

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: 15-0090 | 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 17:48

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-SOUTH 15-0090

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, 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.

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: / /						
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: / /						
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02						
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0			
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)							
28.03	STAFFING		0.00%				Y/N
28.04	RECRUITMENT		0.00%				
28.05	RETENTION		0.00%				
28.06	TRAINING		0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N					
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70						
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)						
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).						
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II						
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).						
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).						
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).						
MISCELLANEOUS COST REPORT INFORMATION							
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N					
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL							
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N			
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N			
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N			
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?						

V XVIII XIX
 1 2 3

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) 0

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). / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	114	38,190			16,081		1,723
2 HMO					199		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	114	38,190			16,081		1,723
6 INTENSIVE CARE UNIT	14	3,774			1,637		212
11 NURSERY							
12 TOTAL	128	41,964			17,718		1,935
13 RPCH VISITS							
14 SUBPROVIDER	18	6,588			3,412		183
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
25 TOTAL	146						
26 OBSERVATION BED DAYS							103
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			25,438				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			25,438				
6 INTENSIVE CARE UNIT			3,131				
11 NURSERY							
12 TOTAL			28,569			7.70	
13 RPCH VISITS							
14 SUBPROVIDER			3,909				
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
25 TOTAL						7.70	
26 OBSERVATION BED DAYS	8	95	1,184	150	1,034		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES / NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES / TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,879	403	5,437
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	7.70	852.58			2,879	403	5,437
13 RPCH VISITS							
14 SUBPROVIDER		19.43			269	14	333
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
25 TOTAL	7.70	872.01					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	18,139,134
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	28,320
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	15,000
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	18,182,454
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	149,053
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.337494
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	50,304
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	24,232,832

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,178,435
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,204,537
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,806,428
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,228,739

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET A

	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		6,905,846	6,905,846	-6,116,204	789,642
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				5,104,550	5,104,550
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,722,501	1,722,501
5	0500	EMPLOYEE BENEFITS	360,953	12,146,246	12,507,199		12,507,199
6.01	0610	COMMUNICATIONS	105,498	2,663	108,161		108,161
6.02	0611	ADMINISTRATIVE	588,180	25,508	613,688		613,688
6.03	0601	PATIENT ACCOUNTING		827,064	827,064		827,064
6.04	0660	OTHER ADMINISTRATIVE AND GENERAL	1,365,513	-4,391,355	-3,025,842	540,425	-2,485,417
7	0700	MAINTENANCE & REPAIRS	840,896	1,767,974	2,608,870		2,608,870
8	0800	OPERATION OF PLANT	292,915	2,945,652	3,238,567		3,238,567
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING	1,138,165	208,091	1,346,256		1,346,256
11	1100	DIETARY	674,059	878,170	1,552,229	-820,081	732,148
12	1200	CAFETERIA				820,081	820,081
14	1400	NURSING ADMINISTRATION	416,897	-3,812	413,085	-1	413,084
15	1500	CENTRAL SERVICES & SUPPLY	374,732	3,283,236	3,657,968	7,655,612	11,313,580
16	1600	PHARMACY	1,248,046	5,174,606	6,422,652	-3,337,088	3,085,564
17	1700	MEDICAL RECORDS & LIBRARY	1,409,779	161,451	1,571,230		1,571,230
18	1800	SOCIAL SERVICE					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				496,317	496,317
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,148,380	1,141,648	8,290,028	-20,381	8,269,647
26	2600	INTENSIVE CARE UNIT	1,761,227	340,950	2,102,177	-44,800	2,057,377
31	3100	SUBPROVIDER	1,081,159	3,433,369	4,514,528	-14,986	4,499,542
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY		17	17	-17	
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,533,346	6,015,983	7,549,329	-5,114,741	2,434,588
37.01	3701	OUTPATIENT SURGERY	34,254	432,954	467,208	-211,616	255,592
38	3800	RECOVERY ROOM	919,429	31,547	950,976	-2,047	948,929
40	4000	ANESTHESIOLOGY	24,783	163,283	188,066	-109,739	78,327
41	4100	RADIOLOGY-DIAGNOSTIC	1,681,061	2,172,154	3,853,215	8,107	3,861,322
41.01	4101	RADIOLOGY-SPECIAL PROCEDURES	14,993	92,142	107,135	-24,912	82,223
42	4200	RADIOLOGY-THERAPEUTIC	357,774	374,859	732,633	-1,767	730,866
43	4300	RADIOISOTOPE	248,364	292,839	541,203	-197,638	343,565
44	4400	LABORATORY		4,288,492	4,288,492		4,288,492
47	4700	BLOOD STORING, PROCESSING & TRANS.		555,929	555,929		555,929
49	4900	RESPIRATORY THERAPY	851,179	415,531	1,266,710	-50,180	1,216,530
50	5000	PHYSICAL THERAPY	2,191,147	1,767,187	3,958,334	-21,811	3,936,523
51	5100	OCCUPATIONAL THERAPY	97,104	1,600,659	1,697,763	-825	1,696,938
52	5200	SPEECH PATHOLOGY	38,737	231,213	269,950	-33,937	236,013
53	5300	ELECTROCARDIOLOGY	566,209	105,321	671,530	739	672,269
54	5400	ELECTROENCEPHALOGRAPHY	232,103	42,878	274,981	-2,970	272,011
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS				3,336,010	3,336,010
59	3020	ULTRASOUND	264,286	169,237	433,523	-5,229	428,294
59.01	3021	PAIN CLINIC	256,509	63,612	320,121	-41,590	278,531
59.02	3022	CATH LAB	645,981	1,846,829	2,492,810	-1,586,507	906,303
59.03	3023	ACTIVITY THERAPY	1,699,169	25,252	1,724,421	-33	1,724,388
59.04	3024	WOUND CARE CENTER	207,640	57,265	264,905	-42,456	222,449
59.05	3025	BARIATRIC CLINIC	190,006	10,704	200,710	-798	199,912
		OUTPAT SERVICE COST CNTRS					
61	6100	EMERGENCY	3,110,725	502,003	3,612,728	-134,631	3,478,097
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		3,156,545	3,156,545	-1,747,589	1,408,956
90	9000	OTHER CAPITAL RELATED COSTS					
94	6950	HHA SPACE					
95		SUBTOTALS	33,971,198	59,261,742	93,232,940	-232	93,232,708
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,281	92,785	115,066		115,066
98	9800	PHYSICIANS' PRIVATE OFFICES	9,690,996	3,340,994	13,031,990	232	13,032,222
98.01	9801	WORKING WELL	292,032	123,662	415,694		415,694
100	7950	RESIDENTIAL	2,205,028	389,311	2,594,339		2,594,339
100.01	7951	OMNI					
100.02	7952	PSYCHIATRIC					
101		TOTAL	46,181,535	63,208,494	109,390,029	-0-	109,390,029

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0090
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
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-4,409	785,233
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,065,981	4,038,569
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,722,501
5	0500 EMPLOYEE BENEFITS	375,227	12,882,426
6.01	0610 COMMUNICATIONS		108,161
6.02	0611 ADMINITTING		613,688
6.03	0601 PATIENT ACCOUNTING	831,432	1,658,496
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	9,044,764	6,559,347
7	0700 MAINTENANCE & REPAIRS		2,608,870
8	0800 OPERATION OF PLANT		3,238,567
9	0900 LAUNDRY & LINEN SERVICE	1,040,113	1,040,113
10	1000 HOUSEKEEPING		1,346,256
11	1100 DIETARY	-247,846	484,302
12	1200 CAFETERIA	-429,881	390,200
14	1400 NURSING ADMINISTRATION		413,084
15	1500 CENTRAL SERVICES & SUPPLY	-465,075	10,848,505
16	1600 PHARMACY	-1,277,269	1,808,295
17	1700 MEDICAL RECORDS & LIBRARY	-116	1,571,114
18	1800 SOCIAL SERVICE		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD INPAT ROUTINE SRVC CNTRS		496,317
25	2500 ADULTS & PEDIATRICS	-91,305	8,178,342
26	2600 INTENSIVE CARE UNIT		2,057,377
31	3100 SUBPROVIDER	6,769,860	11,269,402
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-8,255	2,426,333
37.01	3701 OUTPATIENT SURGERY	-64,662	190,930
38	3800 RECOVERY ROOM		948,929
40	4000 ANESTHESIOLOGY	94	78,421
41	4100 RADIOLOGY-DIAGNOSTIC	-134,903	3,726,419
41.01	4101 RADIOLOGY-SPECIAL PROCEDURES	-53,372	28,851
42	4200 RADIOLOGY-THERAPEUTIC	-11,139	719,727
43	4300 RADIOISOTOPE	-2,697	340,868
44	4400 LABORATORY	-347,230	3,941,262
47	4700 BLOOD STORING, PROCESSING & TRANS.	-19,956	535,973
49	4900 RESPIRATORY THERAPY	-153,740	1,062,790
50	5000 PHYSICAL THERAPY	-810,039	3,126,484
51	5100 OCCUPATIONAL THERAPY	-1,103,242	593,696
52	5200 SPEECH PATHOLOGY	-58,671	177,342
53	5300 ELECTROCARDIOLOGY	-36,575	635,694
54	5400 ELECTROENCEPHALOGRAPHY	-3,933	268,078
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		3,336,010
59	3020 ULTRASOUND	-44,903	383,391
59.01	3021 PAIN CLINIC	-690	277,841
59.02	3022 CATH LAB		906,303
59.03	3023 ACTIVITY THERAPY		1,724,388
59.04	3024 WOUND CARE CENTER		222,449
59.05	3025 BARIATRIC CLINIC		199,912
61	6100 EMERGENCY	-833,051	2,645,046
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-1,408,956	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
94	6950 HHA SPACE		
95	SUBTOTALS	9,383,594	102,616,302
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		115,066
98	9800 PHYSICIANS' PRIVATE OFFICES		13,032,222
98.01	9801 WORKING WELL		415,694
100	7950 RESIDENTIAL		2,594,339
100.01	7951 OMNI		
100.02	7952 PSYCHIATRIC		
101	TOTAL	9,383,594	118,773,623

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
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	0610	NONPATIENT TELEPHONES
6.02	ADMITTING	0611	NONPATIENT TELEPHONES
6.03	PATIENT ACCOUNTING	0601	NONPATIENT TELEPHONES
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OUTPATIENT SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY-SPECIAL PROCEDURES	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ULTRASOUND	3020	ACUPUNCTURE
59.01	PAIN CLINIC	3021	ACUPUNCTURE
59.02	CATH LAB	3022	ACUPUNCTURE
59.03	ACTIVITY THERAPY	3023	ACUPUNCTURE
59.04	WOUND CARE CENTER	3024	ACUPUNCTURE
59.05	BARIATRIC CLINIC	3025	ACUPUNCTURE
	OUTPAT SERVICE COST		
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	
94	HHA SPACE	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WORKING WELL	9801	PHYSICIANS' PRIVATE OFFICES
100	RESIDENTIAL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OMNI	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PSYCHIATRIC	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150090

