,135	78,680	9,472,794	6,247	.000753	5
42	RADIOLOGY-THERAPEUTIC	3	19				
42	01 COMPUTED TOMOGRAPHY	12,088	59,797	32,072,366	58,398	.000377	22
44	LABORATORY	47,613	239,636	50,310,738	373,474	.000946	353
47	BLOOD STORING, PROCESSING	1,570	10,096	5,665,118	498	.000277	
47	01 NUCLEAR MEDICINE	7,621	82,883	6,129,598	1,105	.001243	1
49	RESPIRATORY THERAPY	13,519	159,369	13,748,396	33,118	.000983	33
50	PHYSICAL THERAPY	41,528	140,427	5,295,860	5,666	.007842	44
51	OCCUPATIONAL THERAPY	4,603	17,260	2,723,836	1,626	.001690	3
52	SPEECH PATHOLOGY	9,123	41,610	952,668	118	.009576	1
53	ELECTROCARDIOLOGY	14,133	72,782	8,796,624	34,485	.001607	55
54	ELECTROENCEPHALOGRAPHY	5,325	40,138	1,526,074	552	.003489	2
55	MEDICAL SUPPLIES CHARGED	57,866	402,048	49,012,529	21,054	.001181	25
56	DRUGS CHARGED TO PATIENTS	27,569	158,216	58,472,373	415,298	.000471	196
59	PAIN CLINIC	10,596	45,042	1,226,319	123	.008640	1
59	01 ORTHOPEDICS	3,034	11,112	809,450		.003748	
59	02 CARDIOVASCULAR SERVICES	30,034	547,276	12,786,244		.002349	
59	03 CARDIAC REHAB	5,352	56,611	1,444,646		.003705	
59	04 RADIATION ONCOLOGY	57,859	390,358	5,842,205		.009904	
59	05 MRI	11,968	120,728	8,606,124		.001391	
59	06 BARIATRIC CENTER	2	5,903				
59	07 PSYCH ACTIVITY THERAPY	477	2,892	1,139,160	193,998	.000419	81
59	08 WOUND CARE	17,996	72,082	1,779,895		.010111	
59	09 RENAL DIALYSIS	877	5,210	2,882,214		.000304	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HEALTH CLINIC						
61	EMERGENCY	50,221	244,797	31,902,018	137,788	.001574	217
62	OBSERVATION BEDS (NON-DIS	22,510	100,794	1,812,497		.012419	
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	707,440	4,681,784	355,135,297	1,301,141		1,110

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0004	FROM 1/ 1/2008	5/28/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
15-S004		PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.051223	
37 01	OPEN HEART SURGERY	.022067	
37 02	OUTPATIENT SURGERY	.125493	
38	RECOVERY ROOM	.011795	
40	ANESTHESIOLOGY	.040198	
41	RADIOLOGY-DIAGNOSTIC	.037112	653
41 01	RADIOLOGY SPECIAL PROCEDU	.007523	
41 02	ULTRASOUND	.008306	52
42	RADIOLOGY-THERAPEUTIC		
42 01	COMPUTED TOMOGRAPHY	.001864	109
44	LABORATORY	.004763	1,779
47	BLOOD STORING, PROCESSING	.001782	1
47 01	NUCLEAR MEDICINE	.013522	15
49	RESPIRATORY THERAPY	.011592	384
50	PHYSICAL THERAPY	.026516	150
51	OCCUPATIONAL THERAPY	.006337	10
52	SPEECH PATHOLOGY	.043677	5
53	ELECTROCARDIOLOGY	.008274	285
54	ELECTROENCEPHALOGRAPHY	.026301	15
55	MEDICAL SUPPLIES CHARGED	.008203	173
56	DRUGS CHARGED TO PATIENTS	.002706	1,124
59	PAIN CLINIC	.036729	5
59 01	ORTHOPEDICS	.013728	
59 02	CARDIOVASCULAR SERVICES	.042802	
59 03	CARDIAC REHAB	.039187	
59 04	RADIATION ONCOLOGY	.066817	
59 05	MRI	.014028	
59 06	BARITRIC CENTER		
59 07	PSYCH ACTIVITY THERAPY	.002539	493
59 08	WOUND CARE	.040498	
59 09	RENAL DIALYSIS	.001808	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OCC HEALTH CLINIC		
61	EMERGENCY	.007673	1,057
62	OBSERVATION BEDS (NON-DIS	.055611	
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		6,310

