

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-0091		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 2/2009 TIME 16:33

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. MARY'S HEALTH CENTER 26-0091

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

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	975,009	476	18,249,809
2	SUBPROVIDER	0	93,847	0	-678,016
2 .01	SUBPROVIDER II	0	1,007,042	0	-325,093
100	TOTAL	0	2,075,898	476	17,246,700

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

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

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

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS 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).

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH N/A 4	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	431	157,746			26,733	9,916
2 HMO					11,111	47,836
2 01 HMO - (IRF PPS SUBPROVIDER)						1,197
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	431	157,746			26,733	9,916
6 INTENSIVE CARE UNIT	12	4,392			1,746	247
6 01 PEDIATRIC INTENSIVE CARE UNIT	19	6,954			33	537
7 CORONARY CARE UNIT	12	4,392			1,880	319
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
10 NEONATAL INTENSIVE CARE UNIT	60	21,960				3,827
11 NURSERY						799
12 TOTAL	534	195,444			30,392	15,645
13 RPCH VISITS						
14 SUBPROVIDER	44	16,104			5,428	2,152
14 01 SUBPROVIDER 2	60	21,960			5,594	2,145
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
16 01 ICF/MR						
17 OTHER LONG TERM CARE						
18 HOME HEALTH AGENCY						
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE						
23 CORF						
25 TOTAL	638					
26 OBSERVATION BED DAYS						527
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
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			98,307				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			98,307				
6 INTENSIVE CARE UNIT			3,497				
6 01 PEDIATRIC INTENSIVE CARE UNIT			4,411				
7 CORONARY CARE UNIT			3,672				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			18,268				
11 NURSERY			6,365				
12 TOTAL			134,520			147.46	
13 RPCH VISITS							
14 SUBPROVIDER			9,598			.96	
14 01 SUBPROVIDER 2			13,373				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						148.42	
26 OBSERVATION BED DAYS	76	451	8,452	670	7,782		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,713				
28 01 EMP DISCOUNT DAYS -IRF			216				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,842	1,508	24,651
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	184,588,452		184,588,452	6,884,577.00	26.81	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	425,330		425,330	4,871.00	87.32	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	543,156		543,156	6,564.00	82.75	
5 PHYSICIAN - PART B	2,760,567		2,760,567	24,658.00	111.95	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	1,316,167	7,932	1,324,099	52,892.00	25.03	
6.01 CONTRACT SERVICES, I&R	7,766,243		7,766,243	240,299.00	32.32	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	17,904,509	-3,859,749	14,044,760	484,823.00	28.97	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,010,690		3,010,690	59,632.00	50.49	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	5,281,255		5,281,255	37,933.00	139.23	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	9,149,507		9,149,507	62,142.00	147.24	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	14,496,907		14,496,907	278,286.00	52.09	HOME OFFICE COST REPORT
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	41,693,374		41,693,374			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,893,097		3,893,097			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	65,860		65,860			CMS 339
18.01 PART A TEACHING PHYSICIANS	83,509		83,509			CMS 339
19 PHYSICIAN PART B	440,692		440,692			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	381,463		381,463			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	922,200	678,577	1,600,777	45,001.00	35.57	
22 ADMINISTRATIVE & GENERAL	26,558,202	522,884	27,081,086	901,117.00	30.05	
22.01 A & G UNDER CONTRACT	1,223,415		1,223,415	12,197.00	100.30	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,721,802		2,721,802	110,208.00	24.70	
25 LAUNDRY & LINEN SERVICE	284,033		284,033	22,215.00	12.79	
26 HOUSEKEEPING	3,763,158		3,763,158	308,768.00	12.19	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,506,304	104,764	1,611,068	127,078.00	12.68	
27.01 DIETARY UNDER CONTRACT	219,981		219,981	8,320.00	26.44	
28 CAFETERIA	1,513,924	-104,764	1,409,160	115,823.00	12.17	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	4,443,833	430,965	4,874,798	163,217.00	29.87	
31 CENTRAL SERVICE AND SUPPLY	1,000,373		1,000,373	64,249.00	15.57	
32 PHARMACY	5,794,199	-271,691	5,522,508	157,064.00	35.16	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,712,267	85,953	2,798,220	156,515.00	17.88	
34 SOCIAL SERVICE	1,923,834	240,938	2,164,772	74,957.00	28.88	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	173,645,715	-7,932	173,637,783	6,580,681.00	26.39	
2 EXCLUDED AREA SALARIES	17,904,509	-3,859,749	14,044,760	484,823.00	28.97	
3 SUBTOTAL SALARIES	155,741,206	3,851,817	159,593,023	6,095,858.00	26.18	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	31,938,359		31,938,359	437,993.00	72.92	
5 SUBTOTAL WAGE-RELATED COSTS	41,759,234		41,759,234		26.17	
6 TOTAL	229,438,799	3,851,817	233,290,616	6,533,851.00	35.70	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	54,587,525	1,687,626	56,275,151	2,266,729.00	24.83	

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-0091
 SATELLITE NO:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		5				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6 NUMBER OF STATIONS	4					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST		3				
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		4				
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		61,207				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		1,309				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	34,795,548
17.01	GROSS MEDICAID REVENUES	425,212,322
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	460,007,870
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.316980
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	425,212,322

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	134,783,802
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	34,795,548
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	11,029,493
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	134,783,802

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2		3	4	5
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT			11,781,922	11,781,922	2,603,189	14,385,111
4	0400	NEW CAP REL COSTS-MVBLE EQUIP			10,391,170	10,391,170		10,391,170
5	0500	EMPLOYEE BENEFITS	922,200		41,987,333	42,909,533	3,546,475	46,456,008
6	0600	ADMINISTRATIVE & GENERAL	26,558,202		48,473,959	75,032,161	39,025,167	114,057,328
7	0700	MAINTENANCE & REPAIRS			3,467,658	3,467,658	19,030	3,486,688
8	0800	OPERATION OF PLANT	2,721,802		9,523,248	12,245,050		12,245,050
9	0900	LAUNDRY & LINEN SERVICE	284,033		1,319,798	1,603,831		1,603,831
10	1000	HOUSEKEEPING	3,763,158		1,964,662	5,727,820		5,727,820
11	1100	DIETARY	1,506,304		2,213,872	3,720,176	410,020	4,130,196
12	1200	CAFETERIA	1,513,924		3,301,894	4,815,818	-517,636	4,298,182
13	1300	MAINTENANCE OF PERSONNEL						
14	1400	NURSING ADMINISTRATION	4,443,833		515,685	4,959,518	434,824	5,394,342
15	1500	CENTRAL SERVICES & SUPPLY	1,000,373		35,128,962	36,129,335	-29,750,626	6,378,709
16	1600	PHARMACY	5,794,199		11,837,031	17,631,230	-10,847,159	6,784,071
17	1700	MEDICAL RECORDS & LIBRARY	2,712,267		2,349,621	5,061,888	106,974	5,168,862
18	1800	SOCIAL SERVICE	1,923,834		464,926	2,388,760	249,711	2,638,471
20	2000	NONPHYSICIAN ANESTHETISTS						
21	2100	NURSING SCHOOL						
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	1,316,167			1,316,167	7,932	1,324,099
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,037,868		28,676,338	30,714,206	-9,570,257	21,143,949
24	2400	PARAMEDICAL PRGM					339,633	339,633
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	36,336,957		5,237,189	41,574,146	-1,815,555	39,758,591
26	2600	INTENSIVE CARE UNIT	2,121,409		426,129	2,547,538	-256,038	2,291,500
26.01	2080	PEDIATRIC INTENSIVE CARE UNIT	3,584,205		663,577	4,247,782	-340,636	3,907,146
27	2700	CORONARY CARE UNIT	2,456,384		518,199	2,974,583	-324,555	2,650,028
28	2800	BURN INTENSIVE CARE UNIT						
29	2900	SURGICAL INTENSIVE CARE UNIT						
30	2060	NEONATAL INTENSIVE CARE UNIT	11,089,714		1,544,812	12,634,526	581,488	13,216,014
31	3100	SUBPROVIDER	2,247,828		241,739	2,489,567	293,319	2,782,886
31.01	3101	SUBPROVIDER 2	8,036,609		8,918,350	16,954,959	-16,693,536	261,423
33	3300	NURSERY	152,879		163,321	316,200	-33,091	283,109
34	3400	SKILLED NURSING FACILITY						
35	3500	NURSING FACILITY						
35.01	3510	ICF/MR						
36	3600	OTHER LONG TERM CARE						
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	9,358,187		19,869,623	29,227,810	-15,127,692	14,100,118
38	3800	RECOVERY ROOM	1,462,769		37,888	1,500,657	-19,137	1,481,520
39	3900	DELIVERY ROOM & LABOR ROOM	370,819		35,177	405,996	2,373,311	2,779,307
40	4000	ANESTHESIOLOGY	203,024		5,248,178	5,451,202	571,053	6,022,255
41	4100	RADIOLOGY-DIAGNOSTIC	5,169,157		1,920,022	7,089,179	1,033,709	8,122,888
42	4200	RADIOLOGY-THERAPEUTIC	673,662		101,743	775,405		775,405
42.01	3450	NUCLEAR MEDICINE-DIAGNOSTIC	392,308		1,071,597	1,463,905		1,463,905
43	4300	RADIOISOTOPE						
43.01	3630	ULTRA SOUND	681,145		52,669	733,814		733,814
44	4400	LABORATORY	6,169,833		5,383,601	11,553,434		11,553,434
44.01	4401	ANATOMY PATHOLOGY	714,273		526,547	1,240,820	962,271	2,203,091
44.03	4403	LAB-STEM CELL			78,667	78,667		78,667
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS						
46.01	4601	MENTAL HYGIENE	130,768		26,565	157,333	-14,231	143,102
47	4700	BLOOD STORING, PROCESSING & TRANS.	833,043		3,007,609	3,840,652		3,840,652
48	4800	INTRAVENOUS THERAPY	561,630		555,996	1,117,626	-163,668	953,958
48.01	4801	PHARMACY-IV DRUG THERAPY	320,897		7,190,055	7,510,952		7,510,952
49	4900	RESPIRATORY THERAPY	3,331,066		2,139,032	5,470,098	-391,319	5,078,779
49.01	4901	SLEEP DISORDER	310,910		48,485	359,395		359,395
49.02	4902	PAIN MANAGEMENT	563,619		186,957	750,576		750,576
50	5000	PHYSICAL THERAPY	524,872		657,722	1,182,594	591,199	1,773,793
51	5100	OCCUPATIONAL THERAPY	290,913		39,972	330,885	889,380	1,220,265
52	5200	SPEECH PATHOLOGY	535,489		32,917	568,406	641,845	1,210,251
53	5300	ELECTROCARDIOLOGY	1,170,020		257,766	1,427,786	255,280	1,683,066
54	5400	ELECTROENCEPHALOGRAPHY	278,488		39,912	318,400	114,313	432,713
54.01	3120	CARDIAC CATHETERIZATION LABORATORY	1,101,048		5,553,980	6,655,028	-5,322,731	1,332,297
54.02	5401	CARDIAC REHAB	499,688		18,491	518,179		518,179
54.03	3650	VASCULAR LAB	458,988		57,850	516,838	78	516,916
54.04	3330	ENDOSCOPY	1,674,684		758,211	2,432,895	-492,663	1,940,232
54.05	5402	CLINICAL NUTRITION	642,330		8,341	650,671		650,671
54.06	5403	PSYCHOTHERAPY	688,737		615,145	1,303,882	213,280	1,517,162
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					28,224,172	28,224,172
56	5600	DRUGS CHARGED TO PATIENTS					10,507,526	10,507,526
57	5700	RENAL DIALYSIS	249,541		1,167,188	1,416,729	17,676	1,434,405
58	5800	ASC (NON-DISTINCT PART)						
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	6,317,821		1,266,546	7,584,367	311,279	7,895,646
61	6100	EMERGENCY	8,764,502		3,113,916	11,878,418	-495,613	11,382,805
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
64	6400	HOME PROGRAM DIALYSIS						
65	6500	AMBULANCE SERVICES						
66	6600	DURABLE MEDICAL EQUIP-RENTED						
67	6700	DURABLE MEDICAL EQUIP-SOLD						
68	5950	TRANSPORT						
69	6900	CORF						

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION				94,553	94,553
84	8400 LIVER ACQUISITION				270,852	270,852
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		2,603,189	2,603,189	-2,603,189	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	176,968,380	294,782,952	471,751,332	-89,793	471,661,539
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,847	227,407	284,254		284,254
96.01	9601 RESTAURANT					
96.02	9602 PHYSICIAN SERVICES	392,519	320,705	713,224		713,224
96.03	9603 COMMUNITY EDUCATION	208,233	25,376	233,609		233,609
97	9700 RESEARCH	-173	203,812	203,639		203,639
98	9800 PHYSICIANS' PRIVATE OFFICES	3,468,076	6,613,267	10,081,343	-4,922	10,076,421
98.01	9801 HOTELING ROOMS					
98.02	9802 FOUNDATION				94,715	94,715
98.03	9803 VENDING					
98.04	9804 55 ALIVE					
98.05	9806 VACANT					
99	9900 NONPAID WORKERS					
99.12	9912 HOME HEALTH					
99.15	9915 POISON CONTROL	1,773,517	266,655	2,040,172		2,040,172
99.16	9916 BILLABLE DEPARTMENTS	893,300	-6,265	887,035		887,035
99.17	9917 MISCELLANEOUS NONREIMBURSABLE	827,753	277,306	1,105,059		1,105,059
101	TOTAL	184,588,452	302,711,215	487,299,667	-0-	487,299,667

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009
I 26-0091 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	132,800	14,517,911
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	4,199,659	14,590,829
5	0500 EMPLOYEE BENEFITS	-7,761,973	38,694,035
6	0600 ADMINISTRATIVE & GENERAL	-11,402,874	102,654,454
7	0700 MAINTENANCE & REPAIRS	-1,635,361	1,851,327
8	0800 OPERATION OF PLANT	-100,208	12,144,842
9	0900 LAUNDRY & LINEN SERVICE		1,603,831
10	1000 HOUSEKEEPING	-9,312	5,718,508
11	1100 DIETARY	-79,950	4,050,246
12	1200 CAFETERIA	-2,694,402	1,603,780
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-2,092	5,392,250
15	1500 CENTRAL SERVICES & SUPPLY	-5,112,512	1,266,197
16	1600 PHARMACY	-2,021,475	4,762,596
17	1700 MEDICAL RECORDS & LIBRARY	-7,437	5,161,425
18	1800 SOCIAL SERVICE	-21,886	2,616,585
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,324,099
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,493,545	16,650,404
24	2400 PARAMEDICAL PRGM		339,633
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,108,088	38,650,503
26	2600 INTENSIVE CARE UNIT	-57,149	2,234,351
26.01	2080 PEDIATRIC INTENSIVE CARE UNIT	-14,371	3,892,775
27	2700 CORONARY CARE UNIT	-34,823	2,615,205
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-656,852	12,559,162
31	3100 SUBPROVIDER	-17,680	2,765,206
31.01	3101 SUBPROVIDER 2	-56,787	204,636
33	3300 NURSERY	-158	282,951
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-915,194	13,184,924
38	3800 RECOVERY ROOM	-200	1,481,320
39	3900 DELIVERY ROOM & LABOR ROOM	-17	2,779,290
40	4000 ANESTHESIOLOGY	-5,032,088	990,167
41	4100 RADIOLOGY-DIAGNOSTIC	-1,443,978	6,678,910
42	4200 RADIOLOGY-THERAPEUTIC	13	775,418
42.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	-238,203	1,225,702
43	4300 RADIOISOTOPE		
43.01	3630 ULTRASOUND		733,814
44	4400 LABORATORY	-255,148	11,298,286
44.01	4401 ANATOMICAL PATHOLOGY	-813,793	1,389,298
44.03	4403 LAB-STEM CELL		78,667
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
46.01	4601 MENTAL HYGIENE	-3,332	139,770
47	4700 BLOOD STORING, PROCESSING & TRANS.		3,840,652
48	4800 INTRAVENOUS THERAPY	-376,561	577,397
48.01	4801 PHARMACY-IV DRUG THERAPY		7,510,952
49	4900 RESPIRATORY THERAPY	-16,692	5,062,087
49.01	4901 SLEEP DISORDER		359,395
49.02	4902 PAIN MANAGEMENT	-416,252	334,324
50	5000 PHYSICAL THERAPY	-5,126	1,768,667
51	5100 OCCUPATIONAL THERAPY		1,220,265
52	5200 SPEECH PATHOLOGY		1,210,251
53	5300 ELECTROCARDIOLOGY	-312,395	1,370,671
54	5400 ELECTROENCEPHALOGRAPHY	-5,352	427,361
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	-20,134	1,312,163
54.02	5401 CARDIAC REHAB	-559	517,620
54.03	3650 VASCULAR LAB	-38	516,878
54.04	3330 ENDOSCOPY	-12	1,940,220
54.05	5402 CLINICAL NUTRITION	-22	650,649
54.06	5403 PSYCHOTHERAPY	-507,964	1,009,198
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		28,224,172
56	5600 DRUGS CHARGED TO PATIENTS		10,507,526
57	5700 RENAL DIALYSIS	-29,978	1,404,427
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-693,490	7,202,156
61	6100 EMERGENCY	-1,701,741	9,681,064
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
68	5950 TRANSPORT		
69	6900 CORF		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	OTHER REIMBURS COST CNTRS	6	7
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		94,553
84	8400 LIVER ACQUISITION		270,852
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-45,744,732	425,916,807
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		284,254
96.01	9601 RESTAURANT		
96.02	9602 PHYSICIAN SERVICES		713,224
96.03	9603 COMMUNITY EDUCATION		233,609
97	9700 RESEARCH		203,639
98	9800 PHYSICIANS' PRIVATE OFFICES		10,076,421
98.01	9801 HOTELING ROOMS		
98.02	9802 FOUNDATION		94,715
98.03	9803 VENDING		
98.04	9804 55 ALIVE		
98.05	9806 VACANT		
99	9900 NONPAID WORKERS		
99.12	9912 HOME HEALTH		
99.15	9915 POISON CONTROL		2,040,172
99.16	9916 BILLABLE DEPARTMENTS	1,891,251	2,778,286
99.17	9917 MISCELLANEOUS NONREIMBURSABLE		1,105,059
101	TOTAL	-43,853,481	443,446,186