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		5,104,550
2		NEW CAP REL COSTS-MVBLE EQUIP	4		1,722,501
3 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		566,722
4 DIETARY	C	CAFETERIA	12	361,036	459,045
5 INSURANCE EXPENSE	D	OLD CAP REL COSTS-BLDG & FIXT	1		144,125
6		OTHER ADMINISTRATIVE AND GENERAL	6.04		1,036,742
7 PATIENT TRANSPORT	E	ADULTS & PEDIATRICS	25	7,941	72
8		RADIOLOGY-DIAGNOSTIC	41	44,306	403
9		RADIOISOTOPE	43	13,465	123
10		ELECTROCARDIOLOGY	53	3,106	28
11		ULTRASOUND	59	5,525	50
12		CATH LAB	59.02	2,933	27
13		PHYSICIANS' PRIVATE OFFICES	98	230	2
14 CHARGEABLE SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		7,825,984
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 CHARGEABLE SUPPLIES	F				
2					
3					
4					
5					
6					
7 DRUGS CHARGED TO PATIENTS	G	DRUGS CHARGED TO PATIENTS	56		3,336,010
8 INTERNS AND RESIDENTS	H	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	19,169	477,148
36 TOTAL RECLASSIFICATIONS				457,711	20,673,532

(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:
150090

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT	1		6,827,051	9
2						9
3 INTEREST EXPENSE	B	INTEREST EXPENSE	88		566,722	11
4 DIETARY	C	DIETARY	11	361,036	459,045	
5 INSURANCE EXPENSE	D	INTEREST EXPENSE	88		1,180,867	12
6						
7 PATIENT TRANSPORT	E	EMERGENCY	61	77,506	705	
8						
9						
10						
11						
12						
13						
14 CHARGEABLE SUPPLIES	F	NURSING ADMINISTRATION	14		1	
15		CENTRAL SERVICES & SUPPLY	15		170,372	
16		PHARMACY	16		1,078	
17		ADULTS & PEDIATRICS	25		28,394	
18		INTENSIVE CARE UNIT	26		44,800	
19		SUBPROVIDER	31		14,986	
20		SKILLED NURSING FACILITY	34		17	
21		OPERATING ROOM	37		5,114,741	
22		OUTPATIENT SURGERY	37.01		211,616	
23		RECOVERY ROOM	38		2,047	
24		ANESTHESIOLOGY	40		109,739	
25		RADIOLOGY-DIAGNOSTIC	41		36,602	
26		RADIOLOGY-SPECIAL PROCEDURES	41.01		24,912	
27		RADIOLOGY-THERAPEUTIC	42		1,767	
28		RADIOISOTOPE	43		211,226	
29		RESPIRATORY THERAPY	49		50,180	
30		PHYSICAL THERAPY	50		21,811	
31		OCCUPATIONAL THERAPY	51		825	
32		SPEECH PATHOLOGY	52		33,937	
33		ELECTROCARDIOLOGY	53		2,395	
34		ELECTROENCEPHALOGRAPHY	54		2,970	
35		ULTRASOUND	59		10,804	
1 CHARGEABLE SUPPLIES	F	PAIN CLINIC	59.01		41,590	
2		CATH LAB	59.02		1,589,467	
3		ACTIVITY THERAPY	59.03		33	
4		WOUND CARE CENTER	59.04		42,456	
5		BARIATRIC CLINIC	59.05		798	
6		EMERGENCY	61		56,420	
7 DRUGS CHARGED TO PATIENTS	G	PHARMACY	16		3,336,010	
8 INTERNS AND RESIDENTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.04	19,169	477,148	
36 TOTAL RECLASSIFICATIONS				457,711	20,673,532	

(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:
150090

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,104,550
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,722,501
TOTAL RECLASSIFICATIONS FOR CODE A			6,827,051

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	6,827,051	
			0
			6,827,051

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	566,722
TOTAL RECLASSIFICATIONS FOR CODE B			566,722

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	566,722	
			566,722

RECLASS CODE: C
EXPLANATION : DIETARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	820,081
TOTAL RECLASSIFICATIONS FOR CODE C			820,081

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	820,081	
			820,081

RECLASS CODE: D
EXPLANATION : INSURANCE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	144,125
2.00	OTHER ADMINISTRATIVE AND GENER	6.04	1,036,742
TOTAL RECLASSIFICATIONS FOR CODE D			1,180,867

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,180,867	
			0
			1,180,867

RECLASS CODE: E
EXPLANATION : PATIENT TRANSPORT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	8,013
2.00	RADIOLOGY-DIAGNOSTIC	41	44,709
3.00	RADIOISOTOPE	43	13,588
4.00	ELECTROCARDIOLOGY	53	3,134
5.00	ULTRASOUND	59	5,575
6.00	CATH LAB	59.02	2,960
7.00	PHYSICIANS' PRIVATE OFFICES	98	232
TOTAL RECLASSIFICATIONS FOR CODE E			78,211

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	78,211	
			0
			0
			0
			0
			0
			0
			78,211

RECLASS CODE: F
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	7,825,984
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	1	
CENTRAL SERVICES & SUPPLY	15	170,372	
PHARMACY	16	1,078	
ADULTS & PEDIATRICS	25	28,394	
INTENSIVE CARE UNIT	26	44,800	
SUBPROVIDER	31	14,986	
SKILLED NURSING FACILITY	34	17	
OPERATING ROOM	37	5,114,741	
OUTPATIENT SURGERY	37.01	211,616	
RECOVERY ROOM	38	2,047	
ANESTHESIOLOGY	40	109,739	
RADIOLOGY-DIAGNOSTIC	41	36,602	
RADIOLOGY-SPECIAL PROCEDURES	41.01	24,912	
RADIOLOGY-THERAPEUTIC	42	1,767	
RADIOISOTOPE	43	211,226	
RESPIRATORY THERAPY	49	50,180	
PHYSICAL THERAPY	50	21,811	
OCCUPATIONAL THERAPY	51	825	
SPEECH PATHOLOGY	52	33,937	
ELECTROCARDIOLOGY	53	2,395	
ELECTROENCEPHALOGRAPHY	54	2,970	
ULTRASOUND	59	10,804	

RECLASSIFICATIONS

PROVIDER NO:
150090

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

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

RECLASS CODE: F
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			7,825,984

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PAIN CLINIC	59.01	41,590	
CATH LAB	59.02	1,589,467	
ACTIVITY THERAPY	59.03	33	
WOUND CARE CENTER	59.04	42,456	
BARIATRIC CLINIC	59.05	798	
EMERGENCY	61	56,420	
			7,825,984

RECLASS CODE: G
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,336,010
TOTAL RECLASSIFICATIONS FOR CODE G			3,336,010

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	3,336,010	
			3,336,010

RECLASS CODE: H
EXPLANATION : INTERNS AND RESIDENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	496,317
TOTAL RECLASSIFICATIONS FOR CODE H			496,317

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.04	496,317	
			496,317

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	282,475					282,475	
2	LAND IMPROVEMENTS	2,453,942					2,453,942	
3	BUILDINGS & FIXTURE	41,747,965					41,747,965	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	2,468,917				109,092	2,359,825	
6	MOVABLE EQUIPMENT	267,417				114,539	152,878	
7	SUBTOTAL	47,220,716				223,631	46,997,085	
8	RECONCILING ITEMS							
9	TOTAL	47,220,716				223,631	46,997,085	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	299,497					299,497	
2	LAND IMPROVEMENTS	4,416,052	206,149		206,149		4,622,201	
3	BUILDINGS & FIXTURE	28,868,222					28,868,222	
4	BUILDING IMPROVEMEN	1,240,631	274,624		274,624		1,515,255	
5	FIXED EQUIPMENT	67,880,831	5,553,505		5,553,505		73,434,336	
6	MOVABLE EQUIPMENT	35,715,177	1,916,888		1,916,888		37,632,065	
7	SUBTOTAL	138,420,410	7,951,166		7,951,166		146,371,576	
8	RECONCILING ITEMS							
9	TOTAL	138,420,410	7,951,166		7,951,166		146,371,576	

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	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	-7,225	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-241,286	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-906,415			
13 SALE OF SCRAP, WASTE, ETC.	B	-1,501	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	9,199,948			
15 LAUNDRY AND LINEN SERVICE	B	-429,881	CAFETERIA	12	
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-116	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-7,670	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**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 RENTAL INCOME	B	-7,681	OTHER ADMINISTRATIVE AND	6.04	
38 MISC INCOME	B	-1,004	OLD CAP REL COSTS-BLDG &	1	9
39 DIETETIC INSTRUCTION	B	-1,791	DIETARY	11	
40 SPECIAL FUNCTIONS	B	-113,351	DIETARY	11	
41 FOOD SUPPLEMENTS	B	-103,909	DIETARY	11	
42 ADVERTISING EXPENSE	A	-718,414	OTHER ADMINISTRATIVE AND	6.04	
43 ADVERTISING EXPENSE	A	-153	PHYSICAL THERAPY	50	
44 SHARED SERVICES - HR	A	375,227	EMPLOYEE BENEFITS	5	
45 SHARED SERVICES - LAUNDRY	A	1,040,113	LAUNDRY & LINEN SERVICE	9	
46 SHARED SERVICES - RECEIVING & STORES	A	243,304	OTHER ADMINISTRATIVE AND	6.04	
47 SHARED SERVICES - A&G	A	2,811,737	OTHER ADMINISTRATIVE AND	6.04	
48 SHARED SERVICES - PUBLIC RELATIONS	A	-740,167	OTHER ADMINISTRATIVE AND	6.04	
49 UNNECESSARY BORROWING	A	-1,005,434	INTEREST EXPENSE	88	
49.01 LOBBYING FEES	A	-737	OTHER ADMINISTRATIVE AND	6.04	
50 TOTAL (SUM OF LINES 1 THRU 49)		9,383,594			