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM											
37	01 OPEN HEART SURGERY											
37	02 OUTPATIENT SURGERY											
38	RECOVERY ROOM											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						266,091					
41	01 RADIOLOGY SPECIAL PROCEDU						5,602					
41	02 ULTRASOUND						2,801					
42	RADIOLOGY-THERAPEUTIC											
42	01 COMPUTED TOMOGRAPHY						5,602					
44	LABORATORY						140,109					
47	BLOOD STORING, PROCESSING						27,338					
47	01 NUCLEAR MEDICINE						3,417					
49	RESPIRATORY THERAPY						152,904					
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS						411,056					
59	PAIN CLINIC											
59	01 ORTHOPEDICS											
59	02 CARDIOVASCULAR SERVICES											
59	03 CARDIAC REHAB											
59	04 RADIATION ONCOLOGY											
59	05 MRI											
59	06 BARIATRIC CENTER											
59	07 PSYCH ACTIVITY THERAPY											
59	08 WOUND CARE											
59	09 RENAL DIALYSIS											
60	OUTPAT SERVICE COST CNTRS CLINIC											
60	01 OCC HEALTH CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS											
101	TOTAL						1,014,920					

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			10,926,662				
	OPERATING ROOM			1,712,981				
37 01	OPEN HEART SURGERY			2,550,895				
37 02	OUTPATIENT SURGERY			3,310,739				
38	RECOVERY ROOM			2,414,855				
40	ANESTHESIOLOGY			12,614,562	.021094	.021094	17,593	371
41	RADIOLOGY-DIAGNOSTIC	266,091	266,091	7,194,857	.000779	.000779		
41 01	RADIOLOGY SPECIAL PROCEDU	5,602	5,602	9,472,794	.000296	.000296	6,247	2
41 02	ULTRASOUND	2,801	2,801					
42	RADIOLOGY-THERAPEUTIC			32,072,366	.000175	.000175	58,398	10
42 01	COMPUTED TOMOGRAPHY	5,602	5,602	50,310,738	.002785	.002785	373,474	1,040
44	LABORATORY	140,109	140,109	5,665,118	.004826	.004826	498	2
47	BLOOD STORING, PROCESSING	27,338	27,338	6,129,598	.000557	.000557	1,105	1
47 01	NUCLEAR MEDICINE	3,417	3,417	13,748,396	.011122	.011122	33,118	368
49	RESPIRATORY THERAPY	152,904	152,904	5,295,860			5,666	
50	PHYSICAL THERAPY			2,723,836			1,626	
51	OCCUPATIONAL THERAPY			952,668			118	
52	SPEECH PATHOLOGY			8,796,624			34,485	
53	ELECTROCARDIOLOGY			1,526,074			552	
54	ELECTROENCEPHALOGRAPHY			49,012,529			21,054	
55	MEDICAL SUPPLIES CHARGED			58,472,373	.007030	.007030	415,298	2,920
56	DRUGS CHARGED TO PATIENTS	411,056	411,056	1,226,319			123	
59	PAIN CLINIC			809,450				
59 01	ORTHOPEDICS			12,786,244				
59 02	CARDIOVASCULAR SERVICES			1,444,646				
59 03	CARDIAC REHAB			5,842,205				
59 04	RADIATION ONCOLOGY			8,606,124				
59 05	MRI			1,139,160			193,998	
59 06	BARITRIC CENTER			1,779,895				
59 07	PSYCH ACTIVITY THERAPY			2,882,214				
59 08	WOUND CARE							
59 09	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OCC HEALTH CLINIC							
61	EMERGENCY			31,902,018			137,788	
62	OBSERVATION BEDS (NON-DIS			1,812,497				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,014,920	1,014,920	355,135,297			1,301,141	4,714