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
43	RADIOISOTOPE	4300	
43.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
44.01	ANATOMIC PATHOLOGY	4401	LABORATORY
44.03	LAB-STEM CELL	4403	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.01	MENTAL HYGIENE	4601	WHOLE BLOOD & PACKED RED BLOOD CELLS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	PHARMACY-IV DRUG THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP DISORDER	4901	RESPIRATORY THERAPY
49.02	PAIN MANAGEMENT	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
54.02	CARDIAC REHAB	5401	ELECTROENCEPHALOGRAPHY
54.03	VASCULAR LAB	3650	VASCULAR LAB
54.04	ENDOSCOPY	3330	ENDOSCOPY
54.05	CLINICAL NUTRITION	5402	ELECTROENCEPHALOGRAPHY
54.06	PSYCHOTHERAPY	5403	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	TRANSPORT	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	RESTAURANT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	PHYSICIAN SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	COMMUNITY EDUCATION	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOTELING ROOMS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	FOUNDATION	9802	PHYSICIANS' PRIVATE OFFICES
98.03	VENDING	9803	PHYSICIANS' PRIVATE OFFICES
98.04	55 ALIVE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	VACANT	9806	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.12	HOME HEALTH	9912	NONPAID WORKERS
99.15	POISON CONTROL	9915	NONPAID WORKERS
99.16	BILLEABLE DEPARTMENTS	9916	NONPAID WORKERS
99.17	MISCELLANEOUS NONREIMBURSABLE	9917	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/ 2/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DRUG RECLASS	A	DRUGS CHARGED TO PATIENTS	56		10,507,526
2 REHAB SUBPROVIDER EXPENSE	B	EMPLOYEE BENEFITS	5	96,408	2,499,283
3		ADMINISTRATIVE & GENERAL	6	1,421,079	5,097,788
4		MAINTENANCE & REPAIRS	7		19,030
5		NURSING ADMINISTRATION	14	430,965	3,859
6		MEDICAL RECORDS & LIBRARY	17	85,953	21,021
7		SOCIAL SERVICE	18	240,938	8,773
8		PHYSICAL THERAPY	50	781,314	8,993
9		OCCUPATIONAL THERAPY	51	763,890	22,974
10		SPEECH PATHOLOGY	52	546,511	5,843
11		VASCULAR LAB	54.03	78	
12		EMERGENCY	61		30
13		PHYSICIANS' PRIVATE OFFICES	98	21	
14 REHAB PT, OT AND SP	C	OCCUPATIONAL THERAPY	51		107,576
15		SPEECH PATHOLOGY	52		90,890
16 ADMITTING RECLASS	D	ADMINISTRATIVE & GENERAL	6	59,572	
17 NETWORK BHM RECLASS	E	SUBPROVIDER	31	208,921	109,578
18		PSYCHOTHERAPY	54.06	139,902	73,378
19 CG DIETARY RECLASS	F	DIETARY	11	104,764	305,256
20		NEONATAL INTENSIVE CARE UNIT	30		107,616
21 SM PHARMACY RESIDENTS	G	PARAMED ED PRGM	24	271,691	20,342
22 CG FOUNDATION RENTAL COST	H	FOUNDATION	98.02		94,715
23 NETWORK HUMAN RESOURCES RECLASS	I	EMPLOYEE BENEFITS	5	582,169	368,615
24 MEDICAID FRA EXPENSE	J	ADMINISTRATIVE & GENERAL	6		34,389,411
25 LABOR & DELIVERY	K	DELIVERY ROOM & LABOR ROOM	39	1,765,246	619,696
26 CHARGEABLE SUPPLY	L	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		28,224,172
27		ELECTROCARDIOLOGY	53		104,710
28					
29					
30					
31					
32					
33					
34					
35					
1 CHARGEABLE SUPPLY	L				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 TEACHING PHYS COST PHARMACY	M	PARAMED ED PRGM	24		47,600
16 RECLASS ORGAN ACQUISITION	N	KIDNEY ACQUISITION	83		77,500
17		LIVER ACQUISITION	84		242,432
18 RECLASS PRE-TRANSPLANT COSTS	O	KIDNEY ACQUISITION	83	10,041	7,012
19		LIVER ACQUISITION	84	16,734	11,686
20 RECLASS GENERAL EXPENSE OFFSET	P	CENTRAL SERVICES & SUPPLY	15		4,638,785
21 PHYSICIAN RECLASS	Q	ADULTS & PEDIATRICS	25	395,717	2,286,735
22		PEDIATRIC INTENSIVE CARE UNIT	26.01		36,288
23		NEONATAL INTENSIVE CARE UNIT	30		889,985
24		OPERATING ROOM	37		845,417
25		ANESTHESIOLOGY	40		1,021,474
26		RADIOLOGY-DIAGNOSTIC	41		1,476,119
27		ANATOMIC PATHOLOGY	44.01		962,271
28		RESPIRATORY THERAPY	49		34,967
29		ELECTROCARDIOLOGY	53		150,570
30		ELECTROENCEPHALOGRAPHY	54		114,313
31		CARDIAC CATHETERIZATION LABORATORY	54.01		53,200
32		RENAL DIALYSIS	57		81,264
33		CLINIC	60		885,722
34		EMERGENCY	61		336,215
35 INTERN AND RESIDENT RECLASS	R	I&R SERVICES-SALARY & FRINGES APPRVD	22	7,932	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/ 2/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST RECLASS	S	NEW CAP REL COSTS-BLDG & FIXT	3		2,603,189
36 TOTAL RECLASSIFICATIONS				7,929,846	99,613,819

(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:
260091

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

PREPARED 6/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 DRUG RECLASS	A	PHARMACY	16		10,507,526	
2 REHAB SUBPROVIDER EXPENSE	B	SUBPROVIDER 2	31.01	4,367,157	7,687,594	
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14 REHAB PT, OT AND SP	C	PHYSICAL THERAPY	50		198,466	
15						
16 ADMITTING RECLASS	D	EMERGENCY	61	59,572		
17 NETWORK BHM RECLASS	E	ADMINISTRATIVE & GENERAL	6	348,823	182,956	
18						
19 CG DIETARY RECLASS	F	CAFETERIA	12	104,764	412,872	
20						
21 SM PHARMACY RESIDENTS	G	PHARMACY	16	271,691	20,342	
22 CG FOUNDATION RENTAL COST	H	ADMINISTRATIVE & GENERAL	6		94,715	
23 NETWORK HUMAN RESOURCES RECLASS	I	ADMINISTRATIVE & GENERAL	6	582,169	368,615	
24 MEDICAID FRA EXPENSE	J	CENTRAL SERVICES & SUPPLY	15		34,389,411	
25 LABOR & DELIVERY	K	ADULTS & PEDIATRICS	25	1,765,246	619,696	
26 CHARGEABLE SUPPLY	L	ADULTS & PEDIATRICS	25		2,113,065	
27		INTENSIVE CARE UNIT	26		256,038	
28		PEDIATRIC INTENSIVE CARE UNIT	26.01		376,924	
29		CORONARY CARE UNIT	27		324,555	
30		NEONATAL INTENSIVE CARE UNIT	30		416,113	
31		SUBPROVIDER	31		25,180	
32		NURSERY	33		33,091	
33		OPERATING ROOM	37		15,973,109	
34		RECOVERY ROOM	38		19,137	
35		DELIVERY ROOM & LABOR ROOM	39		11,631	
1 CHARGEABLE SUPPLY	L	ANESTHESIOLOGY	40		450,421	
2		RADIOLOGY-DIAGNOSTIC	41		442,410	
3		MENTAL HYGIENE	46.01		14,231	
4		INTRAVENOUS THERAPY	48		163,668	
5		RESPIRATORY THERAPY	49		426,286	
6		PHYSICAL THERAPY	50		642	
7		OCCUPATIONAL THERAPY	51		5,060	
8		SPEECH PATHOLOGY	52		1,399	
9		CARDIAC CATHETERIZATION LABORATORY	54.01		5,375,931	
10		ENDOSCOPY	54.04		492,663	
11		RENAL DIALYSIS	57		63,588	
12		CLINIC	60		566,511	
13		EMERGENCY	61		772,286	
14		PHYSICIANS' PRIVATE OFFICES	98		4,943	
15 TEACHING PHYS COST PHARMACY	M	PHARMACY	16		47,600	
16 RECLASS ORGAN ACQUISITION	N	ADMINISTRATIVE & GENERAL	6		319,932	
17						
18 RECLASS PRE-TRANSPLANT COSTS	O	ADMINISTRATIVE & GENERAL	6	26,775	18,698	
19						
20 RECLASS GENERAL EXPENSE OFFSET	P	SUBPROVIDER 2	31.01		4,638,785	
21 PHYSICIAN RECLASS	Q	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	395,717	9,174,540	
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35 INTERN AND RESIDENT RECLASS	R	CLINIC	60	7,932		

RECLASSIFICATIONS

PROVIDER NO: 260091	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 6/ 2/2009 WORKSHEET A-6 CONTD
------------------------	--------------------------------------------	----------------------------------------------

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 INTEREST RECLASS	S	INTEREST EXPENSE	88		2,603,189	11
36 TOTAL RECLASSIFICATIONS				7,929,846	99,613,819	

(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:
260091

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

PREPARED 6/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	10,507,526	PHARMACY	16	10,507,526	
TOTAL RECLASSIFICATIONS FOR CODE A			10,507,526				10,507,526

RECLASS CODE: B
EXPLANATION : REHAB SUBPROVIDER EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,595,691	SUBPROVIDER 2	31.01	12,054,751	
2.00	ADMINISTRATIVE & GENERAL	6	6,518,867			0	
3.00	MAINTENANCE & REPAIRS	7	19,030			0	
4.00	NURSING ADMINISTRATION	14	434,824			0	
5.00	MEDICAL RECORDS & LIBRARY	17	106,974			0	
6.00	SOCIAL SERVICE	18	249,711			0	
7.00	PHYSICAL THERAPY	50	790,307			0	
8.00	OCCUPATIONAL THERAPY	51	786,864			0	
9.00	SPEECH PATHOLOGY	52	552,354			0	
10.00	VASCULAR LAB	54.03	78			0	
11.00	EMERGENCY	61	30			0	
12.00	PHYSICIANS' PRIVATE OFFICES	98	21			0	
TOTAL RECLASSIFICATIONS FOR CODE B			12,054,751				12,054,751

RECLASS CODE: C
EXPLANATION : REHAB PT, OT AND SP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	107,576	PHYSICAL THERAPY	50	198,466	
2.00	SPEECH PATHOLOGY	52	90,890			0	
TOTAL RECLASSIFICATIONS FOR CODE C			198,466				198,466

RECLASS CODE: D
EXPLANATION : ADMITTING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	59,572	EMERGENCY	61	59,572	
TOTAL RECLASSIFICATIONS FOR CODE D			59,572				59,572

RECLASS CODE: E
EXPLANATION : NETWORK BHM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	318,499	ADMINISTRATIVE & GENERAL	6	531,779	
2.00	PSYCHOTHERAPY	54.06	213,280			0	
TOTAL RECLASSIFICATIONS FOR CODE E			531,779				531,779

RECLASS CODE: F
EXPLANATION : CG DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	410,020	CAFETERIA	12	517,636	
2.00	NEONATAL INTENSIVE CARE UNIT	30	107,616			0	
TOTAL RECLASSIFICATIONS FOR CODE F			517,636				517,636

RECLASS CODE: G
EXPLANATION : SM PHARMACY RESIDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	292,033	PHARMACY	16	292,033	
TOTAL RECLASSIFICATIONS FOR CODE G			292,033				292,033

RECLASS CODE: H
EXPLANATION : CG FOUNDATION RENTAL COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FOUNDATION	98.02	94,715	ADMINISTRATIVE & GENERAL	6	94,715	
TOTAL RECLASSIFICATIONS FOR CODE H			94,715				94,715

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : NETWORK HUMAN RESOURCES RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	950,784
TOTAL RECLASSIFICATIONS FOR CODE I			950,784

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	950,784	
			950,784

RECLASS CODE: J
EXPLANATION : MEDICAID FRA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	34,389,411
TOTAL RECLASSIFICATIONS FOR CODE J			34,389,411

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	34,389,411	
			34,389,411

RECLASS CODE: K
EXPLANATION : LABOR & DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	2,384,942
TOTAL RECLASSIFICATIONS FOR CODE K			2,384,942

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,384,942	
			2,384,942

RECLASS CODE: L
EXPLANATION : CHARGEABLE SUPPLY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	28,224,172
2.00	ELECTROCARDIOLOGY	53	104,710
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
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE L			28,328,882

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,113,065	
INTENSIVE CARE UNIT	26	256,038	
PEDIATRIC INTENSIVE CARE UNIT	26.01	376,924	
CORONARY CARE UNIT	27	324,555	
NEONATAL INTENSIVE CARE UNIT	30	416,113	
SUBPROVIDER	31	25,180	
NURSERY	33	33,091	
OPERATING ROOM	37	15,973,109	
RECOVERY ROOM	38	19,137	
DELIVERY ROOM & LABOR ROOM	39	11,631	
ANESTHESIOLOGY	40	450,421	
RADIOLOGY-DIAGNOSTIC	41	442,410	
MENTAL HYGIENE	46.01	14,231	
INTRAVENOUS THERAPY	48	163,668	
RESPIRATORY THERAPY	49	426,286	
PHYSICAL THERAPY	50	642	
OCCUPATIONAL THERAPY	51	5,060	
SPEECH PATHOLOGY	52	1,399	
CARDIAC CATHETERIZATION LABORATORY	54.01	5,375,931	
ENDOSCOPY	54.04	492,663	
RENAL DIALYSIS	57	63,588	
CLINIC	60	566,511	
EMERGENCY	61	772,286	
PHYSICIANS' PRIVATE OFFICES	98	4,943	
			28,328,882

RECLASS CODE: M
EXPLANATION : TEACHING PHYS COST PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM	24	47,600
TOTAL RECLASSIFICATIONS FOR CODE M			47,600

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	47,600	
			47,600

RECLASS CODE: N
EXPLANATION : RECLASS ORGAN ACQUISITION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	77,500
2.00	LIVER ACQUISITION	84	242,432
TOTAL RECLASSIFICATIONS FOR CODE N			319,932

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	319,932	
			0
			319,932

RECLASS CODE: O
EXPLANATION : RECLASS PRE-TRANSPLANT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	17,053

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	45,473	

RECLASSIFICATIONS

PROVIDER NO:
260091

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

PREPARED 6/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : RECLASS PRE-TRANSPLANT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	LIVER ACQUISITION	84	28,420			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			45,473			45,473	

RECLASS CODE: P
EXPLANATION : RECLASS GENERAL EXPENSE OFFSET

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	4,638,785	SUBPROVIDER 2	31.01	4,638,785	
TOTAL RECLASSIFICATIONS FOR CODE P			4,638,785			4,638,785	