(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 &	OLD CAPITAL RELATED COST	3,405	-3,405	9
2	3	NEW CAP REL COSTS-BLDG &	NEW CAPITAL RELATED COST	1,065,981	-1,065,981	9
3	6 3	PATIENT ACCOUNTING	PURCHASING	831,432	831,432	
4	6 4	OTHER ADMINISTRATIVE AND	A&G	4,608,302	-1,693,768	
4.01	16	PHARMACY	COEP	156,155	336,937	-180,782
4.02	88	INTEREST EXPENSE	INTEREST	1,975,715	2,372,012	-396,297
4.03	6 4	OTHER ADMINISTRATIVE AND			-9,150,490	9,150,490
4.04	11	DIETARY			21,125	-21,125
4.05	15	CENTRAL SERVICES & SUPPLY		86,966	310,755	-223,789
4.06	16	PHARMACY		366,696	1,463,183	-1,096,487
4.07	25	ADULTS & PEDIATRICS			583	-583
4.08	25	ADULTS & PEDIATRICS			90,722	-90,722
4.09	31	SUBPROVIDER			2,886,673	-2,886,673
4.10	37	OPERATING ROOM		2,635	5,285	-2,650
4.11	37	OPERATING ROOM		5,576	11,181	-5,605
4.12	37 1	OUTPATIENT SURGERY		2,819	8,360	-5,541
4.13	40	ANESTHESIOLOGY		366	272	94
4.14	41	RADIOLOGY-DIAGNOSTIC		19,192	73,414	-54,222
4.15	41	RADIOLOGY-DIAGNOSTIC		18,151	69,431	-51,280
4.16	41	RADIOLOGY-DIAGNOSTIC		9,876	37,776	-27,900
4.17	41 1	RADIOLOGY-SPECIAL PROCEDURE		10,502	63,874	-53,372
4.18	42	RADIOLOGY-THERAPEUTIC		3,943	15,082	-11,139
4.19	43	RADIOISOTOPE		954	3,651	-2,697
4.20	44	LABORATORY		48,963	249,857	-200,894
4.21	44	LABORATORY		9,785	49,932	-40,147
4.22	44	LABORATORY		376	1,919	-1,543
4.23	44	LABORATORY		24,815	126,628	-101,813
4.24	44	LABORATORY		690	3,523	-2,833
4.25	47	BLOOD STORAGE, PROCESSING		11,241	31,197	-19,956
4.26	49	RESPIRATORY THERAPY		53,578	200,410	-146,832
4.27	50	PHYSICAL THERAPY		729,339	1,535,002	-805,663
4.28	51	OCCUPATIONAL THERAPY		478,780	1,582,022	-1,103,242
4.29	52	SPEECH PATHOLOGY		131,391	190,062	-58,671
4.30	53	ELECTROCARDIOLOGY		1,736	13,512	-11,776
4.31	53	ELECTROCARDIOLOGY		3,655	28,454	-24,799
4.32	54	ELECTROENCEPHALOGRAPHY		397	1,218	-821
4.33	59	ULTRASOUND		4,270	11,127	-6,857
4.34	59	ULTRASOUND		23,696	61,742	-38,046
4.35	59 1	PAIN CLINIC		1,828	2,518	-690
4.36	31	SUBPROVIDER		9,656,533		9,656,533
5		TOTALS		17,586,585	8,386,637	9,199,948

* 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	ST MARGARET MERCY	100.00	SISTERS OF ST. FRANCIS	0.00	HOME OFFICE
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.

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	NOT 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	ADMINISTRATIVE	6	GROSS	CHARGES	ENTERED
6.03	PATIENT ACCOUNTING	6	GROSS	CHARGES	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	8	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	11	PATIENT	MEALS	ENTERED
12	CAFETERIA	12	HOURS	WORKED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	6	GROSS	CHARGES	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0090
 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 BENE FITS	COMMUNI CATION S
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	785,233	785,233					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,038,569			4,038,569			
005 NEW CAP REL COSTS-MVBLE E	1,722,501				1,722,501		
006 EMPLOYEE BENEFITS	12,882,426	3,538		18,197		12,904,161	
006 01 COMMUNICATIONS	108,161	8,868		45,610	13,421	1,552	177,612
006 02 ADMIN ITTING	613,688	3,706		19,060	1,391	166,008	2,901
006 03 PATIENT ACCOUNTING	1,658,496				2,528		20,630
006 04 OTHER ADMIN ISTRATIVE AND	6,559,347	20,663		106,275	142,480	379,992	19,502
007 MAINTENANCE & REPAIRS	2,608,870	45,665		234,860	35,298	237,334	6,930
008 OPERATION OF PLANT	3,238,567	96,096		494,235	5,117	82,672	1,612
009 LAUNDRY & LINEN SERVICE	1,040,113						
010 HOUSEKEEPING	1,346,256	10,846		55,785	2,165	321,236	1,773
011 DIETARY	484,302	28,065		144,342	11,731	88,348	2,901
012 CAFETERIA	390,200					101,899	
014 NURSING ADMIN ISTRATION	413,084	2,049		10,537		117,665	1,773
015 CENTRAL SERVICES & SUPPLY	10,848,505	15,493		79,682	48,574	105,764	1,773
016 PHARMACY	1,808,295	7,161		36,831	721	352,249	4,674
017 MEDICAL RECORDS & LIBRARY	1,571,114	14,818		76,209	795	397,896	22,727
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	496,317					5,410	1,451
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,178,342	111,761		574,803	248,446	2,019,800	11,121
026 INTENSIVE CARE UNIT	2,057,377	18,797		96,676	19,218	497,089	1,128
031 SUBPROVIDER	11,269,402				504	305,146	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,426,333	50,452		259,482	145,596	432,772	5,319
037 01 OUTPATIENT SURGERY	190,930				1,036	9,668	
038 RECOVERY ROOM	948,929	6,432		33,081	13,829	259,500	1,289
040 ANESTHESIOLOGY	78,421				32,550	6,995	322
041 RADIOLOGY-DIAGNOSTIC	3,726,419	21,956		112,923	353,880	486,968	6,769
041 01 RADIOLOGY-SPECIAL PROCEDU	28,851				1,136	4,232	
042 RADIOLOGY-THERAPEUTIC	719,727				66,324	100,978	
043 RADIOISOTOPE	340,868	11,427		58,768	34,297	73,899	2,095
044 LABORATORY	3,941,262	19,636		100,991	4,095		6,125
047 BLOOD STORING, PROCESSING	535,973						
049 RESPIRATORY THERAPY	1,062,790	5,951		30,609	15,564	240,237	1,773
050 PHYSICAL THERAPY	3,126,484	6,569		33,784	17,700	618,429	1,773
051 OCCUPATIONAL THERAPY	593,696	1,427		7,341	26	27,407	161
052 SPEECH PATHOLOGY	177,342	472		2,429	2,379	10,933	161
053 ELECTROCARDIOLOGY	635,694	14,969		76,987	26,730	160,683	3,546
054 ELECTROENCEPHALOGRAPHY	268,078	2,710		13,936	30,054	65,509	1,289
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	3,336,010						
059 ULTRASOUND	383,391				58,156	76,151	
059 01 PAIN CLINIC	277,841	4,957		25,495	2,602	72,397	322
059 02 CATH LAB	906,303	11,323		58,236	209,171	183,149	
059 03 ACTIVITY THERAPY	1,724,388				16	479,573	1,128
059 04 WOUND CARE CENTER	222,449	4,402		22,640	6,144	58,604	1,289
059 05 BARIATRIC CLINIC	199,912	6,948		35,734	1,292	53,627	1,289
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	2,645,046	27,970		143,852	16,057	856,096	3,868
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	102,616,302	585,127		3,009,390	1,571,023	9,457,867	139,414
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	115,066	1,545		7,948		6,289	806
098 PHYSICIANS' PRIVATE OFFIC	13,032,222	42,561		218,900	135,254	2,735,235	14,828
098 01 WORKING WELL	415,694				2,658	82,423	
100 RESIDENTIAL	2,594,339	70,220		361,154	6,560	622,347	7,575
100 01 OMNI							
100 02 PSYCHIATRIC		85,780		441,177	7,006		14,989
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	118,773,623	785,233		4,038,569	1,722,501	12,904,161	177,612

COST CENTER DESCRIPTION	ADMINING	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6a.03	6.04	7	8	9
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 ADMINING	806,754						
006 03 PATIENT ACCOUNTING		1,681,654					
006 04 OTHER ADMINISTRATIVE AND			7,228,259	7,228,259			
007 MAINTENANCE & REPAIRS			3,168,957	205,352	3,374,309		
008 OPERATION OF PLANT			3,918,299	253,910	461,384	4,633,593	
009 LAUNDRY & LINEN SERVICE			1,040,113	67,400			1,107,513
010 HOUSEKEEPING			1,738,061	112,628	52,077		
011 DIETARY			759,689	49,229	134,748		
012 CAFETERIA			492,099	31,889			
014 NURSING ADMINISTRATION			545,108	35,324	9,837		
015 CENTRAL SERVICES & SUPPLY			11,099,791	719,278	74,386		
016 PHARMACY			2,209,931	143,206	34,383		
017 MEDICAL RECORDS & LIBRARY			2,083,559	135,017	71,144		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C			503,178	32,606			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	61,084	127,327	11,332,684	734,369	536,592	1,251,040	862,705
026 INTENSIVE CARE UNIT	13,260	27,640	2,731,185	176,984	90,250	210,412	106,186
031 SUBPROVIDER	16,698	34,807	11,626,557	753,413			
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,778	68,325	3,421,057	221,688	242,234	564,756	
037 01 OUTPATIENT SURGERY	2,162	4,507	208,303	13,498			
038 RECOVERY ROOM	8,128	16,942	1,288,130	83,472	30,882	72,000	
040 ANESTHESIOLOGY	6,898	14,379	139,565	9,044			
041 RADIOLOGY-DIAGNOSTIC	115,310	240,360	5,064,585	328,190	105,417	245,775	
041 01 RADIOLOGY-SPECIAL PROCEDU	909	1,895	37,023	2,399			
042 RADIOLOGY-THERAPEUTIC	10,539	21,969	919,537	59,587			
043 RADIOISOTOPE	16,992	35,420	573,766	37,181	54,862	127,908	
044 LABORATORY	95,702	199,488	4,367,299	283,005	94,278	219,804	
047 BLOOD STORING, PROCESSING	5,771	12,029	553,773	35,885			
049 RESPIRATORY THERAPY	14,425	30,069	1,401,418	90,813	28,575	66,621	
050 PHYSICAL THERAPY	28,537	59,484	3,892,760	252,255	31,539	73,531	
051 OCCUPATIONAL THERAPY	6,454	13,454	649,966	42,118	6,853	15,977	
052 SPEECH PATHOLOGY	975	2,032	196,723	12,748	2,268	5,287	
053 ELECTROCARDIOLOGY	20,628	42,999	982,236	63,650	71,870	167,560	
054 ELECTROENCEPHALOGRAPHY	7,004	14,600	403,180	26,126	13,009	30,331	
055 MEDICAL SUPPLIES CHARGED	117,242	244,386	361,628	23,434			
056 DRUGS CHARGED TO PATIENTS	101,990	212,595	3,650,595	236,562			
059 ULTRASOUND	15,568	32,451	565,717	36,659			
059 01 PAIN CLINIC	7,645	15,935	407,194	26,387	23,801	55,490	
059 02 CATH LAB	42,705	89,017	1,499,904	97,195	54,365	126,748	
059 03 ACTIVITY THERAPY	9,000	18,759	2,232,864	144,692			
059 04 WOUND CARE CENTER	3,177	6,623	325,328	21,082	21,135	49,276	
059 05 BARIATRIC CLINIC	491	1,023	300,316	19,461	33,359	77,774	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	44,682	93,139	3,830,710	248,234	134,290	313,091	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	806,754	1,681,654	97,751,047	5,865,970	2,413,538	3,673,381	968,891
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			131,654	8,531	7,420		
098 PHYSICIANS' PRIVATE OFFIC			16,179,000	1,048,420	204,350		
098 01 WORKING WELL			500,775	32,451			
100 RESIDENTIAL			3,662,195	237,314	337,148		
100 01 OMNI							
100 02 PSYCHIATRIC			548,952	35,573	411,853	960,212	138,622
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	806,754	1,681,654	118,773,623	7,228,259	3,374,309	4,633,593	1,107,513