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	OPEN HEART SURGERY						
37 02	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY SPECIAL PROCEDU						
41 02	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
47 01	NUCLEAR MEDICINE						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PAIN CLINIC						
59 01	ORTHOPEDICS						
59 02	CARDIOVASCULAR SERVICES						
59 03	CARDIAC REHAB						
59 04	RADIATION ONCOLOGY						
59 05	MRI						
59 06	BARIATRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY						
59 08	WOUND CARE						
59 09	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	107,062	559,701	10,926,662		.009798	
37	01 OPEN HEART SURGERY	795	37,800	1,712,981		.000464	
37	02 OUTPATIENT SURGERY	73,477	320,119	2,550,895		.028804	
38	RECOVERY ROOM	1,064	39,050	3,310,739		.000321	
40	ANESTHESIOLOGY	3,276	97,073	2,414,855		.001357	
41	RADIOLOGY-DIAGNOSTIC	51,127	468,149	12,614,562	53,544	.004053	217
41	01 RADIOLOGY SPECIAL PROCEDU	10,017	54,126	7,194,857		.001392	
41	02 ULTRASOUND	7,135	78,680	9,472,794		.000753	
42	RADIOLOGY-THERAPEUTIC	3	19				
42	01 COMPUTED TOMOGRAPHY	12,088	59,797	32,072,366	3,014	.000377	1
44	LABORATORY	47,613	239,636	50,310,738	437,043	.000946	413
47	BLOOD STORING, PROCESSING	1,570	10,096	5,665,118		.000277	
47	01 NUCLEAR MEDICINE	7,621	82,883	6,129,598		.001243	
49	RESPIRATORY THERAPY	13,519	159,369	13,748,396	1,883	.000983	2
50	PHYSICAL THERAPY	41,528	140,427	5,295,860	428	.007842	3
51	OCCUPATIONAL THERAPY	4,603	17,260	2,723,836	353	.001690	1
52	SPEECH PATHOLOGY	9,123	41,610	952,668		.009576	
53	ELECTROCARDIOLOGY	14,133	72,782	8,796,624	18,751	.001607	30
54	ELECTROENCEPHALOGRAPHY	5,325	40,138	1,526,074	2,900	.003489	10
55	MEDICAL SUPPLIES CHARGED	57,866	402,048	49,012,529	15,207	.001181	18
56	DRUGS CHARGED TO PATIENTS	27,569	158,216	58,472,373	401,158	.000471	189
59	PAIN CLINIC	10,596	45,042	1,226,319	3,357	.008640	29
59	01 ORTHOPEDICS	3,034	11,112	809,450		.003748	
59	02 CARDIOVASCULAR SERVICES	30,034	547,276	12,786,244		.002349	
59	03 CARDIAC REHAB	5,352	56,611	1,444,646		.003705	
59	04 RADIATION ONCOLOGY	57,859	390,358	5,842,205		.009904	
59	05 MRI	11,968	120,728	8,606,124		.001391	
59	06 BARIATRIC CENTER	2	5,903				
59	07 PSYCH ACTIVITY THERAPY	477	2,892	1,139,160		.000419	
59	08 WOUND CARE	17,996	72,082	1,779,895		.010111	
59	09 RENAL DIALYSIS	877	5,210	2,882,214		.000304	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 OCC HEALTH CLINIC						
61	EMERGENCY	50,221	244,797	31,902,018	87,342	.001574	137
62	OBSERVATION BEDS (NON-DIS	22,510	100,794	1,812,497		.012419	
62	OTHER REIMBURS COST CNTRS						
101	TOTAL	707,440	4,681,784	355,135,297	1,024,980		1,050

TITLE XIX 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	OPEN HEART SURGERY										
37	02	OUTPATIENT SURGERY										
38		RECOVERY ROOM										
40		ANESTHESIOLOGY										
41		RADIOLOGY-DIAGNOSTIC						266,091				
41	01	RADIOLOGY SPECIAL PROCEDU						5,602				
41	02	ULTRASOUND						2,801				
42		RADIOLOGY-THERAPEUTIC										
42	01	COMPUTED TOMOGRAPHY						5,602				
44		LABORATORY						140,109				
47		BLOOD STORING, PROCESSING						27,338				
47	01	NUCLEAR MEDICINE						3,417				
49		RESPIRATORY THERAPY						152,904				
50		PHYSICAL THERAPY										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
53		ELECTROCARDIOLOGY										
54		ELECTROENCEPHALOGRAPHY										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS						411,056				
59		PAIN CLINIC										
59	01	ORTHOPEDICS										
59	02	CARDIOVASCULAR SERVICES										
59	03	CARDIAC REHAB										
59	04	RADIATION ONCOLOGY										
59	05	MRI										
59	06	BARIATRIC CENTER										
59	07	PSYCH ACTIVITY THERAPY										
59	08	WOUND CARE										
59	09	RENAL DIALYSIS										
60		OUTPAT SERVICE COST CNTRS										
60		CLINIC										
60	01	OCC HEALTH CLINIC										
61		EMERGENCY						731,682				
62		OBSERVATION BEDS (NON-DIS										
		OTHER REIMBURS COST CNTRS										
101		TOTAL						731,682				1,014,920