RECLASS CODE: Q
EXPLANATION : PHYSICIAN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	2,682,452	I&R SERVICES-OTHER PRGM COSTS	23	9,570,257	
2.00	PEDIATRIC INTENSIVE CARE UNIT	26.01	36,288			0	
3.00	NEONATAL INTENSIVE CARE UNIT	30	889,985			0	
4.00	OPERATING ROOM	37	845,417			0	
5.00	ANESTHESIOLOGY	40	1,021,474			0	
6.00	RADIOLOGY-DIAGNOSTIC	41	1,476,119			0	
7.00	ANATOMIC PATHOLOGY	44.01	962,271			0	
8.00	RESPIRATORY THERAPY	49	34,967			0	
9.00	ELECTROCARDIOLOGY	53	150,570			0	
10.00	ELECTROENCEPHALOGRAPHY	54	114,313			0	
11.00	CARDIAC CATHETERIZATION LABOR	54.01	53,200			0	
12.00	RENAL DIALYSIS	57	81,264			0	
13.00	CLINIC	60	885,722			0	
14.00	EMERGENCY	61	336,215			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			9,570,257			9,570,257	

RECLASS CODE: R
EXPLANATION : INTERN AND RESIDENT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	7,932	CLINIC	60	7,932	
TOTAL RECLASSIFICATIONS FOR CODE R			7,932			7,932	

RECLASS CODE: S
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,603,189	INTEREST EXPENSE	88	2,603,189	
TOTAL RECLASSIFICATIONS FOR CODE S			2,603,189			2,603,189	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	6,404,076	1,710,768		1,710,768		8,114,844	
2 LAND IMPROVEMENTS	7,795,293					7,795,293	
3 BUILDINGS & FIXTURE	323,088,943	5,497,679		5,497,679		328,586,622	
4 BUILDING IMPROVEMEN	6,757,290	2,619,902		2,619,902		9,377,192	
5 FIXED EQUIPMENT	43,516,273	636,371		636,371		44,152,644	
6 MOVABLE EQUIPMENT	152,377,022	7,183,392		7,183,392	1,299,338	158,261,076	
7 SUBTOTAL	539,938,897	17,648,112		17,648,112	1,299,338	556,287,671	
8 RECONCILING ITEMS							
9 TOTAL	539,938,897	17,648,112		17,648,112	1,299,338	556,287,671	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	398,024,594		398,024,594	.715504				
4	NEW CAP REL COSTS-MV	158,261,077		158,261,077	.284496				
5	TOTAL	556,285,671		556,285,671	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,914,722		2,603,189				14,517,911
4	NEW CAP REL COSTS-MV	14,585,847					4,982	14,590,829
5	TOTAL	26,500,569		2,603,189			4,982	29,108,740

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,781,922						11,781,922
4	NEW CAP REL COSTS-MV	10,386,188					4,982	10,391,170
5	TOTAL	22,168,110					4,982	22,173,092

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-15,370,565			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,919,507			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 TEACHING RCE OFFSET	A	-4,487,203	I&R SERVICES-OTHER PRGM C	23	
38 GOODWILL	A	-384,308	ADMINISTRATIVE & GENERAL	6	
39 GIFTS AND CONTRIBUTIONS MADE	A	-178	EMPLOYEE BENEFITS	5	
39.01 GIFTS AND CONTRIBUTIONS MADE	A	-67,042	ADMINISTRATIVE & GENERAL	6	
39.02 GIFTS AND CONTRIBUTIONS MADE	A	-1,185	NURSING ADMINISTRATION	14	
39.03 GIFTS AND CONTRIBUTIONS MADE	A	-384	PHARMACY	16	
39.04 GIFTS AND CONTRIBUTIONS MADE	A	-1,642	I&R SERVICES-OTHER PRGM C	23	
39.05 GIFTS AND CONTRIBUTIONS MADE	A	-23,278	ADULTS & PEDIATRICS	25	
39.06 GIFTS AND CONTRIBUTIONS MADE	A	-60	INTENSIVE CARE UNIT	26	
39.07 GIFTS AND CONTRIBUTIONS MADE	A	-80	CORONARY CARE UNIT	27	
39.08 GIFTS AND CONTRIBUTIONS MADE	A	-43	SUBPROVIDER	31	
39.09 GIFTS AND CONTRIBUTIONS MADE	A	-2,567	SUBPROVIDER 2	31.01	
39.10 GIFTS AND CONTRIBUTIONS MADE	A	-158	NURSERY	33	
39.11 GIFTS AND CONTRIBUTIONS MADE	A	-17	DELIVERY ROOM & LABOR ROO	39	
39.12 GIFTS AND CONTRIBUTIONS MADE	A	-255	RADIOLOGY-DIAGNOSTIC	41	
39.13 GIFTS AND CONTRIBUTIONS MADE	A	-50	RADIOLOGY-THERAPEUTIC	42	
39.14 GIFTS AND CONTRIBUTIONS MADE	A	-62	INTRAVENOUS THERAPY	48	
39.15 GIFTS AND CONTRIBUTIONS MADE	A	-144	ELECTROCARDIOLOGY	53	
39.16 GIFTS AND CONTRIBUTIONS MADE	A	-500	CARDIAC REHAB	54.02	
39.17 GIFTS AND CONTRIBUTIONS MADE	A	-12	ENDOSCOPY	54.04	
39.18 GIFTS AND CONTRIBUTIONS MADE	A	-22	CLINICAL NUTRITION	54.05	
39.19 GIFTS AND CONTRIBUTIONS MADE	A	-5,632	CLINIC	60	
39.20 GIFTS AND CONTRIBUTIONS MADE	A	-538	EMERGENCY	61	
40 LOBBYING EXPENSE	A	-64,894	ADMINISTRATIVE & GENERAL	6	
41 BILL OUT DEPARTMENTS	A	242,648	EMPLOYEE BENEFITS	5	
41.01 BILL OUT DEPARTMENTS	A	1,891,251	BILLEABLE DEPARTMENTS	99.16	
42 ENTERTAINMENT	A	-183	ADMINISTRATIVE & GENERAL	6	
42.01 ENTERTAINMENT	A	-4,700	I&R SERVICES-OTHER PRGM C	23	
43 OTHER REVENUE	B	-109	EMPLOYEE BENEFITS	5	
43.01 OTHER REVENUE	B	-452,469	ADMINISTRATIVE & GENERAL	6	
43.02 OTHER REVENUE	B	-100,208	OPERATION OF PLANT	8	
43.03 OTHER REVENUE	B	-9,312	HOUSEKEEPING	10	
43.04 OTHER REVENUE	B	-79,950	DIETARY	11	
43.05 OTHER REVENUE	B	-2,694,402	CAFETERIA	12	
43.06 OTHER REVENUE	B	-391	NURSING ADMINISTRATION	14	
43.07 OTHER REVENUE	B	9,628	CENTRAL SERVICES & SUPPLY	15	
43.08 OTHER REVENUE	B	-2,021,091	PHARMACY	16	
43.09 OTHER REVENUE	B	-7,437	MEDICAL RECORDS & LIBRARY	17	
43.10 OTHER REVENUE	B	-5,033	SOCIAL SERVICE	18	
43.11 OTHER REVENUE	B	-3,350	ADULTS & PEDIATRICS	25	
43.12 OTHER REVENUE	B	-1,000	PEDIATRIC INTENSIVE CARE	26.01	
43.13 OTHER REVENUE	B	-1,925	NEONATAL INTENSIVE CARE U	30	
43.14 OTHER REVENUE	B	-44,097	SUBPROVIDER 2	31.01	
43.15 OTHER REVENUE	B	-13,449	OPERATING ROOM	37	
43.16 OTHER REVENUE	B	-200	RECOVERY ROOM	38	
43.17 OTHER REVENUE	B	-9,838	RADIOLOGY-DIAGNOSTIC	41	
43.18 OTHER REVENUE	B	63	RADIOLOGY-THERAPEUTIC	42	
43.19 OTHER REVENUE	B	-50	NUCLEAR MEDICINE-DIAGNOST	42.01	
43.20 OTHER REVENUE	B	-748	LABORATORY	44	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 26-0091

PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	COST CENTER	LINE NO	
	1	2	3	4	
43.21 OTHER REVENUE	B	-400	ANATOMI C PATHOLOGY	44.01	
43.22 OTHER REVENUE	B	1,218	INTRAVENOUS THERAPY	48	
43.23 OTHER REVENUE	B	-2,480	PAIN MANAGEMENT	49.02	
43.24 OTHER REVENUE	B	-5,126	PHYSICAL THERAPY	50	
43.25 OTHER REVENUE	B	-1,511	ELECTROCARDIOLOGY	53	
43.26 OTHER REVENUE	B	-500	CARDIAC CATHETERIZATION L	54.01	
43.27 OTHER REVENUE	B	-38	VASCULAR LAB	54.03	
43.28 OTHER REVENUE	B	-72,458	CLINIC	60	
43.29 OTHER REVENUE	B	-2,048	EMERGENCY	61	
44 PARKING LOT GARAGE	B	-69,703	ADMINISTRATIVE & GENERAL	6	
45 PR AND PUBLIC POLICY	A	-972,438	ADMINISTRATIVE & GENERAL	6	
45.01 NON-ALLOWABLE ADMINISTRATIVE COST	A	-4,101,713	ADMINISTRATIVE & GENERAL	6	
45.02 ADVERTISING	A	-46,537	ADMINISTRATIVE & GENERAL	6	
45.03 ADVERTISING	A	-516	NURSING ADMINISTRATI ON	14	
45.04 ADVERTISING	A	-9,278	SUBPROVIDER 2	31.01	
45.05 ADVERTISING	A	-1,451	RADIOLOGY-DIAGNOSTIC	41	
45.06 ADVERTISING	A	-644	CLINIC	60	
46 PATIENT TRANSPORTATION	A	-11,418	SUBPROVIDER	31	
46.01 PATIENT TRANSPORTATION	A	-845	SUBPROVIDER 2	31.01	
46.02 PATIENT TRANSPORTATION	A	-494,885	PSYCHOTHERAPY	54.06	
46.03 PATIENT TRANSPORTATION	A	-42,512	CLINIC	60	
46.04 PATIENT TRANSPORTATION	A	-460	EMERGENCY	61	
47 POB PARKING GARAGE	A	-265,047	ADMINISTRATIVE & GENERAL	6	
48 TELEPHONE COST	A	-4,982	NEW CAP REL COSTS-MVBLE E	4	9
48.01 TELEPHONE COST	A	-11,557	EMPLOYEE BENEFITS	5	
48.02 TELEPHONE COST	A	-95,271	ADMINISTRATIVE & GENERAL	6	
49 FRA EXPENSE	A	-6,882,063	ADMINISTRATIVE & GENERAL	6	
49.01 BAD DEBT EXPENSE	A	-5,122,140	CENTRAL SERVICES & SUPPLY	15	
49.02					
50 TOTAL (SUM OF LINES 1 THRU 49)		-43,853,481			

(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	5	EMPLOYEE BENEFITS	HOME OFFICE	17,911,315	25,904,092	-7,992,777	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	132,800		132,800	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE	4,204,641		4,204,641	9
4	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	24,326,893	18,227,074	6,099,819	
4.01	37	OPERATING ROOM	HOME OFFICE CES		611	-611	
4.02	7	MAINTENANCE & REPAIRS	HOME OFFICE CES		1,635,361	-1,635,361	
4.03	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE INTEREST	2,790,192	2,790,192		11
4.04	6	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	328,210	328,210		11
4.05	6	ADMINISTRATIVE & GENERAL	NETWORK - CORP 130	23,100,412	25,886,914	-2,786,502	
4.06	6	ADMINISTRATIVE & GENERAL	DEPAUL FINANCE ALLOCATION	193,520	135,036	58,484	
4.07	5	EMPLOYEE BENEFITS	OTHER INTERCO TRANSACTION	161,743	161,743		
4.08	6	ADMINISTRATIVE & GENERAL	OTHER INTERCO TRANSACTION	8,204,016	8,204,016		
4.09	6	ADMINISTRATIVE & GENERAL	FSM SISTER SERVICES	60,663	60,663		
4.10	18	SOCIAL SERVICE	FSM SISTER SERVICES	21,432	21,432		
5		TOTALS		81,435,837	83,355,344	-1,919,507	

* 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	G	SSM HEALTH CARE	100.00	FRAN SISTERS OF MARY	0.00	HOME OFFICE
2	G	SSM HEALTH CARE OF ST. LO	0.00	FRAN SISTERS OF MARY	100.00	ST. LOUIS NETWORK
3	G	SSM INFO CENTER	0.00	FRAN SISTERS OF MARY	100.00	DATA PROCESSING SERVICES
4	G	DEPAUL HEALTH CENTER	0.00	FRAN SISTERS OF MARY	100.00	NETWORK FINANCE OFFICE
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.
RELIGIOUS ORGANIZATION

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 6/2/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATION/MED STAFF	1,669,306	1,264,076	405,230	177,200	3,478	296,299	14,815
2 18	CASE MANAGEMENT	37,896	3,200	34,696	177,200	247	21,043	1,052
3 25	MEDICAL STAFF	1,338,013	267,325	1,070,688	177,200	7,119	606,484	30,324
4 25	SPECIAL CARE NURSERY	21,200	21,200		177,200			
5 26	1300 3 ICU	81,710	49,845	31,865	177,200	289	24,621	1,231
6 27	1400 4 ICU	35,984	34,743	1,241	177,200	15	1,278	64
7 31	1201 PSYCH 4 WEST PAVILIO	24,000		24,000	154,100	240	17,781	889
8 37	OPERATING ROOM	729,580	729,580		208,000			
9 40	ANESTHESIA, O.R.	4,100,621	4,100,621		200,300			
10 41	RADIOLOGY	6,563	6,563		225,300			
11 42 1	NUCLEAR MEDICINE	238,153	238,153		225,300			
12 44	LABORATORY	254,400	254,400		215,700			
13 44 1	ANATOMI C PATHOLOGY	76,762	76,762		215,700			
14 46 1	ELECTROCONVULSIVE THERAPY	12,000		12,000	154,100	117	8,668	433
15 48	CHEMO CENTER	377,717	377,717		177,200			
16 49	RESPIRATORY THERAPY	3,790	3,790		177,200			
17 49 2	PAIN MANAGEMENT	413,772	413,772		177,200			
18 53	ELECTROCARDIOLOGY	256,523	255,046	1,477	177,200	15	1,278	64
19 54 2	CARDIAC REHAB	400		400	177,200	4	341	17
20 54 6	SENIOR ADULT TRANSITIONAL	82,000		82,000	177,200	809	68,921	3,446
21 60	CLINICS	443,078	258,109	184,969	177,200	1,602	136,478	6,824
22 61	EMERGENCY ROOM	1,616,864	1,524,997	91,867	177,200	494	42,085	2,104
23 25	SLU DERMATOLOGY	21,378	21,378		177,200			
24 25	SLU PEDIATRICS	615,997		615,997	140,600	4,566	308,644	15,432
25 26 1	SLU PICU	36,288		36,288	177,200	269	22,917	1,146
26 30	SLU NICU	889,985		889,985	177,200	6,597	562,014	28,101
27 30	AGGREGATE NICU	326,956	326,956		177,200			
28 37	SLU OPERATING ROOM	541,854		541,854	208,000	3,703	370,300	18,515
29 40	SLU ANESTHESIOLOGY	931,467	931,467		200,300			
30 41	SLU RADIOLOGY-DIAGNOSTIC	1,425,871	1,425,871		225,300			
31 44 1	SLU ANATOMI C PATHOLOGY	927,650	651,089	276,561	215,700	1,842	191,019	9,551
32 49	SLU RESPIRATORY THERAPY	34,967		34,967	177,200	259	22,065	1,103
33 53	SLU ELECTROCARDIOLOGY	150,570		150,570	177,200	1,116	95,075	4,754
34 54	SLU EEG	114,313		114,313	177,200	1,279	108,961	5,448
35 54 1	SLU CARDIAC CATH	53,200		53,200	177,200	394	33,566	1,678
36 57	SLU DIALYSIS	81,264		81,264	177,200	602	51,286	2,564
37 60	SLU CLINIC	708,817		708,817	177,200	5,254	447,600	22,380
38 60	AGGREGATE CLINIC	4,427	4,427		177,200			
39 61	SLU EMERGENCY ROOM	336,215		336,215	177,200	2,492	212,299	10,615
101	TOTAL	19,021,551	13,241,087	5,780,464		42,802	3,651,023	182,550