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
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 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,902,766						
011 DIETARY		943,666					
012 CAFETERIA			523,988				
014 NURSING ADMINISTRATION			4,703	594,972			
015 CENTRAL SERVICES & SUPPLY			11,050	14,472	11,918,977		
016 PHARMACY			18,154		80,090	2,485,764	
017 MEDICAL RECORDS & LIBRARY			50,517	3,575	1,888		2,345,700
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	513,734	762,077	109,508	292,544	174,373	379	177,614
026 INTENSIVE CARE UNIT	86,405	93,796	30,907	67,644	59,853	156	38,555
031 SUBPROVIDER					20,776	35	48,554
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	231,915		26,046	57,005	303,410	173	95,309
037 01 OUTPATIENT SURGERY			561	1,228	7,567	66	6,287
038 RECOVERY ROOM	29,567		38,149	26,855	17,288	64	23,633
040 ANESTHESIOLOGY			905	1,981	41,460		20,057
041 RADIOLOGY-DIAGNOSTIC	100,926		30,553		134,612	489	335,286
041 01 RADIOLOGY-SPECIAL PROCEDU			207		2,662	96	2,643
042 RADIOLOGY-THERAPEUTIC			5,107		7,363	129	30,645
043 RADIOISOTOPE	52,525		2,883		2,650	1	49,409
044 LABORATORY	90,261						278,273
047 BLOOD STORING, PROCESSING							16,779
049 RESPIRATORY THERAPY	27,357		14,504		21,779	22	41,944
050 PHYSICAL THERAPY	30,195		19,375		8,485		82,976
051 OCCUPATIONAL THERAPY	6,561		1,210		43		18,767
052 SPEECH PATHOLOGY	2,171		590		451		2,834
053 ELECTROCARDIOLOGY	68,808		10,292	22,527	16,728		59,981
054 ELECTROENCEPHALOGRAPHY	12,455		4,211	4,286	8,929		20,366
055 MEDICAL SUPPLIES CHARGED					10,738,449		340,808
056 DRUGS CHARGED TO PATIENTS						2,477,336	296,556
059 ULTRASOUND			2,991		5,593	170	45,267
059 01 PAIN CLINIC	22,787		4,034		10,712	69	22,229
059 02 CATH LAB	52,049		7,695	16,841	173,514	2,695	124,172
059 03 ACTIVITY THERAPY			31,123		1,257		26,168
059 04 WOUND CARE CENTER	20,235		3,267		7,231	2,792	9,238
059 05 BARIATRIC CLINIC	31,938		3,001		1,563		1,427
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	128,570		47,162	86,014	70,251	1,092	129,923
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	1,508,459	855,873	478,705	594,972	11,918,977	2,485,764	2,345,700
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	394,307	87,793	45,283				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,902,766	943,666	523,988	594,972	11,918,977	2,485,764	2,345,700

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	23	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 ADMINITTING					
006 03 PATIENT ACCOUNTING					
006 04 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		535,784			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS		515,489	17,263,108	-515,489	16,747,619
026 INTENSIVE CARE UNIT			3,692,333		3,692,333
031 SUBPROVIDER			12,449,335		12,449,335
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		7,103	5,170,696	-7,103	5,163,593
037 01 OUTPATIENT SURGERY			237,510		237,510
038 RECOVERY ROOM			1,610,040		1,610,040
040 ANESTHESIOLOGY			213,012		213,012
041 RADIOLOGY-DIAGNOSTIC			6,345,833		6,345,833
041 01 RADIOLOGY-SPECIAL PROCEDU			45,030		45,030
042 RADIOLOGY-THERAPEUTIC			1,022,368		1,022,368
043 RADIOISOTOPE			901,185		901,185
044 LABORATORY			5,332,920		5,332,920
047 BLOOD STORING, PROCESSING			606,437		606,437
049 RESPIRATORY THERAPY			1,693,033		1,693,033
050 PHYSICAL THERAPY			4,391,116		4,391,116
051 OCCUPATIONAL THERAPY			741,495		741,495
052 SPEECH PATHOLOGY			223,072		223,072
053 ELECTROCARDIOLOGY			1,463,652		1,463,652
054 ELECTROENCEPHALOGRAPHY			522,893		522,893
055 MEDICAL SUPPLIES CHARGED			11,464,319		11,464,319
056 DRUGS CHARGED TO PATIENTS			6,661,049		6,661,049
059 ULTRASOUND			656,397		656,397
059 01 PAIN CLINIC			572,703		572,703
059 02 CATH LAB			2,155,178		2,155,178
059 03 ACTIVITY THERAPY			2,436,104		2,436,104
059 04 WOUND CARE CENTER			459,584		459,584
059 05 BARIATRIC CLINIC			468,839		468,839
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY		13,192	5,002,529	-13,192	4,989,337
071 OBSERVATION BEDS (NON-DIS					
094 OTHER REIMBURS COST CNTRS					
094 HOME HEALTH AGENCY					
094 SPEC PURPOSE COST CENTERS					
094 HHA SPACE					
095 SUBTOTALS		535,784	93,801,770	-535,784	93,265,986
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			147,605		147,605
098 PHYSICIANS' PRIVATE OFFIC			17,431,770		17,431,770
098 01 WORKING WELL			533,226		533,226
100 RESIDENTIAL			4,236,657		4,236,657
100 01 OMNI					
100 02 PSYCHIATRIC			2,622,595		2,622,595
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL		535,784	118,773,623	-535,784	118,237,839

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0090
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 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		3,538				3,538	3,538
006 01 COMMUNICATIONS		8,868				8,868	
006 02 ADMINITTING		3,706				3,706	45
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND		20,663				20,663	104
007 MAINTENANCE & REPAIRS		45,665				45,665	65
008 OPERATION OF PLANT		96,096				96,096	23
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		10,846				10,846	88
011 DIETARY		28,065				28,065	24
012 CAFETERIA							28
014 NURSING ADMINISTRATION		2,049				2,049	32
015 CENTRAL SERVICES & SUPPLY		15,493				15,493	29
016 PHARMACY		7,161				7,161	96
017 MEDICAL RECORDS & LIBRARY		14,818				14,818	109
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							1
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		111,761				111,761	551
026 INTENSIVE CARE UNIT		18,797				18,797	136
031 SUBPROVIDER							83
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		50,452				50,452	118
037 01 OUTPATIENT SURGERY							3
038 RECOVERY ROOM		6,432				6,432	71
040 ANESTHESIOLOGY							2
041 RADIOLOGY-DIAGNOSTIC		21,956				21,956	133
041 01 RADIOLOGY-SPECIAL PROCEDU							1
042 RADIOLOGY-THERAPEUTIC							28
043 RADIOISOTOPE		11,427				11,427	20
044 LABORATORY		19,636				19,636	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		5,951				5,951	66
050 PHYSICAL THERAPY		6,569				6,569	169
051 OCCUPATIONAL THERAPY		1,427				1,427	7
052 SPEECH PATHOLOGY		472				472	3
053 ELECTROCARDIOLOGY		14,969				14,969	44
054 ELECTROENCEPHALOGRAPHY		2,710				2,710	18
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ULTRASOUND							21
059 01 PAIN CLINIC		4,957				4,957	20
059 02 CATH LAB		11,323				11,323	50
059 03 ACTIVITY THERAPY							131
059 04 WOUND CARE CENTER		4,402				4,402	16
059 05 BARIATRIC CLINIC		6,948				6,948	15
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		27,970				27,970	234
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS		585,127				585,127	2,584
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,545				1,545	2
098 PHYSICIANS' PRIVATE OFFIC		42,561				42,561	760
098 01 WORKING WELL							22
100 RESIDENTIAL		70,220				70,220	170
100 01 OMNI							
100 02 PSYCHIATRIC		85,780				85,780	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		785,233				785,233	3,538

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	COMMUNICATIONS	ADMINISTRATIVE	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
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	8,868						
006 02 ADMINISTRATION	145	3,896					
006 03 PATIENT ACCOUNTING	1,030		1,030				
006 04 OTHER ADMINISTRATIVE AND	974			21,741			
007 MAINTENANCE & REPAIRS	346			618	46,694		
008 OPERATION OF PLANT	80			764	6,385	103,348	
009 LAUNDRY & LINEN SERVICE				203			203
010 HOUSEKEEPING	89			339	721		
011 DIETARY	145			148	1,865		
012 CAFETERIA				96			
014 NURSING ADMINISTRATION	89			106	136		
015 CENTRAL SERVICES & SUPPLY	89			2,164	1,029		
016 PHARMACY	233			431	476		
017 MEDICAL RECORDS & LIBRARY	1,136			406	984		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	72			98			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	555	291	83	2,210	7,427	27,903	159
026 INTENSIVE CARE UNIT	56	63	18	533	1,249	4,693	19
031 SUBPROVIDER		80	23	2,267			
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	266	156	45	667	3,352	12,596	
037 01 OUTPATIENT SURGERY		10	3	41			
038 RECOVERY ROOM	64	39	11	251	427	1,606	
040 ANESTHESIOLOGY	16	33	9	27			
041 RADIOLOGY-DIAGNOSTIC	338	550	157	988	1,459	5,482	
041 01 RADIOLOGY-SPECIAL PROCEDU		4	1	7			
042 RADIOLOGY-THERAPEUTIC		50	14	179			
043 RADIOISOTOPE	105	81	23	112	759	2,853	
044 LABORATORY	306	456	130	852	1,305	4,903	
047 BLOOD STORING, PROCESSING		28	8	108			
049 RESPIRATORY THERAPY	89	69	20	273	395	1,486	
050 PHYSICAL THERAPY	89	136	39	759	436	1,640	
051 OCCUPATIONAL THERAPY	8	31	9	127	95	356	
052 SPEECH PATHOLOGY	8	5	1	38	31	118	
053 ELECTROCARDIOLOGY	177	98	28	192	995	3,737	
054 ELECTROENCEPHALOGRAPHY	64	33	10	79	180	676	
055 MEDICAL SUPPLIES CHARGED		610	92	71			
056 DRUGS CHARGED TO PATIENTS		486	139	712			
059 ULTRASOUND		74	21	110			
059 01 PAIN CLINIC	16	36	10	79	329	1,238	
059 02 CATH LAB		204	58	292	752	2,827	
059 03 ACTIVITY THERAPY	56	43	12	435			
059 04 WOUND CARE CENTER	64	15	4	63	292	1,099	
059 05 BARIATRIC CLINIC	64	2	1	59	462	1,735	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	193	213	61	747	1,858	6,983	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	6,962	3,896	1,030	17,651	33,399	81,931	178
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	40			26	103		
098 PHYSICIANS' PRIVATE OFFIC	740			3,145	2,828		
098 01 WORKING WELL				98			
100 RESIDENTIAL	378			714	4,665		
100 01 OMNI							
100 02 PSYCHIATRIC	748			107	5,699	21,417	25
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,868	3,896	1,030	21,741	46,694	103,348	203