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			10,926,662				
	OPERATING ROOM			1,712,981				
37 01	OPEN HEART SURGERY			2,550,895				
37 02	OUTPATIENT SURGERY			3,310,739				
38	RECOVERY ROOM			2,414,855				
40	ANESTHESIOLOGY			12,614,562	.021094	.021094	53,544	1,129
41	RADIOLOGY-DIAGNOSTIC	266,091	266,091	7,194,857	.000779	.000779		
41 01	RADIOLOGY SPECIAL PROCEDU	5,602	5,602	9,472,794	.000296	.000296		
41 02	ULTRASOUND	2,801	2,801					
42	RADIOLOGY-THERAPEUTIC			32,072,366	.000175	.000175	3,014	1
42 01	COMPUTED TOMOGRAPHY	5,602	5,602	50,310,738	.002785	.002785	437,043	1,217
44	LABORATORY	140,109	140,109	5,665,118	.004826	.004826		
47	BLOOD STORING, PROCESSING	27,338	27,338	6,129,598	.000557	.000557		
47 01	NUCLEAR MEDICINE	3,417	3,417	13,748,396	.011122	.011122	1,883	21
49	RESPIRATORY THERAPY	152,904	152,904	5,295,860			428	
50	PHYSICAL THERAPY			2,723,836			353	
51	OCCUPATIONAL THERAPY			952,668				
52	SPEECH PATHOLOGY			8,796,624			18,751	
53	ELECTROCARDIOLOGY			1,526,074			2,900	
54	ELECTROENCEPHALOGRAPHY			49,012,529			15,207	
55	MEDICAL SUPPLIES CHARGED			58,472,373	.007030	.007030	401,158	2,820
56	DRUGS CHARGED TO PATIENTS	411,056	411,056	1,226,319			3,357	
59	PAIN CLINIC			809,450				
59 01	ORTHOPEDICS			12,786,244				
59 02	CARDIOVASCULAR SERVICES			1,444,646				
59 03	CARDIAC REHAB			5,842,205				
59 04	RADIATION ONCOLOGY			8,606,124				
59 05	MRI			1,139,160				
59 06	BARITRIC CENTER			1,779,895				
59 07	PSYCH ACTIVITY THERAPY			2,882,214				
59 08	WOUND CARE							
59 09	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OCC HEALTH CLINIC	731,682	731,682	31,902,018	.022935	.022935	87,342	2,003
61	EMERGENCY			1,812,497				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,746,602	1,746,602	355,135,297			1,024,980	7,191

TITLE XIX

SUBPROVIDER 1

PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
LINE NO.			8	8.01	8.02	9		
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	OPEN HEART SURGERY						
37	02	OUTPATIENT SURGERY						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	RADIOLOGY SPECIAL PROCEDU						
41	02	ULTRASOUND						
42		RADIOLOGY-THERAPEUTIC						
42	01	COMPUTED TOMOGRAPHY						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
47	01	NUCLEAR MEDICINE						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		PAIN CLINIC						
59	01	ORTHOPEDICS						
59	02	CARDIOVASCULAR SERVICES						
59	03	CARDIAC REHAB						
59	04	RADIATION ONCOLOGY						
59	05	MRI						
59	06	BARIATRIC CENTER						
59	07	PSYCH ACTIVITY THERAPY						
59	08	WOUND CARE						
59	09	RENAL DIALYSIS						
60		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	OCC HEALTH CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

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	2,497
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	679.86
85	OBSERVATION BED COST	1,697,610

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	476,007	.013260	1,697,610	22,510
87	NEW CAPITAL-RELATED COST	2,131,435	.059374	1,697,610	100,794
88	NON PHYSICIAN ANESTHETIST			1,697,610	
89	MEDICAL EDUCATION			1,697,610	
89.01	MEDICAL EDUCATION - ALLIED HEA			1,697,610	
89.02	MEDICAL EDUCATION - ALL OTHER			1,697,610	