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-0091

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

PREPARED 6/2/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATION/MED STAFF					296,299	108,931	1,373,007
2 18	CASE MANAGEMENT					21,043	13,653	16,853
3 25	MEDICAL STAFF					606,484	464,204	731,529
4 25	SPECIAL CARE NURSERY							21,200
5 26	1300 3 ICU					24,621	7,244	57,089
6 27	1400 4 ICU					1,278		34,743
7 31	1201 PSYCH 4 WEST PAVILIO					17,781	6,219	6,219
8 37	OPERATING ROOM							729,580
9 40	ANESTHESIA, O.R.							4,100,621
10 41	RADIOLOGY							6,563
11 42	1 NUCLEAR MEDICINE							238,153
12 44	LABORATORY							254,400
13 44	1 ANATOMICAL PATHOLOGY							76,762
14 46	1 ELECTROCONVULSIVE THERAPY					8,668	3,332	3,332
15 48	CHEMO CENTER							377,717
16 49	RESPIRATORY THERAPY							3,790
17 49	2 PAIN MANAGEMENT							413,772
18 53	ELECTROCARDIOLOGY					1,278	199	255,245
19 54	2 CARDIAC REHAB					341	59	59
20 54	6 SENIOR ADULT TRANSITIONAL					68,921	13,079	13,079
21 60	CLINICS					136,478	48,491	306,600
22 61	EMERGENCY ROOM					42,085	49,782	1,574,779
23 25	SLU DERMATOLOGY							21,378
24 25	SLU PEDIATRICS					308,644	307,353	307,353
25 26	1 SLU PICU					22,917	13,371	13,371
26 30	SLU NICU					562,014	327,971	327,971
27 30	AGGREGATE NICU							326,956
28 37	SLU OPERATING ROOM					370,300	171,554	171,554
29 40	SLU ANESTHESIOLOGY							931,467
30 41	SLU RADIOLOGY-DIAGNOSTIC							1,425,871
31 44	1 SLU ANATOMICAL PATHOLOGY					191,019	85,542	736,631
32 49	SLU RESPIRATORY THERAPY					22,065	12,902	12,902
33 53	SLU ELECTROCARDIOLOGY					95,075	55,495	55,495
34 54	SLU EEG					108,961	5,352	5,352
35 54	1 SLU CARDIAC CATH					33,566	19,634	19,634
36 57	SLU DIALYSIS					51,286	29,978	29,978
37 60	SLU CLINIC					447,600	261,217	261,217
38 60	AGGREGATE CLINIC							4,427
39 61	SLU EMERGENCY ROOM					212,299	123,916	123,916
101	TOTAL					3,651,023	2,129,478	15,370,565

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 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	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	14,517,911			14,517,911			
005 NEW CAP REL COSTS-MVBLE E	14,590,829				14,590,829		
006 EMPLOYEE BENEFITS	38,694,035			90,788	17,826	38,802,649	
007 ADMINISTRATIVE & GENERAL	102,654,454			1,363,163	1,190,948	5,742,544	110,951,109
008 MAINTENANCE & REPAIRS	1,851,327			23,361			1,874,688
009 OPERATION OF PLANT	12,144,842			1,478,297	502,653	577,158	14,702,950
010 LAUNDRY & LINEN SERVICE	1,603,831			152,542	2,665	60,229	1,819,267
011 HOUSEKEEPING	5,718,508			251,338	15,960	797,978	6,783,784
012 DIETARY	4,050,246			381,129	116,802	341,627	4,889,804
013 CAFETERIA	1,603,780			251,413	113,565	298,812	2,267,570
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	5,392,250			45,705	167,599	1,033,701	6,639,255
016 CENTRAL SERVICES & SUPPLY	1,266,197			286,026	66,408	212,129	1,830,760
017 PHARMACY	4,762,596			78,401	23,139	1,171,048	6,035,184
018 MEDICAL RECORDS & LIBRARY	5,161,425			170,367	18,797	593,363	5,943,952
020 SOCIAL SERVICE	2,616,585			26,701	11,709	459,040	3,114,035
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	1,324,099					280,775	1,604,874
024 I&R SERVICES-OTHER PRGM C	16,650,404			241,885	4,703	348,218	17,245,210
025 PARAMEDICAL PRGM	339,633					57,612	397,245
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	38,650,503			2,520,770	1,233,459	7,414,919	49,819,651
028 INTENSIVE CARE UNIT	2,234,351			104,621	69,378	449,845	2,858,195
029 PEDIATRIC INTENSIVE CARE	3,892,775			73,476	250,239	760,031	4,976,521
030 CORONARY CARE UNIT	2,615,205			90,146	116,000	520,876	3,342,227
031 BURN INTENSIVE CARE UNIT							
032 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U	12,559,162			493,801	813,223	2,351,574	16,217,760
034 SUBPROVIDER	2,765,206			175,902	5,757	520,954	3,467,819
035 01 SUBPROVIDER 2	204,636			502,483	217,663	778,107	1,702,889
036 NURSERY	282,951			30,909	14,126	32,418	360,404
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM	13,184,924			1,465,364	2,480,635	1,984,404	19,115,327
043 RECOVERY ROOM	1,481,320			47,878	34,014	310,180	1,873,392
044 DELIVERY ROOM & LABOR ROO	2,779,290			57,342	30,764	452,953	3,320,349
045 ANESTHESIOLOGY	990,167			38,831	437,910	43,051	1,509,959
046 RADIOLOGY-DIAGNOSTIC	6,678,910			310,393	2,146,560	1,096,120	10,231,983
047 RADIOLOGY-THERAPEUTIC	775,418			107,083	513,360	142,850	1,538,711
048 01 NUCLEAR MEDICINE-DIAGNOST	1,225,702			95,927	72,947	83,189	1,477,765
049 RADIOISOTOPE							
050 01 ULTRA SOUND	733,814			25,738	100,300	144,437	1,004,289
051 LABORATORY	11,298,286			308,156	266,405	1,308,313	13,181,160
052 01 ANATOMIC PATHOLOGY	1,389,298			67,502	134,822	151,462	1,743,084
053 03 LAB-STEM CELL	78,667			7,066	152,560		238,293
054 PBP CLINICAL LAB SERVICES							
055 WHOLE BLOOD & PACKED RED							
056 01 MENTAL HYGIENE	139,770			36,754	14,138	27,729	218,391
057 BLOOD STORING, PROCESSING	3,840,652			11,627	55,409	176,647	4,084,335
058 INTRAVENOUS THERAPY	577,397			42,750	7,428	119,094	746,669
059 01 PHARMACY-IV DRUG THERAPY	7,510,952			39,527	3,128	68,046	7,621,653
060 RESPIRATORY THERAPY	5,062,087			57,696	227,294	706,353	6,053,430
061 01 SLEEP DISORDER	359,395			6,370	30,627	65,928	462,320
062 02 PAIN MANAGEMENT	334,324				22,636	119,515	476,475
063 PHYSICAL THERAPY	1,768,667			143,527	6,626	276,977	2,195,797
064 OCCUPATIONAL THERAPY	1,220,265			67,374	806	223,671	1,512,116
065 SPEECH PATHOLOGY	1,210,251			26,508	15,558	229,438	1,481,755
066 ELECTROCARDIOLOGY	1,370,671			65,864	364,408	248,103	2,049,046
067 ELECTROENCEPHALOGRAPHY	427,361			30,288	44,081	59,053	560,783
068 01 CARDIAC CATHETERIZATION L	1,312,163			135,915	1,023,371	233,477	2,704,926
069 02 CARDIAC REHAB	517,620			71,581	6,696	105,959	701,856
070 03 VASCULAR LAB	516,878			14,121	164,383	97,345	792,727
071 04 ENDOSCOPY	1,940,220			148,666	528,273	355,117	2,972,276
072 05 CLINICAL NUTRITION	650,649			7,473	87	136,206	794,415
073 06 PSYCHOTHERAPY	1,009,198			59,366	591	175,713	1,244,868
074 MEDICAL SUPPLIES CHARGED	28,224,172						28,224,172
075 DRUGS CHARGED TO PATIENTS	10,507,526						10,507,526
076 RENAL DIALYSIS	1,404,427			23,339	31,238	52,915	1,511,919
077 ASC (NON-DISTINCT PART)							
078 OUTPAT SERVICE COST CNTRS							
079 CLINIC	7,202,156			584,493	196,137	1,338,012	9,320,798
080 EMERGENCY	9,681,064			431,823	307,269	1,845,880	12,266,036
081 OBSERVATION BEDS (NON-DIS							
082 OTHER REIMBURS COST CNTRS							
083 HOME PROGRAM DIALYSIS							
084 AMBULANCE SERVICES							
085 DURABLE MEDICAL EQUIP-REN							
086 DURABLE MEDICAL EQUIP-SOL							
087 TRANSPORT							

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	SUBTOTAL
	0	1	2	3	4	5	5a. 00
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	94,553			107		2,129	96,789
084 LIVER ACQUISITION	270,852			161		3,548	274,561
085 HEART ACQUISITION				86			86
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	425,916,807			13,369,920	14,393,080	37,186,772	422,955,190
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	284,254			37,686		12,054	333,994
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	713,224			7,869	2,585	83,234	806,912
096 03 COMMUNITY EDUCATION	233,609			8,233		44,156	285,998
097 RESEARCH	203,639			74,943	3,121		281,703
098 PHYSICIANS' PRIVATE OFFIC	10,076,421			568,209	154,801	735,410	11,534,841
098 01 HOTELING ROOMS				32,504			32,504
098 02 FOUNDATION	94,715						94,715
098 03 VENDING				4,946			4,946
098 04 55 ALIVE							
098 05 VACANT				353,379			353,379
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	2,040,172				1,639	376,074	2,417,885
099 16 BILLABLE DEPARTMENTS	2,778,286				9,126	189,424	2,976,836
099 17 MISCELLANEOUS NONREIMBURS	1,105,059			60,222	26,477	175,525	1,367,283
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	443,446,186			14,517,911	14,590,829	38,802,649	443,446,186

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	32,298	21	184		92		260
084 LIVER ACQUISITION	91,619	31	276		138		451
085 HEART ACQUISITION	29	16	147		74		
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	104,113,429	2,280,153	17,917,551	2,706,004	8,606,672	6,722,544	3,604,071
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	111,451	7,225	64,837		32,401	855,427	2,968
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	269,260	1,509	13,538		6,766		8,679
096 03 COMMUNITY EDUCATION	95,435	1,579	14,165		7,079		5,086
097 RESEARCH	94,002	14,369	128,938		64,434		
098 PHYSICIANS' PRIVATE OFFIC	3,849,084	108,942	977,588	12,029	488,529		41,642
098 01 HOTELING ROOMS	10,846	6,232	55,922		27,946		
098 02 FOUNDATION	31,606						
098 03 VENDING	1,650	948	8,510		4,253		
098 04 55 ALIVE							
098 05 VACANT	117,920	67,753	607,979		303,825		
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	806,829						35,393
099 16 BILLABLE DEPARTMENTS	993,346						
099 17 MISCELLANEOUS NONREIMBURS	456,251	11,546	103,611		51,777		23,312
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	110,951,109	2,500,256	19,892,639	2,718,033	9,593,682	7,577,971	3,721,151

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		9,093,479					
016 CENTRAL SERVICES & SUPPLY			3,280,872				
017 PHARMACY			30,258	8,411,572			
018 MEDICAL RECORDS & LIBRARY		27,330	19		8,543,026		
020 SOCIAL SERVICE		85,426		2		4,367,650	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C			368				
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		3,681,119	63,081	3,151	1,229,933	2,867,799	
028 INTENSIVE CARE UNIT		198,884	3		76,470	103,950	
029 PEDIATRIC INTENSIVE CARE	01	386,993	11,914	1,893	125,270	117,927	
030 CORONARY CARE UNIT		217,078	2		80,170	109,191	
031 BURN INTENSIVE CARE UNIT							
032 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U		948,117	36,208	4,480	436,653	483,062	
034 SUBPROVIDER		175,459	2	1	88,680	284,334	
035 01 SUBPROVIDER 2		453,444	23,303	367	92,629	401,387	
036 NURSERY		15,539			49,462		
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 ICF/MR	01						
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM		713,392	6,076	10,294	627,196		
043 RECOVERY ROOM		126,187	1,205	44	72,597		
044 DELIVERY ROOM & LABOR ROO		169,134			203,139		
045 ANESTHESIOLOGY		30,141	46,758	65,064	189,089		
046 RADIOLOGY-DIAGNOSTIC		40,605	11,825	190	785,926		
047 RADIOLOGY-THERAPEUTIC		7,340	518	60	76,070		
048 01 NUCLEAR MEDICINE-DIAGNOST			1,549		77,563		
049 RADIOISOTOPE							
050 01 ULTRA SOUND			3,749		79,058		
051 LABORATORY		5,154	84,729	207	889,418		
052 01 ANATOMIC PATHOLOGY			10,908		71,790		
053 03 LAB-STEM CELL		6,715		124	627		
054 PBP CLINICAL LAB SERVICES							
055 WHOLE BLOOD & PACKED RED							
056 01 MENTAL HYGIENE		12,494			8,051		
057 BLOOD STORING, PROCESSING			6,328		105,715		
058 INTRAVENOUS THERAPY		45,758	301		8,058		
059 01 PHARMACY-IV DRUG THERAPY			51,712	2,307,756	267,130		
060 RESPIRATORY THERAPY				269	296,371		
061 01 SLEEP DISORDER		78	2,712	110	27,359		
062 02 PAIN MANAGEMENT		12,572	3,574		15,432		
063 PHYSICAL THERAPY			504		63,985		
064 OCCUPATIONAL THERAPY					49,946		
065 SPEECH PATHOLOGY			1,071		41,094		
066 ELECTROCARDIOLOGY		44,353			125,266		
067 ELECTROENCEPHALOGRAPHY			1,211	129	15,625		
068 01 CARDIAC CATHETERIZATION L		68,794	463	204	198,031		
069 02 CARDIAC REHAB		43,728	300		5,919		
070 03 VASCULAR LAB		1,171	520		99,253		
071 04 ENDOSCOPY		128,842	152		135,697		
072 05 CLINICAL NUTRITION					1,617		
073 06 PSYCHOTHERAPY		26,003	33		59,537		
074 MEDICAL SUPPLIES CHARGED			2,840,120		512,918		
075 DRUGS CHARGED TO PATIENTS				3,986,407	536,722		
076 RENAL DIALYSIS		23,426	5,959	234	45,804		
077 ASC (NON-DISTINCT PART)							
078 OUTPAT SERVICE COST CNTRS							
079 CLINIC		439,232	8,868	2,849	107,040		
080 EMERGENCY		603,291	7,087	1,004	564,716		
081 OBSERVATION BEDS (NON-DIS							
082 OTHER REIMBURS COST CNTRS							
083 HOME PROGRAM DIALYSIS							
084 AMBULANCE SERVICES							
085 DURABLE MEDICAL EQUIP-REN							
086 DURABLE MEDICAL EQUIP-SOL							
087 TRANSPORT							