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
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 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	12,083						
011 DIETARY		30,247					
012 CAFETERIA			124				
014 NURSING ADMINISTRATION				1	2,413		
015 CENTRAL SERVICES & SUPPLY				3	59	18,866	
016 PHARMACY				4		127	8,528
017 MEDICAL RECORDS & LIBRARY				12		3	17,482
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,260	24,427	27	1,188	276	1	1,332
026 INTENSIVE CARE UNIT	549	3,006	7	274	95	1	289
031 SUBPROVIDER					33		364
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,473		6	231	480	1	715
037 01 OUTPATIENT SURGERY				5	12		47
038 RECOVERY ROOM	188		9	109	27		177
040 ANESTHESIOLOGY				8	66		150
041 RADIOLOGY-DIAGNOSTIC	641		7		213	2	2,514
041 01 RADIOLOGY-SPECIAL PROCEDU					4		20
042 RADIOLOGY-THERAPEUTIC			1		12		230
043 RADIOISOTOPE	334		1		4		370
044 LABORATORY	573						2,086
047 BLOOD STORING, PROCESSING							126
049 RESPIRATORY THERAPY	174		3		34		314
050 PHYSICAL THERAPY	192		5		13		622
051 OCCUPATIONAL THERAPY	42						141
052 SPEECH PATHOLOGY	14				1		21
053 ELECTROCARDIOLOGY	437		2	91	26		450
054 ELECTROENCEPHALOGRAPHY	79		1	17	14		153
055 MEDICAL SUPPLIES CHARGED					16,999		2,451
056 DRUGS CHARGED TO PATIENTS						8,499	2,223
059 ULTRASOUND			1		9	1	339
059 01 PAIN CLINIC	145		1		17		167
059 02 CATH LAB	331		2	68	275	9	931
059 03 ACTIVITY THERAPY			7		2		196
059 04 WOUND CARE CENTER	128		1		11	10	69
059 05 BARIATRIC CLINIC	203		1		2		11
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	816		11	349	111	4	974
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	9,579	27,433	113	2,413	18,866	8,528	17,482
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	2,504	2,814	11				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	12,083	30,247	124	2,413	18,866	8,528	17,482

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	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 ADMINITTING				
006 03 PATIENT ACCOUNTING				
006 04 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	171			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		181,451		181,451
026 INTENSIVE CARE UNIT		29,785		29,785
031 SUBPROVIDER		2,850		2,850
033 NURSERY				
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		70,558		70,558
037 01 OUTPATIENT SURGERY		121		121
038 RECOVERY ROOM		9,411		9,411
040 ANESTHESIOLOGY		311		311
041 RADIOLOGY-DIAGNOSTIC		34,440		34,440
041 01 RADIOLOGY-SPECIAL PROCEDU		37		37
042 RADIOLOGY-THERAPEUTIC		514		514
043 RADIOISOTOPE		16,089		16,089
044 LABORATORY		30,247		30,247
047 BLOOD STORING, PROCESSING		270		270
049 RESPIRATORY THERAPY		8,874		8,874
050 PHYSICAL THERAPY		10,669		10,669
051 OCCUPATIONAL THERAPY		2,243		2,243
052 SPEECH PATHOLOGY		712		712
053 ELECTROCARDIOLOGY		21,246		21,246
054 ELECTROENCEPHALOGRAPHY		4,034		4,034
055 MEDICAL SUPPLIES CHARGED		20,223		20,223
056 DRUGS CHARGED TO PATIENTS		12,059		12,059
059 ULTRASOUND		576		576
059 01 PAIN CLINIC		7,015		7,015
059 02 CATH LAB		17,122		17,122
059 03 ACTIVITY THERAPY		882		882
059 04 WOUND CARE CENTER		6,174		6,174
059 05 BARIATRIC CLINIC		9,503		9,503
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY		40,524		40,524
OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
094 HHA SPACE				
095 SUBTOTALS		537,940		537,940
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		1,716		1,716
098 PHYSICIANS' PRIVATE OFFIC		50,034		50,034
098 01 WORKING WELL		120		120
100 RESIDENTIAL		76,147		76,147
100 01 OMNI				
100 02 PSYCHIATRIC		119,105		119,105
101 CROSS FOOT ADJUSTMENTS	171	171		171
102 NEGATIVE COST CENTER				
103 TOTAL	171	785,233		785,233

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0090
 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 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE E 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-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				18,197		18,197	18,197
006 01 COMMUNICATIONS				45,610	13,421	59,031	2
006 02 ADMINITTING				19,060	1,391	20,451	234
006 03 PATIENT ACCOUNTING					2,528	2,528	
006 04 OTHER ADMINISTRATIVE AND				106,275	142,480	248,755	536
007 MAINTENANCE & REPAIRS				234,860	35,298	270,158	335
008 OPERATION OF PLANT				494,235	5,117	499,352	117
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				55,785	2,165	57,950	453
011 DIETARY				144,342	11,731	156,073	125
012 CAFETERIA							144
014 NURSING ADMINISTRATION				10,537		10,537	166
015 CENTRAL SERVICES & SUPPLY				79,682	48,574	128,256	149
016 PHARMACY				36,831	721	37,552	497
017 MEDICAL RECORDS & LIBRARY				76,209	795	77,004	561
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							8
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				574,803	248,446	823,249	2,848
031 INTENSIVE CARE UNIT				96,676	19,218	115,894	701
033 SUBPROVIDER					504	504	430
034 NURSERY							
037 SKILLED NURSING FACILITY							
037 01 ANCI LLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				259,482	145,596	405,078	610
038 01 OUTPATIENT SURGERY					1,036	1,036	14
038 RECOVERY ROOM				33,081	13,829	46,910	366
040 ANESTHESIOLOGY					32,550	32,550	10
041 RADIOLOGY-DIAGNOSTIC				112,923	353,880	466,803	687
041 01 RADIOLOGY-SPECIAL PROCEDU					1,136	1,136	6
042 RADIOLOGY-THERAPEUTIC					66,324	66,324	142
043 RADIOISOTOPE				58,768	34,297	93,065	104
044 LABORATORY				100,991	4,095	105,086	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY				30,609	15,564	46,173	339
050 PHYSICAL THERAPY				33,784	17,700	51,484	872
051 OCCUPATIONAL THERAPY				7,341	26	7,367	39
052 SPEECH PATHOLOGY				2,429	2,379	4,808	15
053 ELECTROCARDIOLOGY				76,987	26,730	103,717	227
054 ELECTROENCEPHALOGRAPHY				13,936	30,054	43,990	92
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ULTRASOUND					58,156	58,156	107
059 01 PAIN CLINIC				25,495	2,602	28,097	102
059 02 CATH LAB				58,236	209,171	267,407	258
059 03 ACTIVITY THERAPY					16	16	676
059 04 WOUND CARE CENTER				22,640	6,144	28,784	83
059 05 BARIATRIC CLINIC				35,734	1,292	37,026	76
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				143,852	16,057	159,909	1,207
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS				3,009,390	1,571,023	4,580,413	13,338
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,948		7,948	9
098 PHYSICIANS' PRIVATE OFFIC				218,900	135,254	354,154	3,856
098 01 WORKING WELL					2,658	2,658	116
100 RESIDENTIAL				361,154	6,560	367,714	878
100 01 OMNI							
100 02 PSYCHIATRIC				441,177	7,006	448,183	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,038,569	1,722,501	5,761,070	18,197

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 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	ADMITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
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	59,033						
006 02 ADMITTING	964	21,649					
006 03 PATIENT ACCOUNTING	6,857		9,385				
006 04 OTHER ADMINISTRATIVE AND	6,482			255,773			
007 MAINTENANCE & REPAIRS	2,303			7,266	280,062		
008 OPERATION OF PLANT	536			8,985	38,294	547,284	
009 LAUNDRY & LINEN SERVICE				2,385			2,385
010 HOUSEKEEPING	589			3,985	4,322		
011 DIETARY	964			1,742	11,184		
012 CAFETERIA				1,128			
014 NURSING ADMINISTRATION	589			1,250	816		
015 CENTRAL SERVICES & SUPPLY	589			25,452	6,174		
016 PHARMACY	1,554			5,067	2,854		
017 MEDICAL RECORDS & LIBRARY	7,551			4,778	5,905		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C	482			1,154			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,696	1,644	707	25,986	44,536	147,763	1,857
026 INTENSIVE CARE UNIT	375	357	154	6,263	7,491	24,852	229
031 SUBPROVIDER		449	193	26,660			
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,768	882	380	7,844	20,105	66,705	
037 01 OUTPATIENT SURGERY		58	25	478			
038 RECOVERY ROOM	429	219	94	2,954	2,563	8,504	
040 ANESTHESIOLOGY	107	186	80	320			
041 RADIOLOGY-DIAGNOSTIC	2,250	3,103	1,335	11,613	8,749	29,029	
041 01 RADIOLOGY-SPECIAL PROCEDU		24	11	85			
042 RADIOLOGY-THERAPEUTIC		284	122	2,108			
043 RADIOISOTOPE	696	457	197	1,316	4,553	15,107	
044 LABORATORY	2,036	2,575	1,108	10,014	7,825	25,962	
047 BLOOD STORING, PROCESSING		155	67	1,270			
049 RESPIRATORY THERAPY	589	388	167	3,213	2,372	7,869	
050 PHYSICAL THERAPY	589	768	330	8,926	2,618	8,685	
051 OCCUPATIONAL THERAPY	54	174	75	1,490	569	1,887	
052 SPEECH PATHOLOGY	54	26	11	451	188	624	
053 ELECTROCARDIOLOGY	1,179	555	239	2,252	5,965	19,791	
054 ELECTROENCEPHALOGRAPHY	429	188	81	924	1,080	3,582	
055 MEDICAL SUPPLIES CHARGED		3,097	1,400	829			
056 DRUGS CHARGED TO PATIENTS		2,744	1,181	8,371			
059 ULTRASOUND		419	180	1,297			
059 01 PAIN CLINIC	107	206	89	934	1,975	6,554	
059 02 CATH LAB		1,149	495	3,439	4,512	14,971	
059 03 ACTIVITY THERAPY	375	242	104	5,120			
059 04 WOUND CARE CENTER	429	85	37	746	1,754	5,820	
059 05 BARIATRIC CLINIC	429	13	6	689	2,769	9,186	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,286	1,202	517	8,784	11,146	36,980	
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	46,337	21,649	9,385	207,568	200,319	433,871	2,086
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	268			302	616		
098 PHYSICIANS' PRIVATE OFFIC	4,928			37,099	16,961		
098 01 WORKING WELL				1,148			
100 RESIDENTIAL	2,518			8,397	27,983		
100 01 OMNI							
100 02 PSYCHIATRIC	4,982			1,259	34,183	113,413	299
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	59,033	21,649	9,385	255,773	280,062	547,284	2,385