TITLE XIX - I/P SUBPROVIDER I 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	807.87
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,245	6,912,925	.000759	
87	NEW CAPITAL-RELATED COST	31,212	6,912,925	.004515	
88	NON PHYSICIAN ANESTHETIST		6,912,925		
89	MEDICAL EDUCATION		6,912,925		
89.01	MEDICAL EDUCATION - ALLIED HEA		6,912,925		
89.02	MEDICAL EDUCATION - ALL OTHER		6,912,925		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0004
 COMPONENT NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		21,778,179	
26	INTENSIVE CARE UNIT		4,522,958	
30	NEWBORN INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.506780	3,129,736	1,586,088
37 01	OPEN HEART SURGERY	.345203	1,086,046	374,906
37 02	OUTPATIENT SURGERY	1.258338	850,020	1,069,612
38	RECOVERY ROOM	.255196	869,043	221,776
40	ANESTHESIOLOGY	1.358135	579,334	786,814
41	RADIOLOGY-DIAGNOSTIC	.265696	2,995,981	796,020
41 01	RADIOLOGY SPECIAL PROCEDURES	.166973	3,001,081	501,099
41 02	ULTRASOUND	.130329	2,340,915	305,089
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	.073991	7,940,589	587,532
44	LABORATORY	.163606	16,465,375	2,693,834
47	BLOOD STORING, PROCESSING & TRANS.	.367830	2,208,552	812,372
47 01	NUCLEAR MEDICINE	.187935	1,570,459	295,144
49	RESPIRATORY THERAPY	.268974	7,429,928	1,998,457
50	PHYSICAL THERAPY	.479272	1,696,418	813,046
51	OCCUPATIONAL THERAPY	.305907	602,447	184,293
52	SPEECH PATHOLOGY	.698204	120,320	84,008
53	ELECTROCARDIOLOGY	.117245	3,661,352	429,275
54	ELECTROENCEPHALOGRAPHY	.332203	5,742	1,908
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282049	22,240,284	6,272,850
56	DRUGS CHARGED TO PATIENTS	.231988	28,804,251	6,682,241
59	PAIN CLINIC	.387963	22,323	8,660
59 01	ORTHOPEDICS	.733342	17,857	13,095
59 02	CARDIOVASCULAR SERVICES	.216193	5,488,831	1,186,647
59 03	CARDIAC REHAB	.572228	406,847	232,809
59 04	RADIATION ONCOLOGY	.386252	464,512	179,419
59 05	MRI	.088158	2,150,583	189,591
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	.848193		
59 08	WOUND CARE	.569283		
59 09	RENAL DIALYSIS	.454997	2,027,276	922,404
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	.275460	6,571,174	1,810,096
62	OBSERVATION BEDS (NON-DISTINCT PART)	.936614	287,346	269,132
	OTHER REIMBURS COST CNTRS			
101	TOTAL		125,034,622	31,308,217
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		125,034,622	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEWBORN INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,891,191	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.506780		
37	01 OPEN HEART SURGERY	.345203		
37	02 OUTPATIENT SURGERY	1.258338		
38	RECOVERY ROOM	.255196		
40	ANESTHESIOLOGY	1.358135		
41	RADIOLOGY-DIAGNOSTIC	.265696	17,593	4,674
41	01 RADIOLOGY SPECIAL PROCEDURES	.166973		
41	02 ULTRASOUND	.130329	6,247	814
42	RADIOLOGY-THERAPEUTIC			
42	01 COMPUTED TOMOGRAPHY	.073991	58,398	4,321
44	LABORATORY	.163606	373,474	61,103
47	BLOOD STORING, PROCESSING & TRANS.	.367830	498	183
47	01 NUCLEAR MEDICINE	.187935	1,105	208
49	RESPIRATORY THERAPY	.268974	33,118	8,908
50	PHYSICAL THERAPY	.479272	5,666	2,716
51	OCCUPATIONAL THERAPY	.305907	1,626	497
52	SPEECH PATHOLOGY	.698204	118	82
53	ELECTROCARDIOLOGY	.117245	34,485	4,043
54	ELECTROENCEPHALOGRAPHY	.332203	552	183
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282049	21,054	5,938
56	DRUGS CHARGED TO PATIENTS	.231988	415,298	96,344
59	PAIN CLINIC	.387963	123	48
59	01 ORTHOPEDICS	.733342		
59	02 CARDIOVASCULAR SERVICES	.216193		
59	03 CARDIAC REHAB	.572228		
59	04 RADIATION ONCOLOGY	.386252		
59	05 MRI	.088158		
59	06 BARIATRIC CENTER			
59	07 PSYCH ACTIVITY THERAPY	.848193	193,998	164,548
59	08 WOUND CARE	.569283		
59	09 RENAL DIALYSIS	.454997		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OCC HEALTH CLINIC			
61	EMERGENCY	.275460	137,788	37,955
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.936614		
101	TOTAL		1,301,141	392,565
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,301,141	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0004
 COMPONENT NO: 15-0004
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,463,463	
26	INTENSIVE CARE UNIT		1,246,218	
30	NEWBORN INTENSIVE CARE UNIT		4,205,015	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.506780	1,522,156	771,398
37 01	OPEN HEART SURGERY	.341781	131,247	44,858
37 02	OUTPATIENT SURGERY	1.258338	166,009	208,895
38	RECOVERY ROOM	.255196	361,584	92,275
40	ANESTHESIOLOGY	1.358135	414,717	563,242
41	RADIOLOGY-DIAGNOSTIC	.265696	177,325	47,115
41 01	RADIOLOGY SPECIAL PROCEDURES	.166973	662,797	110,669
41 02	ULTRASOUND	.130329	700,927	91,351
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	.073991	1,205,418	89,190
44	LABORATORY	.163606	2,788,514	456,218
47	BLOOD STORING, PROCESSING & TRANS.	.367830	722,803	265,869
47 01	NUCLEAR MEDICINE	.187935	189,159	35,550
49	RESPIRATORY THERAPY	.268384	2,232,211	599,090
50	PHYSICAL THERAPY	.479272	123,081	58,989
51	OCCUPATIONAL THERAPY	.305907	44,476	13,606
52	SPEECH PATHOLOGY	.698204	144,997	101,237
53	ELECTROCARDIOLOGY	.117245	359,570	42,158
54	ELECTROENCEPHALOGRAPHY	.329574	14,638	4,824
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282049	2,239,287	631,589
56	DRUGS CHARGED TO PATIENTS	.231988	6,333,481	1,469,292
59	PAIN CLINIC	.387963	5,860	2,273
59 01	ORTHOPEDICS	.733342	13,326	9,773
59 02	CARDIOVASCULAR SERVICES	.216193	918,729	198,623
59 03	CARDIAC REHAB	.572228	57,827	33,090
59 04	RADIATION ONCOLOGY	.386252	117,618	45,430
59 05	MRI	.088158	312,517	27,551
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	.848193		
59 08	WOUND CARE	.569075		
59 09	RENAL DIALYSIS	.454997		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	.298395	1,520,061	453,579
62	OBSERVATION BEDS (NON-DISTINCT PART)	.936614		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		23,480,335	6,467,734
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		23,480,335	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEWBORN INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,826,455	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.506780		
37 01	OPEN HEART SURGERY	.345203		
37 02	OUTPATIENT SURGERY	1.258338		
38	RECOVERY ROOM	.255196		
40	ANESTHESIOLOGY	1.358135		
41	RADIOLOGY-DIAGNOSTIC	.265696	53,544	14,226
41 01	RADIOLOGY SPECIAL PROCEDURES	.166973		
41 02	ULTRASOUND	.130329		
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	.073991	3,014	223
44	LABORATORY	.163606	437,043	71,503
47	BLOOD STORING, PROCESSING & TRANS.	.367830		
47 01	NUCLEAR MEDICINE	.187935		
49	RESPIRATORY THERAPY	.268974	1,883	506
50	PHYSICAL THERAPY	.479272	428	205
51	OCCUPATIONAL THERAPY	.305907	353	108
52	SPEECH PATHOLOGY	.698204		
53	ELECTROCARDIOLOGY	.117245	18,751	2,198
54	ELECTROENCEPHALOGRAPHY	.332203	2,900	963
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.282049	15,207	4,289
56	DRUGS CHARGED TO PATIENTS	.231988	401,158	93,064
59	PAIN CLINIC	.387963	3,357	1,302
59 01	ORTHOPEDICS	.733342		
59 02	CARDIOVASCULAR SERVICES	.216193		
59 03	CARDIAC REHAB	.572228		
59 04	RADIATION ONCOLOGY	.386252		
59 05	MRI	.088158		
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	.848193		
59 08	WOUND CARE	.569283		
59 09	RENAL DIALYSIS	.454997		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	.298395	87,342	26,062
62	OBSERVATION BEDS (NON-DISTINCT PART)	.936614		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,024,980	214,649
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,024,980	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	30,220,974	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,073,658	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	391,392	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	130,464	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,436,041	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	249.47	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	6.11	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	3.52	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	4.39	7.91
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	3.52	7.91
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	7.91	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	7.38	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	6.28	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		7.19
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.028821
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.029652
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		.028821
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	478,318	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	159,439	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	637,757	637,757
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		7.28
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		23.47
4.02 SUM OF LINES 4 AND 4.01		30.75
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		14.58
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		5,874,957
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