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVIC E	NONPHYSICI AN ANESTHETI STS
	13	14	15	16	17	18	20
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION		1,093					
086 LIVER ACQUISITION		1,874					
085 01 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
092 01 OTHER ORGAN ACQUISITION							
093 01 AMBULATORY SURGICAL CENTE							
095 01 HOSPICE							
096 01 SUBTOTALS		8,740,766	3,263,390	6,384,839	8,543,026	4,367,650	
096 02 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				1			
096 02 RESTAURANT							
096 03 PHYSICIAN SERVICES							
097 03 COMMUNITY EDUCATION		33,421		9			
098 03 RESEARCH				148			
098 01 PHYSICIANS' PRIVATE OFFIC		130,559	14,846	2,024,856			
098 02 HOTELING ROOMS							
098 03 FOUNDATION				1,502			
098 04 VENDING							
098 05 55 ALIVE							
099 05 VACANT							
099 12 NONPAID WORKERS							
099 15 HOME HEALTH							
099 16 POISON CONTROL		108,773					
099 17 BILLEABLE DEPARTMENTS			2,228	375			
101 17 MISCELLANEOUS NONREIMBURS		25,612	250				
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL		9,093,479	3,280,872	8,411,572	8,543,026	4,367,650	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		2,140,408					
023 I&R SERVICES-OTHER PRGM C			23,679,047				
024 PARAMED ED PRGM				535,964			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,531,206	16,939,528	267,983	106,926,932	-18,470,734	88,456,198
027 INTENSIVE CARE UNIT		70,791	783,147	53,596	5,717,661	-853,938	4,863,723
01 PEDIATRIC INTENSIVE CARE					7,876,265		7,876,265
027 CORONARY CARE UNIT				53,596	5,461,623		5,461,623
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U					25,232,375		25,232,375
031 SUBPROVIDER		13,813	152,809		6,421,201	-166,622	6,254,579
01 SUBPROVIDER 2					5,539,955		5,539,955
033 NURSERY				53,596	711,962		711,962
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		202,444	2,239,609		33,835,126	-2,442,053	31,393,073
039 RECOVERY ROOM					2,922,110		2,922,110
039 DELIVERY ROOM & LABOR ROO					5,172,039		5,172,039
040 ANESTHESIOLOGY		106,905	1,182,679		3,750,844	-1,289,584	2,461,260
041 RADIOLOGY-DIAGNOSTIC		63,165	698,783		16,398,009	-761,948	15,636,061
042 RADIOLOGY-THERAPEUTIC					2,448,117		2,448,117
01 NUCLEAR MEDICINE-DIAGNOST					2,330,472		2,330,472
043 RADIOISOTOPE							
01 ULTRA SOUND					1,513,870		1,513,870
044 LABORATORY		56,258	622,379		20,279,733	-678,637	19,601,096
01 ANATOMIC PATHOLOGY					2,617,584		2,617,584
044 03 LAB-STEM CELL					344,862		344,862
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
01 MENTAL HYGIENE					416,540		416,540
047 BLOOD STORING, PROCESSING					5,613,614		5,613,614
048 INTRAVENOUS THERAPY					1,181,865		1,181,865
01 PHARMACY-IV DRUG THERAPY					12,910,633		12,910,633
049 RESPIRATORY THERAPY		1,151	12,734		8,634,078	-13,885	8,620,193
01 SLEEP DISORDER					674,993		674,993
02 PAIN MANAGEMENT					678,635		678,635
050 PHYSICAL THERAPY					3,460,376		3,460,376
051 OCCUPATIONAL THERAPY					2,302,351		2,302,351
052 SPEECH PATHOLOGY					2,121,290		2,121,290
053 ELECTROCARDIOLOGY		12,086	133,708		3,263,879	-145,794	3,118,085
054 ELECTROENCEPHALOGRAPHY		69,352	767,229		1,718,678	-836,581	882,097
01 CARDIAC CATHETERIZATION L					4,316,143		4,316,143
054 02 CARDIAC REHAB					1,201,183		1,201,183
054 03 VASCULAR LAB					1,213,007		1,213,007
054 04 ENDOSCOPY					4,723,817		4,723,817
054 05 CLINICAL NUTRITION					1,103,500		1,103,500
054 06 PSYCHOTHERAPY					1,933,090		1,933,090
055 MEDICAL SUPPLIES CHARGED					40,995,390		40,995,390
056 DRUGS CHARGED TO PATIENTS					18,536,932		18,536,932
057 RENAL DIALYSIS					2,161,883	-61,207	2,100,676
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		10,791	119,382	107,193	15,141,662	-130,173	15,011,489
062 EMERGENCY		2,446	27,060		19,249,527	-29,506	19,220,021
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 TRANSPORT							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	21	22	23	24	25		27
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION					130,737		130,737
086 LIVER ACQUISITION					368,950		368,950
085 01 HEART ACQUISITION					352		352
086 01 PANCREAS ACQUISITION							
092 086 OTHER ORGAN ACQUISITION							
093 092 AMBULATORY SURGICAL CENTE							
095 093 HOSPICE							
095 095 SUBTOTALS	2,140,408	23,679,047		535,964	409,553,845	-25,880,662	383,673,183
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					1,408,304		1,408,304
096 02 RESTAURANT							
096 02 PHYSICIAN SERVICES					1,106,664		1,106,664
096 03 COMMUNITY EDUCATION					442,772		442,772
097 097 RESEARCH					583,594		583,594
098 098 PHYSICIANS' PRIVATE OFFIC					19,182,916		19,182,916
098 01 HOTELING ROOMS					133,450		133,450
098 02 FOUNDATION					127,823		127,823
098 03 VENDING					20,307		20,307
098 04 55 ALIVE							
098 05 VACANT					1,450,856		1,450,856
099 099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL					3,368,880		3,368,880
099 16 BILLABLE DEPARTMENTS					4,027,133		4,027,133
099 17 MISCELLANEOUS NONREIMBURS					2,039,642		2,039,642
101 101 CROSS FOOT ADJUSTMENT							
102 102 NEGATIVE COST CENTER							
103 103 TOTAL	2,140,408	23,679,047		535,964	443,446,186	-25,880,662	417,565,524

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	7,116			90,788	17,826	115,730	115,730
007 ADMINISTRATIVE & GENERAL	4,652,144			1,363,163	1,190,948	7,206,255	17,115
008 MAINTENANCE & REPAIRS				23,361		23,361	
009 OPERATION OF PLANT	6,370			1,478,297	502,653	1,987,320	1,720
010 LAUNDRY & LINEN SERVICE	25,407			152,542	2,665	180,614	180
011 HOUSEKEEPING	364			251,338	15,960	267,662	2,378
012 DIETARY	2,797			381,129	116,802	500,728	1,018
013 CAFETERIA	3,091			251,413	113,565	368,069	891
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	4,317			45,705	167,599	217,621	3,081
016 CENTRAL SERVICES & SUPPLY	562,924			286,026	66,408	915,358	632
017 PHARMACY	377,786			78,401	23,139	479,326	3,490
018 MEDICAL RECORDS & LIBRARY	14,318			170,367	18,797	203,482	1,768
020 SOCIAL SERVICE	2,442			26,701	11,709	40,852	1,368
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							837
024 I&R SERVICES-OTHER PRGM C	2,072			241,885	4,703	248,660	1,038
025 PARAMEDICAL PRGM							172
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	84,199			2,520,770	1,233,459	3,838,428	22,181
028 INTENSIVE CARE UNIT	8,183			104,621	69,378	182,182	1,341
029 PEDIATRIC INTENSIVE CARE	52,795			73,476	250,239	376,510	2,265
030 CORONARY CARE UNIT	1,996			90,146	116,000	208,142	1,552
031 BURN INTENSIVE CARE UNIT							
032 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U	16,877			493,801	813,223	1,323,901	7,009
034 SUBPROVIDER	1,147			175,902	5,757	182,806	1,553
035 01 SUBPROVIDER 2	207,817			502,483	217,663	927,963	2,319
036 NURSERY				30,909	14,126	45,035	97
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM	102,739			1,465,364	2,480,635	4,048,738	5,914
043 RECOVERY ROOM				47,878	34,014	81,892	924
044 DELIVERY ROOM & LABOR ROO	1,404			57,342	30,764	89,510	1,350
045 ANESTHESIOLOGY				38,831	437,910	476,741	128
046 RADIOLOGY-DIAGNOSTIC	247,060			310,393	2,146,560	2,704,013	3,267
047 RADIOLOGY-THERAPEUTIC	1,218			107,083	513,360	621,661	426
048 01 NUCLEAR MEDICINE-DIAGNOST	1,562			95,927	72,947	170,436	248
049 RADIOISOTOPE							
050 01 ULTRA SOUND				25,738	100,300	126,038	430
051 LABORATORY	201,970			308,156	266,405	776,531	3,899
052 01 ANATOMIC PATHOLOGY	2,690			67,502	134,822	205,014	451
053 03 LAB-STEM CELL				7,066	152,560	159,626	
054 PBP CLINICAL LAB SERVICES							
055 WHOLE BLOOD & PACKED RED							
056 01 MENTAL HYGIENE				36,754	14,138	50,892	83
057 BLOOD STORING, PROCESSING				11,627	55,409	67,036	526
058 INTRAVENOUS THERAPY	653			42,750	7,428	50,831	355
059 01 PHARMACY-IV DRUG THERAPY	336,795			39,527	3,128	379,450	203
060 RESPIRATORY THERAPY	122,328			57,696	227,294	407,318	2,105
061 01 SLEEP DISORDER				6,370	30,627	36,997	196
062 02 PAIN MANAGEMENT	64,225				22,636	86,861	356
063 PHYSICAL THERAPY	386			143,527	6,626	150,539	826
064 OCCUPATIONAL THERAPY	386			67,374	806	68,566	667
065 SPEECH PATHOLOGY	568			26,508	15,558	42,634	684
066 ELECTROCARDIOLOGY	2,407			65,864	364,408	432,679	739
067 ELECTROENCEPHALOGRAPHY	560			30,288	44,081	74,929	176
068 01 CARDIAC CATHETERIZATION L				135,915	1,023,371	1,159,286	696
069 02 CARDIAC REHAB	1,134			71,581	6,696	79,411	316
070 03 VASCULAR LAB	1,727			14,121	164,383	180,231	290
071 04 ENDOSCOPY	2,143			148,666	528,273	679,082	1,058
072 05 CLINICAL NUTRITION				7,473	87	7,560	406
073 06 PSYCHOTHERAPY	3,245			59,366	591	63,202	524
074 MEDICAL SUPPLIES CHARGED							
075 DRUGS CHARGED TO PATIENTS							
076 RENAL DIALYSIS	125			23,339	31,238	54,702	158
077 ASC (NON-DISTINCT PART)							
078 OUTPAT SERVICE COST CNTRS							
079 CLINIC	93,527			584,493	196,137	874,157	3,988
080 EMERGENCY	7,450			431,823	307,269	746,542	5,502
081 OBSERVATION BEDS (NON-DIS							
082 OTHER REIMBURS COST CNTRS							
083 HOME PROGRAM DIALYSIS							
084 AMBULANCE SERVICES							
085 DURABLE MEDICAL EQUIP-REN							
086 DURABLE MEDICAL EQUIP-SOL							
087 TRANSPORT							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	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
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION				107		107	6
086 LIVER ACQUISITION				161		161	11
085 01 HEART ACQUISITION				86		86	
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	7,230,464			13,369,920	14,393,080	34,993,464	110,913
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP				37,686		37,686	36
096 02 RESTAURANT							
096 02 PHYSICIAN SERVICES	10,299			7,869	2,585	20,753	248
096 03 COMMUNITY EDUCATION	600			8,233		8,833	132
097 RESEARCH	5,597			74,943	3,121	83,661	
098 PHYSICIANS' PRIVATE OFFIC	298,859			568,209	154,801	1,021,869	2,192
098 01 HOTELING ROOMS				32,504		32,504	
098 02 FOUNDATION	112,837					112,837	
098 03 VENDING				4,946		4,946	
098 04 55 ALIVE							
098 05 VACANT				353,379		353,379	
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	46,464				1,639	48,103	1,121
099 16 BILLABLE DEPARTMENTS	145,938				9,126	155,064	565
099 17 MISCELLANEOUS NONREIMBURS	7,148			60,222	26,477	93,847	523
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,858,206			14,517,911	14,590,829	36,966,946	115,730

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN HOUSEKEEPING		DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
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							
007 ADMINSTRATIVE & GENERAL	7,223,370						
008 MAINTENANCE & REPAIRS	40,728	64,089					
009 OPERATION OF PLANT	319,422	7,265	2,315,727				
010 LAUNDRY & LINEN SERVICE	39,524	750	30,551	251,619			
011 HOUSEKEEPING	147,378	1,235	50,339	6,072	475,064		
012 DIETARY	106,231	1,873	76,333		16,226	702,409	
013 CAFETERIA	49,263	1,236	50,354		10,704		480,517
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	144,238	225	9,154		1,946		14,471
016 CENTRAL SERVICES & SUPPLY	39,773	1,406	57,286		12,177		5,985
017 PHARMACY	131,114	385	15,702		3,338		14,839
018 MEDICAL RECORDS & LIBRARY	129,132	837	34,122		7,253		14,982
020 SOCIAL SERVICE	67,652	131	5,348		1,137		7,108
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	34,866						
024 I&R SERVICES-OTHER PRGM C	374,652	1,189	48,445	130	10,298		901
025 PARAMED ED PRGM	8,630						796
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	1,082,247	12,390	504,865	95,294	107,320	458,023	121,463
028 INTENSIVE CARE UNIT	62,094	514	20,954	9,958	4,454	16,097	6,151
029 01 PEDIATRIC INTENSIVE CARE	108,115	361	14,716	953	3,128	25,935	13,088
030 CORONARY CARE UNIT	72,610	443	18,055	5,328	3,838	16,906	7,007
031 BURN INTENSIVE CARE UNIT							
032 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U	352,331	2,427	98,900	6,164	21,023		33,441
034 SUBPROVIDER	75,338	864	35,230	4,281	7,489	44,034	9,322
035 01 SUBPROVIDER 2	36,995	2,469	100,639	11,961	21,393	62,124	13,610
036 NURSERY	7,830	152	6,190	2,082	1,316		585
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM	415,280	7,202	293,487	21,230	62,387		32,396
043 RECOVERY ROOM	40,699	235	9,589	5,661	2,038		3,833
044 DELIVERY ROOM & LABOR ROO	72,135	282	11,485	14,338	2,441		7,440
045 ANESTHESIOLOGY	32,804	191	7,777		1,653		1,130
046 RADIOLOGY-DIAGNOSTIC	222,290	1,525	62,166	11,884	13,215		20,974
047 RADIOLOGY-THERAPEUTIC	33,428	526	21,447	134	4,559		1,766
048 01 NUCLEAR MEDICINE-DIAGNOST	32,104	471	19,213	743	4,084		845
049 RADIOISOTOPE							
050 01 ULTRA SOUND	21,818	126	5,155	390	1,096		2,078
051 LABORATORY	286,361	1,514	61,718		13,120		24,248
052 01 ANATOMIC PATHOLOGY	37,868	332	13,520		2,874		2,974
053 03 LAB-STEM CELL	5,177	35	1,415		301		
054 PBP CLINICAL LAB SERVICES							
055 WHOLE BLOOD & PACKED RED							
056 01 MENTAL HYGIENE	4,745	181	7,361		1,565		368
057 BLOOD STORING, PROCESSING	88,732	57	2,329		495		2,853
058 INTRAVENOUS THERAPY	16,221	210	8,562	156	1,820		1,515
059 01 PHARMACY-IV DRUG THERAPY	165,580	194	7,917		1,683		1,231
060 RESPIRATORY THERAPY	131,511	284	11,555		2,456		11,649
061 01 SLEEP DISORDER	10,044	31	1,276		271		1,354
062 02 PAIN MANAGEMENT	10,351			455			861
063 PHYSICAL THERAPY	47,704	705	28,746	3,575	6,111		3,990
064 OCCUPATIONAL THERAPY	32,851	331	13,494	1,502	2,868		4,225
065 SPEECH PATHOLOGY	32,191	130	5,309		1,129		3,802
066 ELECTROCARDIOLOGY	44,516	324	13,191		2,804		4,210
067 ELECTROENCEPHALOGRAPHY	12,183	149	6,066		2,271		1,127
068 01 CARDIAC CATHETERIZATION L	58,765	668	27,221	3,884	5,787		2,894
069 02 CARDIAC REHAB	15,248	352	14,337	516	3,048		1,444
070 03 VASCULAR LAB	17,222	69	2,828	325	601		1,569
071 04 ENDOSCOPY	64,573	731	29,775	3,910	6,329		5,254
072 05 CLINICAL NUTRITION	17,259	37	1,497		318		2,797
073 06 PSYCHOTHERAPY	27,045	292	11,890		2,527		2,930
074 MEDICAL SUPPLIES CHARGED	613,170						
075 DRUGS CHARGED TO PATIENTS	228,276						
076 RENAL DIALYSIS	32,846	115	4,674		994		688
077 ASC (NON-DISTINCT PART)							
078 OUTPAT SERVICE COST CNTRS							
079 CLINIC	202,494	2,873	117,064	10,019	24,884		24,123
080 EMERGENCY	266,480	2,122	86,487	27,243	18,385		24,990
081 OBSERVATION BEDS (NON-DIS							
082 OTHER REIMBURS COST CNTRS							
083 HOME PROGRAM DIALYSIS							
084 AMBULANCE SERVICES							
085 DURABLE MEDICAL EQUIP-REN							
086 DURABLE MEDICAL EQUIP-SOL							
087 TRANSPORT							

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 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION		1	21		5		34
084 LIVER ACQUISITION	5,965	1	32		7		58
085 HEART ACQUISITION	2		17		4		
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	6,778,204	58,448	2,085,804	250,505	426,188	623,119	465,399
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	7,256	185	7,548		1,604	79,290	383
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES	17,530	39	1,576		335		1,121
096 03 COMMUNITY EDUCATION	6,213	40	1,649		351		657
097 RESEARCH	6,120	368	15,010		3,191		
098 PHYSICIANS' PRIVATE OFFIC	250,594	2,792	113,802	1,114	24,191		5,377
098 01 HOTELING ROOMS	706	160	6,510		1,384		
098 02 FOUNDATION	2,058						
098 03 VENDING	107	24	991		211		
098 04 55 ALIVE							
098 05 VACANT	7,677	1,737	70,776		15,045		
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL	52,529						4,570
099 16 BILLABLE DEPARTMENTS	64,672						
099 17 MISCELLANEOUS NONREIMBURS	29,704	296	12,061		2,564		3,010
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,223,370	64,089	2,315,727	251,619	475,064	702,409	480,517