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COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
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 ADMINITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	67,299						
011 DIETARY		170,088					
012 CAFETERIA			1,272				
014 NURSING ADMINISTRATION			11	13,369			
015 CENTRAL SERVICES & SUPPLY			27	325	160,972		
016 PHARMACY			44		1,082	48,650	
017 MEDICAL RECORDS & LIBRARY			123	80	26		96,028
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,168	137,358	267	6,574	2,355	7	7,261
026 INTENSIVE CARE UNIT	3,056	16,906	75	1,520	808	3	1,576
031 SUBPROVIDER					281	1	1,985
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,203		63	1,281	4,098	3	3,896
037 01 OUTPATIENT SURGERY			1	28	102	1	257
038 RECOVERY ROOM	1,046		93	603	233	1	966
040 ANESTHESIOLOGY			2	45	560		820
041 RADIOLOGY-DIAGNOSTIC	3,570		74		1,818	10	13,707
041 01 RADIOLOGY-SPECIAL PROCEDU			1		36	2	108
042 RADIOLOGY-THERAPEUTIC			12		99	3	1,253
043 RADIOISOTOPE	1,858		7		36		2,020
044 LABORATORY	3,192						11,376
047 BLOOD STORING, PROCESSING							686
049 RESPIRATORY THERAPY	968		35		294		1,715
050 PHYSICAL THERAPY	1,068		47		115		3,392
051 OCCUPATIONAL THERAPY	232		3		1		767
052 SPEECH PATHOLOGY	77		1		6		116
053 ELECTROCARDIOLOGY	2,434		25	506	226		2,452
054 ELECTROENCEPHALOGRAPHY	441		10	96	121		833
055 MEDICAL SUPPLIES CHARGED					145,026		14,066
056 DRUGS CHARGED TO PATIENTS						48,486	12,123
059 ULTRASOUND			7		76	3	1,851
059 01 PAIN CLINIC	806		10		145	1	909
059 02 CATH LAB	1,841		19	378	2,343	53	5,076
059 03 ACTIVITY THERAPY			76		17		1,070
059 04 WOUND CARE CENTER	716		8		98	55	378
059 05 BARIATRIC CLINIC	1,130		7		21		58
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,547		114	1,933	949	21	5,311
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	53,353	154,264	1,162	13,369	160,972	48,650	96,028
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	13,946	15,824	110				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	67,299	170,088	1,272	13,369	160,972	48,650	96,028

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COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	23	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 ADMINITTING					
006 03 PATIENT ACCOUNTING					
006 04 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		1,644			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			1,224,276		1,224,276
026 INTENSIVE CARE UNIT			180,260		180,260
031 SUBPROVIDER			30,503		30,503
033 NURSERY					
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			520,916		520,916
037 01 OUTPATIENT SURGERY			2,000		2,000
038 RECOVERY ROOM			64,981		64,981
040 ANESTHESIOLOGY			34,680		34,680
041 RADIOLOGY-DIAGNOSTIC			542,748		542,748
041 01 RADIOLOGY-SPECIAL PROCEDU			1,409		1,409
042 RADIOLOGY-THERAPEUTIC			70,347		70,347
043 RADIOISOTOPE			119,416		119,416
044 LABORATORY			169,174		169,174
047 BLOOD STORING, PROCESSING			2,178		2,178
049 RESPIRATORY THERAPY			64,122		64,122
050 PHYSICAL THERAPY			78,894		78,894
051 OCCUPATIONAL THERAPY			12,658		12,658
052 SPEECH PATHOLOGY			6,377		6,377
053 ELECTROCARDIOLOGY			139,568		139,568
054 ELECTROENCEPHALOGRAPHY			51,867		51,867
055 MEDICAL SUPPLIES CHARGED			164,418		164,418
056 DRUGS CHARGED TO PATIENTS			72,905		72,905
059 ULTRASOUND			62,096		62,096
059 01 PAIN CLINIC			39,935		39,935
059 02 CATH LAB			301,941		301,941
059 03 ACTIVITY THERAPY			7,696		7,696
059 04 WOUND CARE CENTER			38,993		38,993
059 05 BARIATRIC CLINIC			51,410		51,410
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY			233,906		233,906
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY					
094 SPEC PURPOSE COST CENTERS					
094 HHA SPACE					
095 SUBTOTALS			4,289,674		4,289,674
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			9,143		9,143
098 PHYSICIANS' PRIVATE OFFIC			416,998		416,998
098 01 WORKING WELL			3,922		3,922
100 RESIDENTIAL			407,490		407,490
100 01 OMNI					
100 02 PSYCHIATRIC			632,199		632,199
101 CROSS FOOT ADJUSTMENTS		1,644	1,644		1,644
102 NEGATIVE COST CENTER					
103 TOTAL		1,644	5,761,070		5,761,070

COST CENTER DESCRIPTION	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	RECONCILIATION (6a.04)	OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATIONS (ACCUM. COST)	REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
	6.02	6.03	6a.04	6.04	7	8	9
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 ADMITTING	274,761,551						
006 03 PATIENT ACCOUNTING		274,761,551					
006 04 OTHER ADMINISTRATIVE			-7,228,259	111,545,364			
007 MAINTENANCE & REPAIRS				3,168,957	339,264		
008 OPERATION OF PLANT				3,918,299	46,389	199,823	
009 LAUNDRY & LINEN SERVICE				1,040,113			570,749
010 HOUSEKEEPING				1,738,061	5,236		
011 DIETARY				759,689	13,548		
012 CAFETERIA				492,099			
014 NURSING ADMINISTRATIVE				545,108	989		
015 CENTRAL SERVICES & SUPPLY				11,099,791	7,479		
016 PHARMACY				2,209,931	3,457		
017 MEDICAL RECORDS & LIBRARY				2,083,559	7,153		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PROVIDER				503,178			
025 ADULTS & PEDIATRICS	20,805,145	20,805,145		11,332,684	53,951	53,951	444,589
026 INTENSIVE CARE UNIT	4,516,262	4,516,262		2,731,185	9,074	9,074	54,722
031 SUBPROVIDER	5,687,471	5,687,471		11,626,557			
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 01 OPERATING ROOM	11,164,250	11,164,250		3,421,057	24,355	24,355	
037 01 OUTPATIENT SURGERY	736,390	736,390		208,303			
038 RECOVERY ROOM	2,768,350	2,768,350		1,288,130	3,105	3,105	
040 ANESTHESIOLOGY	2,349,468	2,349,468		139,565			
041 RADIOLOGY-DIAGNOSTIC	39,274,444	39,274,444		5,064,585	10,599	10,599	
041 01 RADIOLOGY-SPECIAL PROCEDURES	309,599	309,599		37,023			
042 RADIOLOGY-THERAPEUTIC	3,589,719	3,589,719		919,537			
043 RADIOISOTOPE	5,787,583	5,787,583		573,766	5,516	5,516	
044 LABORATORY	32,596,061	32,596,061		4,367,299	9,479	9,479	
047 BLOOD STORAGE, PROCESSING	1,965,444	1,965,444		553,773			
049 RESPIRATORY THERAPY	4,913,207	4,913,207		1,401,418	2,873	2,873	
050 PHYSICAL THERAPY	9,719,529	9,719,529		3,892,760	3,171	3,171	
051 OCCUPATIONAL THERAPY	2,198,320	2,198,320		649,966	689	689	
052 SPEECH PATHOLOGY	331,972	331,972		196,723	228	228	
053 ELECTROCARDIOLOGY	7,026,050	7,026,050		982,236	7,226	7,226	
054 ELECTROENCEPHALOGRAPHY	2,385,569	2,385,569		403,180	1,308	1,308	
055 MEDICAL SUPPLIES CHARACTERIZED	39,914,207	39,914,207		361,628			
056 DRUGS CHARGED TO PATIENT	34,737,729	34,737,729		3,650,595			
059 ULTRASOUND	5,302,430	5,302,430		565,717			
059 01 PAIN CLINIC	2,603,820	2,603,820		407,194	2,393	2,393	
059 02 CATH LAB	14,545,183	14,545,183		1,499,904	5,466	5,466	
059 03 ACTIVITY THERAPY	3,065,239	3,065,239		2,232,864			
059 04 WOUND CARE CENTER	1,082,153	1,082,153		325,328	2,125	2,125	
059 05 BARIATRIC CLINIC	167,150	167,150		300,316	3,354	3,354	
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY	15,218,807	15,218,807		3,830,710	13,502	13,502	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTER							
094 HHA SPACE							
095 SUBTOTALS	274,761,551	274,761,551	-7,228,259	90,522,788	242,665	158,414	499,311
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE				131,654	746		
098 PHYSICIANS' PRIVATE OFFICE				16,179,000	20,546		
098 01 WORKING WELL				500,775			
100 RESIDENTIAL				3,662,195	33,898		
100 01 OMNI							
100 02 PSYCHIATRIC				548,952	41,409	41,409	71,438
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	806,754	1,681,654		7,228,259	3,374,309	4,633,593	1,107,513
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.006120		.064801		23.188487	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.002936	1,030		9,945,968			1.940455
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	3,896			21,741	46,694	103,348	203
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.000014			.000195		.517198	
107 UNIT COST MULTIPLIER (WRKSHT B, PT III)	21,649	9,385		255,773	280,062	547,284	2,385
108 COST TO BE ALLOCATED (WRKSHT B, PART III)	.000079	.000034		.002293		2.738844	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.825499		.004179