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)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	48,243,387	
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)	48,243,387	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	3,769,251	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		235,092
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		410,137
16 TOTAL	52,657,867	
17 PRIMARY PAYER PAYMENTS		38,397
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	52,619,470	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		3,239,136
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		681,512
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		959,516
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		671,661
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		628,672
22 SUBTOTAL	49,370,483	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
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	49,370,483	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	49,273,685	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		96,798
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	251
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,030,338
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,911,539
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.874
1.04	LINE 1.01 TIMES LINE 1.03.	7,892,515
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.	59,033
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	251
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	1,533
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,533
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)	1,533
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,282
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	251
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,970,572
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,973,626
19	SUBTOTAL (SEE INSTRUCTIONS)	5,997,197
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	37,001
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,034,198
24	PRIMARY PAYER PAYMENTS	1,777
25	SUBTOTAL	6,032,421
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	603,329
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	422,330
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	450,988
28	SUBTOTAL	6,454,751
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	6,454,751
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,283,843
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	170,908
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,970,796		6,326,167
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	12/29/2008	1,354,555		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/8/2008	51,666	9/8/2008	26,926
ADJUSTMENTS TO PROGRAM .51			12/29/2008	15,398
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,302,889		-42,324
4 TOTAL INTERIM PAYMENTS		49,273,685		6,283,843
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		96,798		170,008
7 TOTAL MEDICARE PROGRAM LIABILITY		49,370,483		6,454,751

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05 OUTLIER PAYMENTS		
1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,079,872
1.09	NET IPF PPS OUTLIER PAYMENTS	7,257
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)	23.379781
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	1,087,129
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,087,129
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	1,087,129
5	PRIMARY PAYER PAYMENTS	3,947
6	SUBTOTAL	1,083,182
7	DEDUCTIBLES	178,048
8	SUBTOTAL	905,134
9	COINSURANCE	2,048
10	SUBTOTAL	903,086
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	84,295
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,007
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	48,266
12	SUBTOTAL	962,093
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	4,714
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)	966,807
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	903,086
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	63,721
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		17,373,994	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		17,373,994	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		17,373,994	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		23,480,335	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		23,480,335	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		23,480,335	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		6,106,341	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		17,373,994	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		17,373,994	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		17,373,994	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		17,373,994	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		17,373,994	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		17,373,994	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		17,373,994	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		17,373,994	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		6.11
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	3.55
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	4.36	7.91
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	3.55	7.91
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		7.91
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		7.81
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		7.81
3.10	SEE INSTRUCTIONS		7.81
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		7.81
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		7.32
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		5.85
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	6.99
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		6.99
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		74,333.44
3.18	SEE INSTRUCTIONS		519,591
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		519,591