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COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
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							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		390,736					
016	CENTRAL SERVICES & SUPPLY			1,032,617				
017	PHARMACY			9,523	657,717			
018	MEDICAL RECORDS & LIBRARY		1,174	6		392,756		
020	SOCIAL SERVICE		3,671				127,267	
021	NONPHYSICIAN ANESTHETISTS							
022	NURSING SCHOOL							
023	I&R SERVICES-SALARY & FRI							
024	I&R SERVICES-OTHER PRGM C			116				
025	PARAMED ED PRGM							
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS		158,173	19,854	246	56,259	83,563	
028	INTENSIVE CARE UNIT		8,546	1		3,519	3,029	
029	PEDIATRIC INTENSIVE CARE		16,629	3,750	148	5,764	3,436	
030	CORONARY CARE UNIT		9,328	1		3,689	3,182	
031	BURN INTENSIVE CARE UNIT							
032	SURGICAL INTENSIVE CARE U							
033	NEONATAL INTENSIVE CARE U		40,739	11,396	350	20,092	14,076	
034	SUBPROVIDER		7,539			4,080	8,285	
035	01 SUBPROVIDER 2		19,484	7,334	29	4,262	11,696	
036	NURSERY		668			2,276		
037	SKILLED NURSING FACILITY							
038	NURSING FACILITY							
039	01 ICF/MR							
040	OTHER LONG TERM CARE							
041	ANCILLARY SRVC COST CNTRS							
042	OPERATING ROOM		30,654	1,912	805	28,859		
043	RECOVERY ROOM		5,422	379	3	3,340		
044	DELIVERY ROOM & LABOR ROO		7,267			9,347		
045	ANESTHESIOLOGY		1,295	14,717	5,087	8,701		
046	RADIOLOGY-DIAGNOSTIC		1,745	3,722	15	36,163		
047	RADIOLOGY-THERAPEUTIC		315	163	5	3,500		
048	01 NUCLEAR MEDICINE-DIAGNOST			488		3,569		
049	RADIOISOTOPE							
050	01 ULTRA SOUND			1,180		3,638		
051	LABORATORY		221	26,668	16	40,925		
052	01 ANATOMIC PATHOLOGY			3,433		3,303		
053	03 LAB-STEM CELL		289		10	29		
054	PBP CLINICAL LAB SERVICES							
055	WHOLE BLOOD & PACKED RED							
056	01 MENTAL HYGIENE		537			370		
057	BLOOD STORING, PROCESSING			1,992		4,864		
058	INTRAVENOUS THERAPY		1,966	95		371		
059	01 PHARMACY-IV DRUG THERAPY			16,276	180,446	12,292		
060	RESPIRATORY THERAPY				21	13,637		
061	01 SLEEP DISORDER		3	854	9	1,259		
062	02 PAIN MANAGEMENT		540	1,125		710		
063	PHYSICAL THERAPY			159		2,944		
064	OCCUPATIONAL THERAPY					2,298		
065	SPEECH PATHOLOGY			337		1,891		
066	ELECTROCARDIOLOGY		1,906			5,764		
067	ELECTROENCEPHALOGRAPHY			381	10	719		
068	01 CARDIAC CATHETERIZATION L		2,956	146	16	9,112		
069	02 CARDIAC REHAB		1,879	94		272		
070	03 VASCULAR LAB		50	164		4,567		
071	04 ENDOSCOPY		5,536	48		6,244		
072	05 CLINICAL NUTRITION					74		
073	06 PSYCHOTHERAPY		1,117	10		2,739		
074	MEDICAL SUPPLIES CHARGED			893,894		23,601		
075	DRUGS CHARGED TO PATIENTS				311,709	24,696		
076	RENAL DIALYSIS		1,007	1,875	18	2,108		
077	ASC (NON-DISTINCT PART)							
078	OUTPAT SERVICE COST CNTRS							
079	CLINIC		18,873	2,791	223	4,925		
080	EMERGENCY		25,923	2,230	79	25,984		
081	OBSERVATION BEDS (NON-DIS							
082	OTHER REIMBURS COST CNTRS							
083	HOME PROGRAM DIALYSIS							
084	AMBULANCE SERVICES							
085	DURABLE MEDICAL EQUIP-REN							
086	DURABLE MEDICAL EQUIP-SOL							
087	TRANSPORT							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
069 OTHER REIMBURS COST CNTRS								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION			47					
086 LIVER ACQUISITION			81					
085 01 HEART ACQUISITION								
086 01 PANCREAS ACQUISITION								
092 01 OTHER ORGAN ACQUISITION								
093 01 AMBULATORY SURGICAL CENTE								
095 01 HOSPICE								
095 01 SUBTOTALS		375,580	1,027,114	499,245	392,756		127,267	
096 01 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP								
096 01 RESTAURANT								
096 02 PHYSICIAN SERVICES								
096 03 COMMUNITY EDUCATION			1,436	3				
097 01 RESEARCH				47				
098 01 PHYSICIANS' PRIVATE OFFIC			5,610	4,673	158,326			
098 02 HOTELING ROOMS								
098 03 FOUNDATION					117			
098 04 VENDING								
098 04 55 ALIVE								
098 05 VACANT								
099 01 NONPAID WORKERS								
099 12 HOME HEALTH								
099 15 POISON CONTROL			4,674					
099 16 BILLABLE DEPARTMENTS			2,335	701	29			
099 17 MISCELLANEOUS NONREIMBURS			1,101	79				
101 01 CROSS FOOT ADJUSTMENTS								
102 01 NEGATIVE COST CENTER								
103 01 TOTAL		390,736	1,032,617	657,717	392,756		127,267	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		35,703					
024 I&R SERVICES-OTHER PRGM C			685,429				
025 PARAMED ED PRGM				9,598			
026 INPAT ROUTINE SRVC CNTRS					6,560,306		6,560,306
027 ADULTS & PEDIATRICS					318,840		318,840
028 INTENSIVE CARE UNIT					574,798		574,798
029 PEDIATRIC INTENSIVE CARE					350,081		350,081
030 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
032 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U					1,931,849		1,931,849
034 SUBPROVIDER					380,821		380,821
035 01 SUBPROVIDER 2					1,222,278		1,222,278
036 NURSERY					66,231		66,231
037 SKILLED NURSING FACILITY							
038 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST CNTRS							
042 OPERATING ROOM					4,948,864		4,948,864
043 RECOVERY ROOM					154,015		154,015
044 DELIVERY ROOM & LABOR ROO					215,595		215,595
045 ANESTHESIOLOGY					550,224		550,224
046 RADIOLOGY-DIAGNOSTIC					3,080,979		3,080,979
047 RADIOLOGY-THERAPEUTIC					687,930		687,930
048 01 NUCLEAR MEDICINE-DIAGNOST					232,201		232,201
049 RADIOISOTOPE							
050 01 ULTRA SOUND					161,949		161,949
051 LABORATORY					1,235,221		1,235,221
052 01 ANATOMIC PATHOLOGY					269,769		269,769
053 03 LAB-STEM CELL					166,882		166,882
054 PBP CLINICAL LAB SERVICES							
055 WHOLE BLOOD & PACKED RED							
056 01 MENTAL HYGIENE					66,102		66,102
057 BLOOD STORING, PROCESSING					168,884		168,884
058 INTRAVENOUS THERAPY					82,102		82,102
059 01 PHARMACY-IV DRUG THERAPY					765,272		765,272
060 RESPIRATORY THERAPY					580,536		580,536
061 01 SLEEP DISORDER					52,294		52,294
062 02 PAIN MANAGEMENT					101,259		101,259
063 PHYSICAL THERAPY					245,299		245,299
064 OCCUPATIONAL THERAPY					126,802		126,802
065 SPEECH PATHOLOGY					88,107		88,107
066 ELECTROCARDIOLOGY					506,179		506,179
067 ELECTROENCEPHALOGRAPHY					99,300		99,300
068 01 CARDIAC CATHETERIZATION L					1,271,431		1,271,431
069 02 CARDIAC REHAB					116,917		116,917
070 03 VASCULAR LAB					207,916		207,916
071 04 ENDOSCOPY					802,540		802,540
072 05 CLINICAL NUTRITION					29,948		29,948
073 06 PSYCHOTHERAPY					112,276		112,276
074 MEDICAL SUPPLIES CHARGED					1,530,665		1,530,665
075 DRUGS CHARGED TO PATIENTS					564,681		564,681
076 RENAL DIALYSIS					99,185		99,185
077 ASC (NON-DISTINCT PART)							
078 OUTPAT SERVICE COST CNTRS							
079 CLINIC					1,286,414		1,286,414
080 EMERGENCY					1,231,967		1,231,967
081 OBSERVATION BEDS (NON-DIS							
082 OTHER REIMBURS COST CNTRS							
083 HOME PROGRAM DIALYSIS							
084 AMBULANCE SERVICES							
085 DURABLE MEDICAL EQUIP-REN							
086 DURABLE MEDICAL EQUIP-SOL							
087 TRANSPORT							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
069 OTHER REIMBURS COST CNTRS							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION					2,324		2,324
086 LIVER ACQUISITION					6,316		6,316
092 HEART ACQUISITION					109		109
093 01 PANCREAS ACQUISITION							
095 086 OTHER ORGAN ACQUISITION							
096 092 AMBULATORY SURGICAL CENTE							
097 HOSPICE							
098 SUBTOTALS					33,253,658		33,253,658
099 NONREIMBURS COST CENTERS							
096 096 GIFT, FLOWER, COFFEE SHOP					133,988		133,988
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES					41,602		41,602
096 03 COMMUNITY EDUCATION					19,314		19,314
097 RESEARCH					108,397		108,397
098 PHYSICIANS' PRIVATE OFFIC					1,590,540		1,590,540
098 01 HOTELING ROOMS					41,264		41,264
098 02 FOUNDATION					115,012		115,012
098 03 VENDING					6,279		6,279
098 04 55 ALIVE							
098 05 VACANT					448,614		448,614
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL					110,997		110,997
099 16 BILLEABLE DEPARTMENTS					223,366		223,366
099 17 MISCELLANEOUS NONREIMBURS					143,185		143,185
101 CROSS FOOT ADJUSTMENTS		35,703	685,429	9,598	730,730		730,730
102 NEGATIVE COST CENTER							
103 TOTAL		35,703	685,429	9,598	36,966,946		36,966,946

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B
 PART III

- 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
- 007 ADMINISTRATIVE & GENERAL
- 008 MAINTENANCE & REPAIRS
- 009 OPERATION OF PLANT
- 010 LAUNDRY & LINEN SERVICE
- 011 HOUSEKEEPING
- 012 DIETARY
- 013 CAFETERIA
- 014 MAINTENANCE OF PERSONNEL
- 015 NURSING ADMINISTRATION
- 016 CENTRAL SERVICES & SUPPLY
- 017 PHARMACY
- 018 MEDICAL RECORDS & LIBRARY
- 020 SOCIAL SERVICE
- 021 NONPHYSICIAN ANESTHETISTS
- 022 NURSING SCHOOL
- 023 I&R SERVICES-SALARY & FRI
- 024 I&R SERVICES-OTHER PRGM C
- 025 PARAMED ED PRGM
- 026 INPAT ROUTINE SRVC CNTRS
- 026 01 ADULTS & PEDIATRICS
- 027 INTENSIVE CARE UNIT
- 027 01 PEDIATRIC INTENSIVE CARE
- 028 CORONARY CARE UNIT
- 029 BURN INTENSIVE CARE UNIT
- 030 SURGICAL INTENSIVE CARE U
- 031 NEONATAL INTENSIVE CARE U
- 031 01 SUBPROVIDER
- 031 01 SUBPROVIDER 2
- 033 NURSERY
- 034 SKILLED NURSING FACILITY
- 035 NURSING FACILITY
- 035 01 ICF/MR
- 036 OTHER LONG TERM CARE
- 037 ANCILLARY SRVC COST CNTRS
- 038 OPERATING ROOM
- 038 RECOVERY ROOM
- 039 DELIVERY ROOM & LABOR ROO
- 040 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 042 RADIOLOGY-THERAPEUTIC
- 042 01 NUCLEAR MEDICINE-DIAGNOST
- 043 RADIOISOTOPE
- 043 01 ULTRA SOUND
- 044 LABORATORY
- 044 01 ANATOMIC PATHOLOGY
- 044 03 LAB-STEM CELL
- 045 PBP CLINICAL LAB SERVICES
- 046 WHOLE BLOOD & PACKED RED
- 046 01 MENTAL HYGIENE
- 047 BLOOD STORING, PROCESSING
- 048 INTRAVENOUS THERAPY
- 048 01 PHARMACY-IV DRUG THERAPY
- 049 RESPIRATORY THERAPY
- 049 01 SLEEP DISORDER
- 049 02 PAIN MANAGEMENT
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 054 ELECTROENCEPHALOGRAPHY
- 054 01 CARDIAC CATHETERIZATION L
- 054 02 CARDIAC REHAB
- 054 03 VASCULAR LAB
- 054 04 ENDOSCOPY
- 054 05 CLINICAL NUTRITION
- 054 06 PSYCHOTHERAPY
- 055 MEDICAL SUPPLIES CHARGED
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 058 ASC (NON-DISTINCT PART)
- 060 OUTPAT SERVICE COST CNTRS
- 061 CLINIC
- 061 EMERGENCY
- 062 OBSERVATION BEDS (NON-DIS
- 062 OTHER REIMBURS COST CNTRS
- 064 HOME PROGRAM DIALYSIS
- 065 AMBULANCE SERVICES
- 066 DURABLE MEDICAL EQUIP-REN
- 067 DURABLE MEDICAL EQUIP-SOL
- 068 TRANSPORT