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,163,593	591,474	4,572,119			5,163,593
37 01	OUTPATIENT SURGERY	237,510	2,121	235,389			237,510
38	RECOVERY ROOM	1,610,040	74,392	1,535,648			1,610,040
40	ANESTHESIOLOGY	213,012	34,991	178,021			213,012
41	RADIOLOGY-DIAGNOSTIC	6,345,833	577,188	5,768,645			6,345,833
41 01	RADIOLOGY-SPECIAL PROCEDU	45,030	1,446	43,584			45,030
42	RADIOLOGY-THERAPEUTIC	1,022,368	70,861	951,507			1,022,368
43	RADIOISOTOPE	901,185	135,505	765,680			901,185
44	LABORATORY	5,332,920	199,421	5,133,499			5,332,920
47	BLOOD STORING, PROCESSING	606,437	2,448	603,989			606,437
49	RESPIRATORY THERAPY	1,693,033	72,996	1,620,037			1,693,033
50	PHYSICAL THERAPY	4,391,116	89,563	4,301,553			4,391,116
51	OCCUPATIONAL THERAPY	741,495	14,901	726,594			741,495
52	SPEECH PATHOLOGY	223,072	7,089	215,983			223,072
53	ELECTROCARDIOLOGY	1,463,652	160,814	1,302,838			1,463,652
54	ELECTROENCEPHALOGRAPHY	522,893	55,901	466,992			522,893
55	MEDICAL SUPPLIES CHARGED	11,464,319	184,641	11,279,678			11,464,319
56	DRUGS CHARGED TO PATIENTS	6,661,049	84,964	6,576,085			6,661,049
59	ULTRASOUND	656,397	62,672	593,725			656,397
59 01	PAIN CLINIC	572,703	46,950	525,753			572,703
59 02	CATH LAB	2,155,178	319,063	1,836,115			2,155,178
59 03	ACTIVITY THERAPY	2,436,104	8,578	2,427,526			2,436,104
59 04	WOUND CARE CENTER	459,584	45,167	414,417			459,584
59 05	BARIATRIC CLINIC	468,839	60,913	407,926			468,839
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,989,337	274,430	4,714,907			4,989,337
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	744,843	62,519	682,324			744,843
101	SUBTOTAL	61,121,542	3,241,008	57,880,534			61,121,542
102	LESS OBSERVATION BEDS	744,843	62,519	682,324			744,843
103	TOTAL	60,376,699	3,178,489	57,198,210			60,376,699

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	11,164,250	.462511	.462511
37 01	OUTPATIENT SURGERY	736,390	.322533	.322533
38	RECOVERY ROOM	5,880,145	.273810	.273810
40	ANESTHESIOLOGY	2,349,468	.090664	.090664
41	RADIOLOGY-DIAGNOSTIC	39,274,444	.161577	.161577
41 01	RADIOLOGY-SPECIAL PROCEDU	309,599	.145446	.145446
42	RADIOLOGY-THERAPEUTIC	3,589,719	.284804	.284804
43	RADIOISOTOPE	5,787,583	.155710	.155710
44	LABORATORY	32,596,061	.163606	.163606
47	BLOOD STORING, PROCESSING	1,965,444	.308550	.308550
49	RESPIRATORY THERAPY	4,913,207	.344588	.344588
50	PHYSICAL THERAPY	9,719,529	.451783	.451783
51	OCCUPATIONAL THERAPY	2,198,320	.337301	.337301
52	SPEECH PATHOLOGY	331,972	.671960	.671960
53	ELECTROCARDIOLOGY	7,026,050	.208318	.208318
54	ELECTROENCEPHALOGRAPHY	2,385,569	.219190	.219190
55	MEDICAL SUPPLIES CHARGED	40,483,551	.283185	.283185
56	DRUGS CHARGED TO PATIENTS	34,737,729	.191753	.191753
59	ULTRASOUND	5,302,430	.123792	.123792
59 01	PAIN CLINIC	2,603,820	.219947	.219947
59 02	CATH LAB	14,545,183	.148171	.148171
59 03	ACTIVITY THERAPY	3,065,239	.794752	.794752
59 04	WOUND CARE CENTER	1,082,153	.424694	.424694
59 05	BARIATRIC CLINIC	167,150	2.804900	2.804900
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	15,218,807	.327840	.327840
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	808,625	.921123	.921123
101	SUBTOTAL	248,242,437		
102	LESS OBSERVATION BEDS	808,625		
103	TOTAL	247,433,812		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,170,696	591,474	4,579,222	59,147	265,595	4,845,954
37	01 OUTPATIENT SURGERY	237,510	2,121	235,389	212	13,653	223,645
38	RECOVERY ROOM	1,610,040	74,392	1,535,648	7,439	89,068	1,513,533
40	ANESTHESIOLOGY	213,012	34,991	178,021	3,499	10,325	199,188
41	RADIOLOGY-DIAGNOSTIC	6,345,833	577,188	5,768,645	57,719	334,581	5,953,533
41	01 RADIOLOGY-SPECIAL PROCEDU	45,030	1,446	43,584	145	2,528	42,357
42	RADIOLOGY-THERAPEUTIC	1,022,368	70,861	951,507	7,086	55,187	960,095
43	RADIOISOTOPE	901,185	135,505	765,680	13,551	44,409	843,225
44	LABORATORY	5,332,920	199,421	5,133,499	19,942	297,743	5,015,235
47	BLOOD STORING, PROCESSING	606,437	2,448	603,989	245	35,031	571,161
49	RESPIRATORY THERAPY	1,693,033	72,996	1,620,037	7,300	93,962	1,591,771
50	PHYSICAL THERAPY	4,391,116	89,563	4,301,553	8,956	249,490	4,132,670
51	OCCUPATIONAL THERAPY	741,495	14,901	726,594	1,490	42,142	697,863
52	SPEECH PATHOLOGY	223,072	7,089	215,983	709	12,527	209,836
53	ELECTROCARDIOLOGY	1,463,652	160,814	1,302,838	16,081	75,565	1,372,006
54	ELECTROENCEPHALOGRAPHY	522,893	55,901	466,992	5,590	27,086	490,217
55	MEDICAL SUPPLIES CHARGED	11,464,319	184,641	11,279,678	18,464	654,221	10,791,634
56	DRUGS CHARGED TO PATIENTS	6,661,049	84,964	6,576,085	8,496	381,413	6,271,140
59	ULTRASOUND	656,397	62,672	593,725	6,267	34,436	615,694
59	01 PAIN CLINIC	572,703	46,950	525,753	4,695	30,494	537,514
59	02 CATH LAB	2,155,178	319,063	1,836,115	31,906	106,495	2,016,777
59	03 ACTIVITY THERAPY	2,436,104	8,578	2,427,526	858	140,797	2,294,449
59	04 WOUND CARE CENTER	459,584	45,167	414,417	4,517	24,036	431,031
59	05 BARIATRIC CLINIC	468,839	60,913	407,926	6,091	23,660	439,088
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,002,529	274,430	4,728,099	27,443	274,230	4,700,856
62	OBSERVATION BEDS (NON-DIS	744,843	62,519	682,324	6,252	39,575	699,016
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	61,141,837	3,241,008	57,900,829	324,100	3,358,249	57,459,488
102	LESS OBSERVATION BEDS	744,843	62,519	682,324	6,252	39,575	699,016
103	TOTAL	60,396,994	3,178,489	57,218,505	317,848	3,318,674	56,760,472

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	11,164,250	.434060	.457850
37 01	OUTPATIENT SURGERY	736,390	.303705	.322245
38	RECOVERY ROOM	5,880,145	.257397	.272544
40	ANESTHESIOLOGY	2,349,468	.084780	.089175
41	RADIOLOGY-DIAGNOSTIC	39,274,444	.151588	.160107
41 01	RADIOLOGY-SPECIAL PROCEDU	309,599	.136812	.144978
42	RADIOLOGY-THERAPEUTIC	3,589,719	.267457	.282830
43	RADIOISOTOPE	5,787,583	.145696	.153369
44	LABORATORY	32,596,061	.153860	.162994
47	BLOOD STORING, PROCESSING	1,965,444	.290602	.308425
49	RESPIRATORY THERAPY	4,913,207	.323978	.343102
50	PHYSICAL THERAPY	9,719,529	.425192	.450861
51	OCCUPATIONAL THERAPY	2,198,320	.317453	.336623
52	SPEECH PATHOLOGY	331,972	.632089	.669825
53	ELECTROCARDIOLOGY	7,026,050	.195274	.206029
54	ELECTROENCEPHALOGRAPHY	2,385,569	.205493	.216847
55	MEDICAL SUPPLIES CHARGED	40,483,551	.266568	.282729
56	DRUGS CHARGED TO PATIENTS	34,737,729	.180528	.191508
59	ULTRASOUND	5,302,430	.116115	.122610
59 01	PAIN CLINIC	2,603,820	.206433	.218144
59 02	CATH LAB	14,545,183	.138656	.145978
59 03	ACTIVITY THERAPY	3,065,239	.748538	.794472
59 04	WOUND CARE CENTER	1,082,153	.398309	.420520
59 05	BARIATRIC CLINIC	167,150	2.626910	2.768459
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	15,218,807	.308885	.326904
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	808,625	.864450	.913391
101	SUBTOTAL	248,242,437		
102	LESS OBSERVATION BEDS	808,625		
103	TOTAL	247,433,812		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	181,451		181,451	1,224,276		1,224,276
26	INTENSIVE CARE UNIT	29,785		29,785	180,260		180,260
31	SUBPROVIDER	2,850		2,850	30,503		30,503
33	NURSERY						
101	TOTAL	214,086		214,086	1,435,039		1,435,039

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	26,622	16,081	6.82	109,672	45.99	739,565
26	INTENSIVE CARE UNIT	3,131	1,637	9.51	15,568	57.57	94,242
31	SUBPROVIDER	3,909	3,412	.73	2,491	7.80	26,614
33	NURSERY						
101	TOTAL	33,662	21,130		127,731		860,421

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

PROVIDER NO: 15-0090
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 EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					26,622	
26	INTENSIVE CARE UNIT					3,131	
31	SUBPROVIDER					3,909	
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL					33,662	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	16,081	
26	INTENSIVE CARE UNIT	1,637	
31	SUBPROVIDER	3,412	
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL	21,130	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	OUTPATIENT SURGERY						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	RADIOLOGY-SPECIAL PROCEDU						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
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		ULTRASOUND						
59	01	PAIN CLINIC						
59	02	CATH LAB						
59	03	ACTIVITY THERAPY						
59	04	WOUND CARE CENTER						
59	05	BARIATRIC CLINIC						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