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		34,932
5	TOTAL INPATIENT DAYS		67,387
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.518379
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	269,345	269,345
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		415
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		67,387
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		2,748
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	57,782,727
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	42,344
16	TOTAL PART A REASONABLE COST	57,740,383

PART B REASONABLE COST

17	REASONABLE COST	9,089,622
18	PRIMARY PAYER PAYMENTS	1,777
19	TOTAL PART B REASONABLE COST	9,087,845
20	TOTAL REASONABLE COST	66,828,228
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.864012
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.135988

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	272,093
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	235,092
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	37,001

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4.36	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	6.11	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4.36	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	4.39
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	6.11
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	4.39

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	39,702,742		39,702,742
2 00 SUBPROVIDER	19,215,475		19,215,475
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	58,918,217		58,918,217
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,763,170		7,763,170
14 00 NEWBORN INTENSIVE CARE UNIT	5,446,785		5,446,785
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	13,209,955		13,209,955
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	72,128,172		72,128,172
17 00 ANCILLARY SERVICES	225,202,208	127,050,875	352,253,083
18 00 OUTPATIENT SERVICES	96,005	5,743,386	5,839,391
19 00 HOME HEALTH AGENCY		5,156,252	5,156,252
24 00 NURSERY	1,604,888		1,604,888
24 01 PROFESSIONAL FEES	10,341,587		10,341,587
25 00 TOTAL PATIENT REVENUES	309,372,860	137,950,513	447,323,373

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		189,275,585	
ADD (SPECIFY)			
27 00 BAD DEBTS	3,135,005		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,135,005	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		192,410,590	

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					1,702	1,702
4						
5						
5	822,266		111,194	225,666	99,676	1,258,802
HHA REIMBURSABLE SERVICES						
6	1,160,844					1,160,844
7	191,626					191,626
8	150					150
9	6,833					6,833
10	2,059					2,059
11	103,134					103,134
12					88,365	88,365
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,286,912		111,194	225,666	189,743	2,813,515

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3		1,702		1,702
4				
5				
5		1,258,802	-75,000	1,183,802
HHA REIMBURSABLE SERVICES				
6		1,160,844		1,160,844
7		191,626		191,626
8		150		150
9		6,833		6,833
10		2,059		2,059
11		103,134		103,134
12		88,365		88,365
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		2,813,515	-75,000	2,738,515

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)	5
	1	2	3	4	5A		5
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP	1,702					
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	1,702			-1,185,504		1,553,011
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						1,160,844
7	PHYSICAL THERAPY						191,626
8	OCCUPATIONAL THERAPY						150
9	SPEECH PATHOLOGY						6,833
10	MEDICAL SOCIAL SERVICES						2,059
11	HOME HEALTH AIDE						103,134
12	SUPPLIES						88,365
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,702			-1,185,504		1,553,011
25	COST TO BE ALLOCATED	1,702					1,185,504
26	UNIT COST MULTIPLIER		1.000000				.763358

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL			11,601	34,827	2,104	647,432
2 SKILLED NURSING CARE	2,046,984					
3 PHYSICAL THERAPY	337,905					
4 OCCUPATIONAL THERAPY	265					
5 SPEECH PATHOLOGY	12,049					
6 MEDICAL SOCIAL SERVICES	3,631					
7 HOME HEALTH AIDE	181,862					
8 SUPPLIES	155,819					
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)	2,738,515	11,601		34,827	2,104	647,432
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	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03	ADMINITTING 6.04	SUBTOTAL 6A.04	OTHER ADMINISTRATIVE AND 6.05
1 ADMIN & GENERAL	56,313	57,483	4,034		813,794	99,354
2 SKILLED NURSING CARE					2,046,984	249,911
3 PHYSICAL THERAPY					337,905	41,254
4 OCCUPATIONAL THERAPY					265	32
5 SPEECH PATHOLOGY					12,049	1,471
6 MEDICAL SOCIAL SERVICES					3,631	443
7 HOME HEALTH AIDE					181,862	22,203
8 SUPPLIES					155,819	19,023
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)	56,313	57,483	4,034		3,552,309	433,691
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	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	51,980	58,317		32,647		43,984
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)	51,980	58,317		32,647		43,984
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL		15,360				
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)		15,360				
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	PARAMED ED P RGM	PARAMED ED P RGM - LAB	PARAMED ED P RGM - RADIOL	PARAMED ED P RGM - RESP T	PARAMED ED P RGM-PHARMACY	SUBTOTAL
	24	24.01	24.02	24.03	24.04	25
1 ADMIN & GENERAL						1,115,436
2 SKILLED NURSING CARE						2,296,895
3 PHYSICAL THERAPY						379,159
4 OCCUPATIONAL THERAPY						297
5 SPEECH PATHOLOGY						13,520
6 MEDICAL SOCIAL SERVICES						4,074
7 HOME HEALTH AIDE						204,065
8 SUPPLIES						174,842
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)						4,188,288
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	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1 ADMIN & GENERAL		1,115,436		
2 SKILLED NURSING CARE		2,296,895	833,765	3,130,660
3 PHYSICAL THERAPY		379,159	137,634	516,793
4 OCCUPATIONAL THERAPY		297	108	405
5 SPEECH PATHOLOGY		13,520	4,908	18,428
6 MEDICAL SOCIAL SERVICES		4,074	1,479	5,553
7 HOME HEALTH AIDE		204,065	74,075	278,140
8 SUPPLIES		174,842	63,467	238,309
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)		4,188,288	1,115,436	4,188,288
21 UNIT COST MULTIPLIER			0.362997	