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET B
		PART III

- 069 OTHER REIMBURS COST CNTRS
- 070 CORF
- 071 I&R SERVICES-NOT APPRVD P
- 082 HOME HEALTH AGENCY
- 083 LUNG ACQUISITION
- 084 SPEC PURPOSE COST CENTERS
- 085 KIDNEY ACQUISITION
- 086 LIVER ACQUISITION
- 085 01 HEART ACQUISITION
- 086 01 PANCREAS ACQUISITION
- 092 01 OTHER ORGAN ACQUISITION
- 093 01 AMBULATORY SURGICAL CENTE
- 095 01 HOSPICE
- 096 01 SUBTOTALS
- 096 01 NONREIMBURS COST CENTERS
- 096 01 GIFT, FLOWER, COFFEE SHOP
- 096 01 RESTAURANT
- 096 02 PHYSICIAN SERVICES
- 096 03 COMMUNITY EDUCATION
- 097 01 RESEARCH
- 098 01 PHYSICIANS' PRIVATE OFFIC
- 098 01 HOTELING ROOMS
- 098 02 FOUNDATION
- 098 03 VENDING
- 098 04 55 ALIVE
- 098 05 VACANT
- 099 01 NONPAID WORKERS
- 099 12 HOME HEALTH
- 099 15 POISON CONTROL
- 099 16 BILLABLE DEPARTMENTS
- 099 17 MISCELLANEOUS NONREIMBURS
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE & OSTS	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	1,356,032					
002 OLD CAP REL COSTS-MVB		10,391,170				
003 NEW CAP REL COSTS-BLD			1,356,032			
004 NEW CAP REL COSTS-MVB				10,391,170		
005 EMPLOYEE BENEFITS	8,480	12,695	8,480	12,695	182,987,848	
006 ADMINSTRATIVE & GENE	127,325	848,159	127,325	848,159	27,081,086	-110,951,109
007 MAINTENANCE & REPAIRS	2,182		2,182			
008 OPERATION OF PLANT	138,079	357,975	138,079	357,975	2,721,802	
009 LAUNDRY & LINEN SERVI	14,248	1,898	14,248	1,898	284,033	
010 HOUSEKEEPING	23,476	11,366	23,476	11,366	3,763,158	
011 DIETARY	35,599	83,183	35,599	83,183	1,611,068	
012 CAFETERIA	23,483	80,878	23,483	80,878	1,409,160	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO	4,269	119,359	4,269	119,359	4,874,798	
015 CENTRAL SERVICES & SU	26,716	47,294	26,716	47,294	1,000,373	
016 PHARMACY	7,323	16,479	7,323	16,479	5,522,508	
017 MEDICAL RECORDS & LIB	15,913	13,387	15,913	13,387	2,798,220	
018 SOCIAL SERVICE	2,494	8,339	2,494	8,339	2,164,772	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					1,324,099	
023 I&R SERVICES-OTHER PR	22,593	3,349	22,593	3,349	1,642,151	
024 PARAMED ED PRGM					271,691	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	235,450	878,434	235,450	878,434	34,967,428	
026 INTENSIVE CARE UNIT	9,772	49,409	9,772	49,409	2,121,409	
026 01 PEDIATRIC INTENSIVE C	6,863	178,213	6,863	178,213	3,584,205	
027 CORONARY CARE UNIT	8,420	82,612	8,420	82,612	2,456,384	
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	46,123	579,154	46,123	579,154	11,089,714	
031 SUBPROVIDER	16,430	4,100	16,430	4,100	2,456,749	
031 01 SUBPROVIDER 2	46,934	155,013	46,934	155,013	3,669,452	
033 NURSERY	2,887	10,060	2,887	10,060	152,879	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	136,871	1,766,637	136,871	1,766,637	9,358,187	
038 RECOVERY ROOM	4,472	24,224	4,472	24,224	1,462,769	
039 DELIVERY ROOM & LABOR	5,356	21,909	5,356	21,909	2,136,065	
040 ANESTHESIOLOGY	3,627	311,867	3,627	311,867	203,024	
041 RADIOLOGY-DIAGNOSTIC	28,992	1,528,718	28,992	1,528,718	5,169,157	
042 RADIOLOGY-THERAPEUTIC	10,002	365,600	10,002	365,600	673,662	
042 01 NUCLEAR MEDICINE-DIAG	8,960	51,951	8,960	51,951	392,308	
043 RADIOISOTOPE						
043 01 ULTRA SOUND	2,404	71,431	2,404	71,431	681,145	
044 LABORATORY	28,783	189,726	28,783	189,726	6,169,833	
044 01 ANATOMIC PATHOLOGY	6,305	96,016	6,305	96,016	714,273	
044 03 LAB-STEM CELL	660	108,649	660	108,649		
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
046 01 MENTAL HYGIENE	3,433	10,069	3,433	10,069	130,768	
047 BLOOD STORING, PROCES	1,086	39,461	1,086	39,461	833,043	
048 INTRAVENOUS THERAPY	3,993	5,290	3,993	5,290	561,630	
048 01 PHARMACY-IV DRUG THER	3,692	2,228	3,692	2,228	320,897	
049 RESPIRATORY THERAPY	5,389	161,872	5,389	161,872	3,331,066	
049 01 SLEEP DISORDER	595	21,812	595	21,812	310,910	
049 02 PAIN MANAGEMENT		16,121		16,121	563,619	
050 PHYSICAL THERAPY	13,406	4,719	13,406	4,719	1,306,186	
051 OCCUPATIONAL THERAPY	6,293	574	6,293	574	1,054,803	
052 SPEECH PATHOLOGY	2,476	11,080	2,476	11,080	1,082,000	
053 ELECTROCARDIOLOGY	6,152	259,521	6,152	259,521	1,170,020	
054 ELECTROENCEPHALOGRAPH	2,829	31,393	2,829	31,393	278,488	
054 01 CARDIAC CATHETERIZATI	12,695	728,815	12,695	728,815	1,101,048	
054 02 CARDIAC REHAB	6,686	4,769	6,686	4,769	499,688	
054 03 VASCULAR LAB	1,319	117,069	1,319	117,069	459,066	
054 04 ENDOSCOPY	13,886	376,221	13,886	376,221	1,674,684	
054 05 CLINICAL NUTRITION	698	62	698	62	642,330	
054 06 PSYCHOTHERAPY	5,545	421	5,545	421	828,638	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	2,180	22,247	2,180	22,247	249,541	
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC	54,594	139,683	54,594	139,683	6,309,889	
061 EMERGENCY	40,334	218,828	40,334	218,828	8,704,930	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
068 TRANSPORT						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION	10		10		10,041	
084 LIVER ACQUISITION	15		15		16,734	
085 HEART ACQUISITION	8		8			
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,248,805	10,250,339	1,248,805	10,250,339	175,367,581	-110,951,109
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	3,520		3,520		56,847	
096 01 RESTAURANT						
096 02 PHYSICIAN SERVICES	735	1,841	735	1,841	392,519	
096 03 COMMUNITY EDUCATION	769		769		208,233	
097 RESEARCH	7,000	2,223	7,000	2,223		
098 PHYSICIANS' PRIVATE O	53,073	110,245	53,073	110,245	3,468,098	
098 01 HOTELING ROOMS	3,036		3,036			
098 02 FOUNDATION						
098 03 VENDING	462		462			
098 04 55 ALIVE						
098 05 VACANT	33,007		33,007			
099 NONPAID WORKERS						
099 12 HOME HEALTH						
099 15 POISON CONTROL		1,167		1,167	1,773,517	
099 16 BILLABLE DEPARTMENTS		6,499		6,499	893,300	
099 17 MISCELLANEOUS NONREIM	5,625	18,856	5,625	18,856	827,753	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			14,517,911	14,590,829	38,802,649	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			10.706171		.212050	
(WRKSHT B, PT I)				1.404157		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					115,730	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000632
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & OPERATIONS REPAIRS		LAUNDRY & LINEN HOUSEKEEPING SERVICE		DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	
	6	7	8	9	10	11	12	
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 ADMINISTRATIVE & GENERAL	332,495,077							
007 MAINTENANCE & REPAIRS	1,874,688	1,218,045						
008 OPERATION OF PLANT	14,702,950	138,079	1,079,966					
009 LAUNDRY & LINEN SERVICE	1,819,267	14,248	14,248	2,918,273				
010 HOUSEKEEPING	6,783,784	23,476	23,476	70,426	1,042,242			
011 DIETARY	4,889,804	35,599	35,599			471,283		
012 CAFETERIA	2,267,570	23,483	23,483		23,483		214,374	
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATIVE	6,639,255	4,269	4,269		4,269		6,456	
015 CENTRAL SERVICES & SUPPLIES	1,830,760	26,716	26,716		26,716		2,670	
016 PHARMACY	6,035,184	7,323	7,323		7,323		6,620	
017 MEDICAL RECORDS & LIBRARY	5,943,952	15,913	15,913		15,913		6,684	
018 SOCIAL SERVICE	3,114,035	2,494	2,494		2,494		3,171	
020 NONPHYSICIAN ANESTHETIC								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & BENEFITS	1,604,874							
023 I&R SERVICES-OTHER PROGRAMS	17,245,210	22,593	22,593	1,509	22,593		402	
024 PARAMEDICAL PROGRAM INPATIENT ROUTINE SERVICE CENTER	397,245						355	
025 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	49,819,651	235,450	235,450	1,105,198	235,450	307,312	54,189	
026 PEDIATRIC INTENSIVE CARE UNIT	2,858,195	9,772	9,772	115,498	9,772	10,800	2,744	
026 01 PEDIATRIC INTENSIVE CARE UNIT	4,976,521	6,863	6,863	11,052	6,863	17,401	5,839	
027 CORONARY CARE UNIT	3,342,227	8,420	8,420	61,791	8,420	11,343	3,126	
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE UNIT								
030 NEONATAL INTENSIVE CARE UNIT	16,217,760	46,123	46,123	71,495	46,123		14,919	
031 SUBPROVIDER	3,467,819	16,430	16,430	49,650	16,430	29,545	4,159	
031 01 SUBPROVIDER 2	1,702,889	46,934	46,934	138,721	46,934	41,682	6,072	
033 NURSERY	360,404	2,887	2,887	24,146	2,887		261	
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE ANCILLARY SERVICE COST CENTER								
037 OPERATING ROOM	19,115,327	136,871	136,871	246,223	136,871		14,453	
038 RECOVERY ROOM	1,873,392	4,472	4,472	65,654	4,472		1,710	
039 DELIVERY ROOM & LABOR	3,320,349	5,356	5,356	166,290	5,356		3,319	
040 ANESTHESIOLOGY	1,509,959	3,627	3,627		3,627		504	
041 RADIOLOGY-DIAGNOSTIC	10,231,983	28,992	28,992	137,836	28,992		9,357	
042 RADIOLOGY-THERAPEUTIC	1,538,711	10,002	10,002	1,559	10,002		788	
042 01 NUCLEAR MEDICINE-DIAGNOSTIC	1,477,765	8,960	8,960	8,617	8,960		377	
043 RADIOISOTOPE								
043 01 ULTRA SOUND	1,004,289	2,404	2,404	4,527	2,404		927	
044 LABORATORY	13,181,160	28,783	28,783		28,783		10,818	
044 01 ANATOMICAL PATHOLOGY	1,743,084	6,305	6,305		6,305		1,327	
044 03 LAB-STEM CELL	238,293	660	660		660			
045 PBP CLINICAL LAB SERVICE								
046 WHOLE BLOOD & PACKED								
046 01 MENTAL HYGIENE	218,391	3,433	3,433		3,433		164	
047 BLOOD STORAGE, PROCESSING	4,084,335	1,086	1,086		1,086		1,273	
048 INTRAVENOUS THERAPY	746,669	3,993	3,993	1,811	3,993		676	
048 01 PHARMACY-IV DRUG THERAPY	7,621,653	3,692	3,692		3,692		549	
049 RESPIRATORY THERAPY	6,053,430	5,389	5,389		5,389		5,197	
049 01 SLEEP DISORDER	462,320	595	595		595		604	
049 02 PAIN MANAGEMENT	476,475			5,282			384	
050 PHYSICAL THERAPY	2,195,797	13,406	13,406	41,465	13,406		1,780	
051 OCCUPATIONAL THERAPY	1,512,116	6,293	6,293	17,425	6,293		1,885	
052 SPEECH PATHOLOGY	1,481,755	2,476	2,476		2,476		1,696	
053 ELECTROCARDIOLOGY	2,049,046	6,152	6,152	534	6,152		1,878	
054 ELECTROENCEPHALOGRAPH	560,783	2,829	2,829	26,339	2,829		503	
054 01 CARDIAC CATHETERIZATION	2,704,926	12,695	12,695	45,042	12,695		1,291	
054 02 CARDIAC REHAB	701,856	6,686	6,686	5,986	6,686		644	
054 03 VASCULAR LAB	792,727	1,319	1,319	3,773	1,319		700	
054 04 ENDOSCOPY	2,972,276	13,886	13,886	45,350	13,886		2,344	
054 05 CLINICAL NUTRITION	794,415	698	698		698		1,248	
054 06 PSYCHOTHERAPY	1,244,868	5,545	5,545		5,545		1,307	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,224,172							
056 DRUGS CHARGED TO PATIENTS	10,507,526							
057 RENAL DIALYSIS	1,511,919	2,180	2,180		2,180		307	
058 ASC (NON-DISTINCT PARAPATIENT SERVICE COST CENTER)								
060 CLINICAL EMERGENCY	9,320,798	54,594	54,594	116,198	54,594		10,762	
061 EMERGENCY	12,266,036	40,334	40,334	315,961	40,334		11,149	
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)								
064 OTHER REIMBURSABLE COST CENTER HOME PROGRAM DIALYSIS								

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
26-0091

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

PREPARED 6/ 2/2009
WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)
		6	7	8	9	10	11	12
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
068	TRANSPORT							
069	CORF							
070	I & R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	96,789	10	10		10		15
084	LIVER ACQUISITION	274,561	15	15		15		26
085	HEART ACQUISITION	86	8	8		8		
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	312,004,081	1,110,818	972,739	2,905,358	935,015	418,083	207,629
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	333,994	3,520	3,520		3,520	53,200	171
096	01 RESTAURANT							
096	02 PHYSICIAN SERVICES	806,912	735	735		735		500
096	03 COMMUNITY EDUCATION	285,998	769	769		769		293
097	RESEARCH	281,703	7,000	7,000		7,000		
098	PHYSICIANS' PRIVATE O	11,534,841	53,073	53,073	12,915	53,073		2,399
098	01 HOTELING ROOMS	32,504	3,036	3,036		3,036		
098	02 FOUNDATION	94,715						
098	03 VENDING	4,946	462	462		462		
098	04 55 ALIVE							
098	05 VACANT	353,379	33,007	33,007		33,007		
099	NONPAID WORKERS							
099	12 HOME HEALTH							
099	15 POISON CONTROL	2,417,885						2,039
099	16 BILLEABLE DEPARTMENTS	2,976,836						
099	17 MISCELLANEOUS NONREIM	1,367,283	5,625	5,625		5,625		1,343
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	110,951,109	2,500,256	19,892,639	2,718,033	9,593,682	7,577,971	3,721,151
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		2.052679		.931384		16.079449	
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED	.333692		18.419690		9.204851		17.358220
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	7,223,370	64,089	2,315,727	251,619	475,064	702,409	480,517
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.052616		.086222		1.490419	
	(WRKSHT B, PT III)			2.144259		.455810		2.241489

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECTING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.)	PHARMACY (R(COSTED) EQUI S.)	MEDICAL RECORDS & LIBRARY (R(GROSS) REVENUE)	SOCIAL SERVICE (R(TIME) SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION	116,455					
016	CENTRAL SERVICES & SUPPLY		32,611,026				
017	PHARMACY		300,753	21,313,406			
018	MEDICAL RECORDS & LIBRARY		350	190	1220,695,144		
019	SOCIAL SERVICE		1,094			10,000	
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & BENEFITS						
023	I&R SERVICES-OTHER PROGRAMS			3,662			
024	PARAMEDICAL PROGRAM						
025	INPATIENT ROUTINE SERVICE CENTER						
026	ADULTS & PEDIATRICS		47,142	627,007	7,985	175,669,208	6,566
027	INTENSIVE CARE UNIT		2,547	28		10,927,351	238
028	PEDIATRIC INTENSIVE CARE		4,956	118,423	4,797	17,900,761	270
029	CORONARY CARE UNIT		2,780	17		11,456,155	250
030	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE						
032	NEONATAL INTENSIVE CARE		12,142	359,901	11,351	62,396,870	1,106
033	SUBPROVIDER		2,247	15	2	12,672,152	651
034	SUBPROVIDER 2		5,807	231,623	929	13,236,506	919
035	NURSERY		199			7,068,021	
036	SKILLED NURSING FACILITY						
037	NURSING FACILITY						
038	ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SERVICE COST CENTER						
041	OPERATING ROOM		9,136	60,395	26,083	89,624,988	
042	RECOVERY ROOM		1,616	11,977	112	10,373,995	
043	DELIVERY ROOM & LABOR		2,166			29,028,125	
044	ANESTHESIOLOGY		386	464,759	164,861	27,020,400	
045	RADIOLOGY-DIAGNOSTIC		520	117,536	482	112,307,232	
046	RADIOLOGY-THERAPEUTIC		94	5,144	152	10,870,311	
047	NUCLEAR MEDICINE-DIAGNOSTIC			15,397		11,083,627	
048	RADIOISOTOPE						
049	ULTRA SOUND			37,261		11,297,288	
050	LABORATORY		66	842,189	525	127,096,023	
051	ANATOMICAL PATHOLOGY			108,427		10,258,622	
052	LAB-STEM CELL		86		314	89,652	
053	PBP CLINICAL LAB SERVICE						
054	WHOLE BLOOD & PACKED						
055	MENTAL HYGIENE		160			1,150,436	
056	BLOOD STORAGE, PROCESSING			62,899		15,106,498	
057	INTRAVENOUS THERAPY		586	2,989		1,151,407	
058	PHARMACY-IV DRUG THERAPY			514,009	5,847,438	38,172,364	
059	RESPIRATORY THERAPY				682	42,350,803	
060	SLEEP DISORDER		1	26,961	279	3,909,491	
061	PAIN MANAGEMENT		161	35,523		2,205,238	
062	PHYSICAL THERAPY			5,010		9,143,273	
063	OCCUPATIONAL THERAPY					7,137,203	
064	SPEECH PATHOLOGY			10,641		5,872,291	
065	ELECTROCARDIOLOGY		568			17,900,237	
066	ELECTROENCEPHALOGRAPHY			12,037	326	2,232,779	
067	CARDIAC CATHETERIZATION		881	4,602	516	28,298,262	
068	CARDIAC REHABILITATION		560	2,981		845,766	
069	VASCULAR LAB		15	5,173		14,182,993	
070	ENDOSCOPY		1,650	1,508		19,390,867	
071	CLINICAL NUTRITION					231,001	
072	PSYCHOTHERAPY		333	328		8,507,701	
073	MEDICAL SUPPLIES CHARGED TO PATIENTS			28,230,074		73,294,884	
074	RENAL DIALYSIS		300	59,227	10,100,834	76,696,485	
075	ASC (NON-DISTINCT PARAPATIENT SERVICE COST CENTER)				592	6,545,321	
076	CLINICAL		5,625	88,145	7,219	15,295,847	
077	EMERGENCY		7,726	70,439	2,545	80,696,710	
078	OBSERVATION BEDS (NON-REIMBURSABLE)						
079	OTHER REIMBURSABLE COST CENTER						
080	HOME PROGRAM DIALYSIS						