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			11,164,250			2,771,028	
37	OPERATING ROOM			736,390			315,844	
38	OUTPATIENT SURGERY			5,880,145			761,242	
40	RECOVERY ROOM			2,349,468			475,362	
41	ANESTHESIOLOGY			39,274,444			8,148,999	
41	RADIOLOGY-DIAGNOSTIC			309,599			100,318	
42	RADIOLOGY-SPECIAL PROCEDU			3,589,719			98,344	
43	RADIOLOGY-THERAPEUTIC			5,787,583			1,414,725	
44	RADIOISOTOPE			32,596,061			9,516,217	
47	LABORATORY			1,965,444			1,172,983	
49	BLOOD STORING, PROCESSING			4,913,207			2,977,710	
50	RESPIRATORY THERAPY			9,719,529			1,083,147	
51	PHYSICAL THERAPY			2,198,320			464,266	
52	OCCUPATIONAL THERAPY			331,972			55,573	
53	SPEECH PATHOLOGY			7,026,050			2,620,539	
54	ELECTROCARDIOLOGY			2,385,569			275,517	
55	ELECTROENCEPHALOGRAPHY			40,483,551			16,098,706	
56	MEDICAL SUPPLIES CHARGED			34,737,729			17,275,067	
59	DRUGS CHARGED TO PATIENTS			5,302,430			1,539,122	
59	ULTRASOUND			2,603,820			68,268	
59	01 PAIN CLINIC			14,545,183			5,777,338	
59	02 CATH LAB			3,065,239			2,184	
59	03 ACTIVITY THERAPY			1,082,153				
59	04 WOUND CARE CENTER			167,150				
59	05 BARIATRIC CLINIC							
61	OUTPAT SERVICE COST CNTRS			15,218,807			2,917,848	
62	EMERGENCY			808,625				
	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			248,242,437			75,930,347	

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	1,288,449					
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM	466,512					
40	ANESTHESIOLOGY	191,866					
41	RADIOLOGY-DIAGNOSTIC	6,334,607					
41 01	RADIOLOGY-SPECIAL PROCEDU	24,647					
42	RADIOLOGY-THERAPEUTIC	1,447,544					
43	RADIOISOTOPE	1,220,639					
44	LABORATORY	406,828					
47	BLOOD STORING, PROCESSING	124,999					
49	RESPIRATORY THERAPY	101,398					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	9,328					
53	ELECTROCARDIOLOGY	983,657					
54	ELECTROENCEPHALOGRAPHY	509,971					
55	MEDICAL SUPPLIES CHARGED	3,390,282					
56	DRUGS CHARGED TO PATIENTS	2,704,421					
59	ULTRASOUND	935,490					
59 01	PAIN CLINIC	550,472					
59 02	CATH LAB	2,141,865					
59 03	ACTIVITY THERAPY	71,980					
59 04	WOUND CARE CENTER	423,906					
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,538,482					
62	OBSERVATION BEDS (NON-DIS	446,578					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	25,313,921					

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			11,164,250			4,957	
37 01	OUTPATIENT SURGERY			736,390			5,488	
38	RECOVERY ROOM			5,880,145				
40	ANESTHESIOLOGY			2,349,468			60	
41	RADIOLOGY-DIAGNOSTIC			39,274,444			137,427	
41 01	RADIOLOGY-SPECIAL PROCEDU			309,599			46,433	
42	RADIOLOGY-THERAPEUTIC			3,589,719			14,374	
43	RADIOISOTOPE			5,787,583			1,979	
44	LABORATORY			32,596,061			350,064	
47	BLOOD STORING, PROCESSING			1,965,444			25,142	
49	RESPIRATORY THERAPY			4,913,207			95,660	
50	PHYSICAL THERAPY			9,719,529			1,237,266	
51	OCCUPATIONAL THERAPY			2,198,320			1,263,505	
52	SPEECH PATHOLOGY			331,972			152,025	
53	ELECTROCARDIOLOGY			7,026,050			10,229	
54	ELECTROENCEPHALOGRAPHY			2,385,569			2,030	
55	MEDICAL SUPPLIES CHARGED			40,483,551			426,989	
56	DRUGS CHARGED TO PATIENTS			34,737,729			1,165,835	
59	ULTRASOUND			5,302,430			59,538	
59 01	PAIN CLINIC			2,603,820			2,321	
59 02	CATH LAB			14,545,183			18,534	
59 03	ACTIVITY THERAPY			3,065,239				
59 04	WOUND CARE CENTER			1,082,153				
59 05	BARIATRIC CLINIC			167,150				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			15,218,807				
62	OBSERVATION BEDS (NON-DIS			808,625				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			248,242,437			5,019,856	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	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			7,103			
37	01 OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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	ULTRASOUND						
59	01 PAIN CLINIC						
59	02 CATH LAB						
59	03 ACTIVITY THERAPY						
59	04 WOUND CARE CENTER						
59	05 BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY			13,192			
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			20,295			

TITLE XIX

SUBPROVIDER 1

TEFRA

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	7,103	7,103	11,164,250	.000636	.000636		
37 01	OUTPATIENT SURGERY			736,390				
38	RECOVERY ROOM			5,880,145				
40	ANESTHESIOLOGY			2,349,468				
41	RADIOLOGY-DIAGNOSTIC			39,274,444			2,080	
41 01	RADIOLOGY-SPECIAL PROCEDU			309,599			4,795	
42	RADIOLOGY-THERAPEUTIC			3,589,719			6,317	
43	RADIOISOTOPE			5,787,583				
44	LABORATORY			32,596,061			17,864	
47	BLOOD STORING, PROCESSING			1,965,444			4,526	
49	RESPIRATORY THERAPY			4,913,207			8,626	
50	PHYSICAL THERAPY			9,719,529			71,644	
51	OCCUPATIONAL THERAPY			2,198,320			72,607	
52	SPEECH PATHOLOGY			331,972			14,601	
53	ELECTROCARDIOLOGY			7,026,050			177	
54	ELECTROENCEPHALOGRAPHY			2,385,569				
55	MEDICAL SUPPLIES CHARGED			40,483,551			12,115	
56	DRUGS CHARGED TO PATIENTS			34,737,729			80,354	
59	ULTRASOUND			5,302,430				
59 01	PAIN CLINIC			2,603,820			81	
59 02	CATH LAB			14,545,183				
59 03	ACTIVITY THERAPY			3,065,239			406	
59 04	WOUND CARE CENTER			1,082,153				
59 05	BARIATRIC CLINIC			167,150				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY	13,192	13,192	15,218,807	.000867	.000867		
62	OBSERVATION BEDS (NON-DIS			808,625				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	20,295	20,295	248,242,437			296,193	

TITLE XIX

SUBPROVIDER 1

TEFRA

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	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY-SPECIAL PROCEDU						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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	ULTRASOUND						
59 01	PAIN CLINIC						
59 02	CATH LAB						
59 03	ACTIVITY THERAPY						
59 04	WOUND CARE CENTER						
59 05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
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	1,184
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	629.09
85	OBSERVATION BED COST	744,843

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	181,451	16,747,619	.010834	744,843	8,070
87	NEW CAPITAL-RELATED COST	1,224,276	16,747,619	.073101	744,843	54,449
88	NON PHYSICIAN ANESTHETIST		16,747,619		744,843	
89	MEDICAL EDUCATION		16,747,619		744,843	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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)	23,388,722	
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)	23,388,722	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	2,024,493	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	274,981	
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		
16 TOTAL	25,688,196	
17 PRIMARY PAYER PAYMENTS	30,353	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	25,657,843	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,977,480	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	141,808	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	223,787	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	156,651	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	124,944	
22 SUBTOTAL	23,695,206	
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	23,695,206	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	23,786,825	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-91,619	
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)	1,865
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,019,394
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,145,157
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.749
1.04	LINE 1.01 TIMES LINE 1.03.	4,508,526
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,865
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	9,725
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	9,725
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)	9,725
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,860
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,865
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,145,157
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,522,215
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,624,807
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	39,584
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,664,391
24	PRIMARY PAYER PAYMENTS	3,865
25	SUBTOTAL	4,660,526
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	147,391
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	103,174
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	82,558
28	SUBTOTAL	4,763,700
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	4,763,700
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,744,333
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	19,367
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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		3,874,291
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0274
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		176,679
1.05	OUTLIER PAYMENTS		32,783
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		4,083,753
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		10.680328
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		4,083,753
5	PRIMARY PAYER PAYMENTS		8,315
6	SUBTOTAL		4,075,438
7	DEDUCTIBLES		6,112
8	SUBTOTAL		4,069,326
9	COINSURANCE		41,944
10	SUBTOTAL		4,027,382
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		4,027,382
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,027,382
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,971,358
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	56,024
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.

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		2,876,537	
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		2,876,537	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,876,537	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		6,053,112	
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		6,053,112	
	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)		6,053,112	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		3,176,575	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,876,537	
	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		2,876,537	
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		2,876,537	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,876,537	
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)		2,876,537	
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)		-2,876,537	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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.

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

TITLE XIX	SUBPROVIDER 1	TEFRA TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	2,147	
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	2,147	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	2,147	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	296,193	
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	296,193	
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)	296,193	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	294,046	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	2,147	
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	2,147	
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	2,147	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	2,147	
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)	2,147	
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)	-2,147	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

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

TITLE XIX

SUBPROVIDER 1

TEFRA
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		7.76
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	.94
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	6.90	.94
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		7.84
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		7.70
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.		7.70
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		7.48
3.10	SEE INSTRUCTIONS		7.48
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		7.48
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		5.86
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		7.18
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	6.84
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)		6.84
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		70,687.87
3.18	SEE INSTRUCTIONS		483,505
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		483,505

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		21,130
5	TOTAL INPATIENT DAYS		32,478
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.650594
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	314,565	314,565
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		32,478
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.		
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)	41,839,951
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	38,668
16	TOTAL PART A REASONABLE COST	41,801,283

PART B REASONABLE COST

17	REASONABLE COST	6,021,259
18	PRIMARY PAYER PAYMENTS	3,865
19	TOTAL PART B REASONABLE COST	6,017,394
20	TOTAL REASONABLE COST	47,818,677
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.874162
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.125838

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)	314,565
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	274,981
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	39,584

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)	6.90	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	7.76	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	6.90	

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)	6.91
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	7.80
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	6.91

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

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)		12,631,623		
3 TOTAL		12,631,623		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		12,631,623		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		12,631,623		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,902,111		17,902,111
2 00 SUBPROVIDER	5,687,471		5,687,471
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	23,589,582		23,589,582
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,516,262		4,516,262
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,516,262		4,516,262
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	28,105,844		28,105,844
17 00 ANCILLARY SERVICES	141,998,159	105,435,649	247,433,808
18 00 OUTPATIENT SERVICES	2,559,193	14,970,216	17,529,409
19 00 HOME HEALTH AGENCY			
24 00 OBSERVATION		808,625	808,625
25 00 TOTAL PATIENT REVENUES	172,663,196	121,214,490	293,877,686

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		109,390,029	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	3,631,860		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,631,860	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		113,021,889	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	1,832,323	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	111,364	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	78.06	
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS	7.12	
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.61	
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	47,824	
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.05	
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.77	
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01	8.82	
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.80	
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	32,982	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,024,493	
PART II - HOLD HARMLESS METHOD			
1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000	
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		
PART III - PAYMENT UNDER REASONABLE COST			
1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		
PART IV - COMPUTATION OF EXCEPTION PAYMENTS			
1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE	.00	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00	
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		