- (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-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	5,344		5,344	2,072	2,286,912	92
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)	5,344		5,344	2,072	2,286,912	92
21 COST TO BE ALLOCATED	11,601		34,827	2,104	647,432	56,313
22 UNIT COST MULTIPLIER	2.170846		6.517028	1.015444	0.283103	612.097826

HHA COST CENTER	DATA PROCESSING (ALLOCOF TIME)	PURCHASING, RECEIVING AND (COSTED) REQUIS.	ADMINITTING (GROSS) CHARGES	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM.) COST	MAINTENANCE & REPAIRS (SQUARE) FEET
	6.02	6.03	6.04	6A.05	6.05	7
1 ADMIN & GENERAL	28,110	87,840			813,794	5,344
2 SKILLED NURSING CARE					2,046,984	
3 PHYSICAL THERAPY					337,905	
4 OCCUPATIONAL THERAPY					265	
5 SPEECH PATHOLOGY					12,049	
6 MEDICAL SOCIAL SERVICES					3,631	
7 HOME HEALTH AIDE					181,862	
8 SUPPLIES					155,819	
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)	28,110	87,840			3,552,309	5,344
21 COST TO BE ALLOCATED	57,483	4,034			433,691	51,980
22 UNIT COST MULTIPLIER	2.044931	0.045924			0.122087	9.726796

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	5,344		5,344		3,915	
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)	5,344		5,344		3,915	
21 COST TO BE ALLOCATED	58,317		32,647		43,984	
22 UNIT COST MULTIPLIER	10.912612		6.109094		11.234738	

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	I & R SERVICES - OTHER PRGM (ASSIGNED TIME)	PARAMEDICAL PRGM (NO STATISTICS)
	15	16	17	18	23	24
1 ADMIN & GENERAL	20,477					
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)	20,477					
21 COST TO BE ALLOCATED	15,360					
22 UNIT COST MULTIPLIER	0.750110					

HHA 1

PARAMED P RGM - LAB (ASSIGNED TIME	PARAMED P RGM - RADIOLOG (ASSIGNED TIME	PARAMED P RGM - RESPIR (ASSIGNED TIME	PARAMED P RGM-PHARMACY (NO STATISTICS)
24.01	24.02	24.03	24.04

- HHA COST CENTER
- 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	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	3,130,660		3,130,660	16,894	185.31	7,999
2 PHYSICAL THERAPY	3	516,793		516,793	5,354	96.52	3,117
3 OCCUPATIONAL THERAPY	4	405		405	964	.42	565
4 SPEECH PATHOLOGY	5	18,428		18,428	231	79.77	148
5 MEDICAL SOCIAL SERVICES	6	5,553		5,553	47	118.15	23
6 HOME HEALTH AIDE SERVICE	7	278,140		278,140	5,247	53.01	2,164
7 TOTAL		3,949,979		3,949,979	28,737		14,016

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING		4,783	1,482,295	886,338		2,368,633
2 PHYSICAL THERAPY		1,169	300,853	112,832		413,685
3 OCCUPATIONAL THERAPY		194	237	81		318
4 SPEECH PATHOLOGY		47	11,806	3,749		15,555
5 MEDICAL SOCIAL SERVICES		20	2,717	2,363		5,080
6 HOME HEALTH AIDE SERVICES		2,722	114,714	144,293		259,007
7 TOTAL		8,935	1,912,622	1,149,656		3,062,278

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
8 SKILLED NURSING						
8.01 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 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	238,309		238,309			
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 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	.479272			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.305907			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.698204			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.282049			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.231988			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS 1/1/1998 TO 12/31/1998 1	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998 5	
1 PHYSICAL THERAPY	1	96.52	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	.42					
3 SPEECH PATHOLOGY	3	79.77					
4 TOTAL (SUM OF LINES 1-3)	4						