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECTING HRS)	NR(COSTED) EQUI S.	R(COSTED) EQUI S.	R(GROSS) REVENUE	R(TIME) SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 TRANSPORT							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION		14					
084 LIVER ACQUISITION		24					
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS		111,938	32,437,250	16,178,029	1220,695,144	10,000	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			12				
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES							
096 03 COMMUNITY EDUCATION		428	94				
097 RESEARCH			1,473				
098 PHYSICIANS' PRIVATE O		1,672	147,569	5,130,621			
098 01 HOTELING ROOMS							
098 02 FOUNDATION				3,805			
098 03 VENDING							
098 04 55 ALIVE							
098 05 VACANT							
099 NONPAID WORKERS							
099 12 HOME HEALTH							
099 15 POISON CONTROL		1,393					
099 16 BILLABLE DEPARTMENTS		696	22,146	951			
099 17 MISCELLANEOUS NONREIM		328	2,482				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		9,093,479	3,280,872	8,411,572	8,543,026	4,367,650	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		78.085776		.394661		436.765000	
(WRKSHT B, PT I)			.100606		.006998		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		390,736	1,032,617	657,717	392,756	127,267	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.355253		.030859		12.726700	
(WRKSHT B, PT III)			.031665		.000322		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
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 ADMINISTRATIVE & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETIC				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI		14,876		
023 I&R SERVICES-OTHER PRGM C			14,876	
024 PARAMED ED PRGM				160
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		10,642	10,642	80
026 01 INTENSIVE CARE UNIT		492	492	16
027 PEDIATRIC INTENSIVE CARE				16
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE				
030 NEONATAL INTENSIVE CARE				
031 SUBPROVIDER		96	96	
031 01 SUBPROVIDER 2				
033 NURSERY				16
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM		1,407	1,407	
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY		743	743	
041 RADIOLOGY-DIAGNOSTIC		439	439	
042 RADIOLOGY-THERAPEUTIC				
042 01 NUCLEAR MEDICINE-DIAG				
043 RADIOISOTOPE				
043 01 ULTRASOUND				
044 LABORATORY		391	391	
044 01 ANATOMIC PATHOLOGY				
044 03 LAB-STEM CELL				
045 PBP CLINICAL LAB SERVICE				
046 WHOLE BLOOD & PACKED				
046 01 MENTAL HYGIENE				
047 BLOOD STORAGE, PROCESSING				
048 INTRAVENOUS THERAPY				
048 01 PHARMACY-IV DRUG THER				
049 RESPIRATORY THERAPY		8	8	
049 01 SLEEP DISORDER				
049 02 PAIN MANAGEMENT				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		84	84	
054 ELECTROENCEPHALOGRAPH		482	482	
054 01 CARDIAC CATHETERIZATION				
054 02 CARDIAC REHAB				
054 03 VASCULAR LAB				
054 04 ENDOSCOPY				
054 05 CLINICAL NUTRITION				
054 06 PSYCHOTHERAPY				
055 MEDICAL SUPPLIES CHARGED TO PATIENT				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
060 OUTPAT SERVICE COST C				
060 CLINIC		75	75	32
061 EMERGENCY		17	17	
062 OBSERVATION BEDS (NON				
062 OTHER REIMBURS COST C				
064 HOME PROGRAM DIALYSIS				

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-0091

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

PREPARED 6/ 2/2009
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-61,207
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL. 27 1	PT I THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	88,456,198		88,456,198	771,557	89,227,755
26	INTENSIVE CARE UNIT	4,863,723		4,863,723	7,244	4,870,967
26	01 PEDIATRIC INTENSIVE CARE	7,876,265		7,876,265	13,371	7,889,636
27	CORONARY CARE UNIT	5,461,623		5,461,623		5,461,623
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	25,232,375		25,232,375	327,971	25,560,346
31	SUBPROVIDER	6,254,579		6,254,579	6,219	6,260,798
31	01 SUBPROVIDER 2	5,539,955		5,539,955		5,539,955
33	NURSERY	711,962		711,962		711,962
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	31,393,073		31,393,073	171,554	31,564,627
38	RECOVERY ROOM	2,922,110		2,922,110		2,922,110
39	DELIVERY ROOM & LABOR ROO	5,172,039		5,172,039		5,172,039
40	ANESTHESIOLOGY	2,461,260		2,461,260		2,461,260
41	RADIOLOGY-DIAGNOSTIC	15,636,061		15,636,061		15,636,061
42	RADIOLOGY-THERAPEUTIC	2,448,117		2,448,117		2,448,117
42	01 NUCLEAR MEDICINE-DIAGNOST	2,330,472		2,330,472		2,330,472
43	RADIOISOTOPE					
43	01 ULTRA SOUND	1,513,870		1,513,870		1,513,870
44	LABORATORY	19,601,096		19,601,096		19,601,096
44	01 ANATOMIC PATHOLOGY	2,617,584		2,617,584	85,542	2,703,126
44	03 LAB-STEM CELL	344,862		344,862		344,862
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
46	01 MENTAL HYGIENE	416,540		416,540	3,332	419,872
47	BLOOD STORING, PROCESSING	5,613,614		5,613,614		5,613,614
48	INTRAVENOUS THERAPY	1,181,865		1,181,865		1,181,865
48	01 PHARMACY-IV DRUG THERAPY	12,910,633		12,910,633		12,910,633
49	RESPIRATORY THERAPY	8,620,193		8,620,193	12,902	8,633,095
49	01 SLEEP DISORDER	674,993		674,993		674,993
49	02 PAIN MANAGEMENT	678,635		678,635		678,635
50	PHYSICAL THERAPY	3,460,376		3,460,376		3,460,376
51	OCCUPATIONAL THERAPY	2,302,351		2,302,351		2,302,351
52	SPEECH PATHOLOGY	2,121,290		2,121,290		2,121,290
53	ELECTROCARDIOLOGY	3,118,085		3,118,085	55,694	3,173,779
54	ELECTROENCEPHALOGRAPHY	882,097		882,097	5,352	887,449
54	01 CARDIAC CATHETERIZATION L	4,316,143		4,316,143	19,634	4,335,777
54	02 CARDIAC REHAB	1,201,183		1,201,183	59	1,201,242
54	03 VASCULAR LAB	1,213,007		1,213,007		1,213,007
54	04 ENDOSCOPY	4,723,817		4,723,817		4,723,817
54	05 CLINICAL NUTRITION	1,103,500		1,103,500		1,103,500
54	06 PSYCHOTHERAPY	1,933,090		1,933,090	13,079	1,946,169
55	MEDICAL SUPPLIES CHARGED	40,995,390		40,995,390		40,995,390
56	DRUGS CHARGED TO PATIENTS	18,536,932		18,536,932		18,536,932
57	RENAL DIALYSIS	2,100,676		2,100,676	29,978	2,130,654
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	15,011,489		15,011,489	309,708	15,321,197
61	EMERGENCY	19,220,021		19,220,021	173,698	19,393,719
62	OBSERVATION BEDS (NON-DIS	7,064,097		7,064,097		7,064,097
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	TRANSPORT					
101	SUBTOTAL	390,237,241		390,237,241	2,006,894	392,244,135
102	LESS OBSERVATION BEDS	7,064,097		7,064,097		7,064,097
103	TOTAL	383,173,144		383,173,144	2,006,894	385,180,038

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	172,591,346		172,591,346			
26	INTENSIVE CARE UNIT	10,860,681		10,860,681			
26 01	PEDIATRIC INTENSIVE CARE	17,661,160		17,661,160			
27	CORONARY CARE UNIT	11,329,946		11,329,946			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	62,268,674		62,268,674			
31	SUBPROVIDER	12,626,259		12,626,259			
31 01	SUBPROVIDER 2	13,017,036		13,017,036			
33	NURSERY	6,934,177		6,934,177			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	39,206,419	47,060,000	86,266,419	.363908	.363908	.365897
38	RECOVERY ROOM	3,910,386	6,132,579	10,042,965	.290961	.290961	.290961
39	DELIVERY ROOM & LABOR ROO	20,290,252	8,701,400	28,991,652	.178398	.178398	.178398
40	ANESTHESIOLOGY	13,277,289	13,040,058	26,317,347	.093522	.093522	.093522
41	RADIOLOGY-DIAGNOSTIC	39,847,630	68,588,155	108,435,785	.144197	.144197	.144197
42	RADIOLOGY-THERAPEUTIC	903,842	9,694,786	10,598,628	.230984	.230984	.230984
42 01	NUCLEAR MEDICINE-DIAGNOST	3,083,784	7,593,531	10,677,315	.218264	.218264	.218264
43	RADIOISOTOPE						
43 01	ULTRA SOUND	3,313,764	7,587,521	10,901,285	.138871	.138871	.138871
44	LABORATORY	79,261,087	44,654,464	123,915,551	.158181	.158181	.158181
44 01	ANATOMIC PATHOLOGY	3,857,285	5,983,828	9,841,113	.265985	.265985	.274677
44 03	LAB-STEM CELL	89,652		89,652	3.846674	3.846674	3.846674
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	433,367	703,180	1,136,547	.366496	.366496	.369428
47	BLOOD STORING, PROCESSING	11,438,577	3,506,641	14,945,218	.375613	.375613	.375613
48	INTRAVENOUS THERAPY	316,017	787,148	1,103,165	1.071340	1.071340	1.071340
48 01	PHARMACY-IV DRUG THERAPY	29,606,921	7,464,282	37,071,203	.348266	.348266	.348266
49	RESPIRATORY THERAPY	39,464,359	2,435,615	41,899,974	.205733	.205733	.206041
49 01	SLEEP DISORDER	122,202	3,736,608	3,858,810	.174923	.174923	.174923
49 02	PAIN MANAGEMENT	62,396	2,062,051	2,124,447	.319441	.319441	.319441
50	PHYSICAL THERAPY	7,307,732	1,649,962	8,957,694	.386302	.386302	.386302
51	OCCUPATIONAL THERAPY	6,427,453	582,873	7,010,326	.328423	.328423	.328423
52	SPEECH PATHOLOGY	4,841,646	965,604	5,807,250	.365283	.365283	.365283
53	ELECTROCARDIOLOGY	7,116,040	10,386,600	17,502,640	.178149	.178149	.181331
54	ELECTROENCEPHALOGRAPHY	1,049,883	1,148,922	2,198,805	.401171	.401171	.403605
54 01	CARDIAC CATHETERIZATION L	18,569,200	8,963,291	27,532,491	.156765	.156765	.157479
54 02	CARDIAC REHAB	3,500	835,041	838,541	1.432468	1.432468	1.432538
54 03	VASCULAR LAB	9,778,678	4,063,657	13,842,335	.087630	.087630	.087630
54 04	ENDOSCOPY	3,279,464	15,263,988	18,543,452	.254743	.254743	.254743
54 05	CLINICAL NUTRITION	864	225,489	226,353	4.875129	4.875129	4.875129
54 06	PSYCHOTHERAPY	1,802	8,505,899	8,507,701	.227216	.227216	.228754
55	MEDICAL SUPPLIES CHARGED	55,618,030	17,675,717	73,293,747	.559330	.559330	.559330
56	DRUGS CHARGED TO PATIENTS	56,141,184	19,226,683	75,367,867	.245953	.245953	.245953
57	RENAL DIALYSIS	5,657,196	846,606	6,503,802	.322992	.322992	.327601
58	ASC (NON-DIAGNOSTIC PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	214,941	14,927,314	15,142,255	.991364	.991364	1.011817
61	EMERGENCY	27,674,075	51,858,081	79,532,156	.241664	.241664	.243848
62	OBSERVATION BEDS (NON-DIS		12,512,235	12,512,235	.564575	.564575	.564575
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	799,456,196	409,369,809	1208,826,005			
102	LESS OBSERVATION BEDS						
103	TOTAL	799,456,196	409,369,809	1208,826,005			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	172,591,346		172,591,346			
26	INTENSIVE CARE UNIT	10,860,681		10,860,681			
26 01	PEDIATRIC INTENSIVE CARE	17,661,160		17,661,160			
27	CORONARY CARE UNIT	11,329,946		11,329,946			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	62,268,674		62,268,674			
31	SUBPROVIDER	12,626,259		12,626,259			
31 01	SUBPROVIDER 2	13,017,036		13,017,036			
33	NURSERY	6,934,177		6,934,177			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	39,206,419	47,060,000	86,266,419	.392217	.392217	.394205
38	RECOVERY ROOM	3,910,386	6,132,579	10,042,965	.290961	.290961	.290961
39	DELIVERY ROOM & LABOR ROO	20,290,252	8,701,400	28,991,652	.178398	.178398	.178398
40	ANESTHESIOLOGY	13,277,289	13,040,058	26,317,347	.142524	.142524	.142524
41	RADIOLOGY-DIAGNOSTIC	39,847,630	68,588,155	108,435,785	.151223	.151223	.151223
42	RADIOLOGY-THERAPEUTIC	903,842	9,694,786	10,598,628	.230984	.230984	.230984
42 01	NUCLEAR MEDICINE-DIAGNOST	3,083,784	7,593,531	10,677,315	.218264	.218264	.218264
43	RADIOISOTOPE						
43 01	ULTRA SOUND	3,313,764	7,587,521	10,901,285	.138871	.138871	.138871
44	LABORATORY	79,261,087	44,654,464	123,915,551	.163658	.163658	.163658
44 01	ANATOMIC PATHOLOGY	3,857,285	5,983,828	9,841,113	.265985	.265985	.274677
44 03	LAB-STEM CELL	89,652		89,652	3.846674	3.846674	3.846674
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	433,367	703,180	1,136,547	.366496	.366496	.369428
47	BLOOD STORING, PROCESSING	11,438,577	3,506,641	14,945,218	.375613	.375613	.375613
48	INTRAVENOUS THERAPY	316,017	787,148	1,103,165	1.071340	1.071340	1.071340
48 01	PHARMACY-IV DRUG THERAPY	29,606,921	7,464,282	37,071,203	.348266	.348266	.348266
49	RESPIRATORY THERAPY	39,464,359	2,435,615	41,899,974	.206064	.206064	.206372
49 01	SLEEP DISORDER	122,202	3,736,608	3,858,810	.174923	.174923	.174923
49 02	PAIN MANAGEMENT	62,396	2,062,051	2,124,447	.319441	.319441	.319441
50	PHYSICAL THERAPY	7,307,732	1,649,962	8,957,694	.386302	.386302	.386302
51	OCCUPATIONAL THERAPY	6,427,453	582,873	7,010,326	.328423	.328423	.328423
52	SPEECH PATHOLOGY	4,841,646	965,604	5,807,250	.365283	.365283	.365283
53	ELECTROCARDIOLOGY	7,116,040	10,386,600	17,502,640	.186479	.186479	.189661
54	ELECTROENCEPHALOGRAPHY	1,049,883	1,148,922	2,198,805	.781642	.781642	.784076
54 01	CARDIAC CATHETERIZATION L	18,569,200	8,963,291	27,532,491	.156765	.156765	.157479
54 02	CARDIAC REHAB	3,500	835,041	838,541	1.432468	1.432468	1.432538
54 03	VASCULAR LAB	9,778,678	4,063,657	13,842,335	.087630	.087630	.087630
54 04	ENDOSCOPY	3,279,464	15,263,988	18,543,452	.254743	.254743	.254743
54 05	CLINICAL NUTRITION	864	225,489	226,353	4.875129	4.875129	4.875129
54 06	PSYCHOTHERAPY	1,802	8,505,899	8,507,701	.227216	.227216	.228754
55	MEDICAL SUPPLIES CHARGED	55,618,030	17,675,717	73,293,747	.559330	.559330	.559330
56	DRUGS CHARGED TO PATIENTS	56,141,184	19,226,683	75,367,867	.245953	.245953	.245953
57	RENAL DIALYSIS	5,657,196	846,606	6,503,802	.322992	.322992	.327601
58	ASC (NON-DIAGNOSTIC PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	214,941	14,927,314	15,142,255	.999961	.999961	1.020414
61	EMERGENCY	27,674,075	51,858,081	79,532,156	.242035	.242035	.244219
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		12,512,235	12,512,235	.564575	.564575	.564575
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	799,456,196	409,369,809	1208,826,005			
102	LESS OBSERVATION BEDS						
103	TOTAL	799,456,196	409,369,809	1208,826,005			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	31,393,073	4,948,864	26,444,209			31,393,073
38	RECOVERY ROOM	2,922,110	154,015	2,768,095			2,922,110
39	DELIVERY ROOM & LABOR ROO	5,172,039	215,595	4,956,444			5,172,039
40	ANESTHESIOLOGY	2,461,260	550,224	1,911,036			2,461,260
41	RADIOLOGY-DIAGNOSTIC	15,636,061	3,080,979	12,555,082			15,636,061
42	RADIOLOGY-THERAPEUTIC	2,448,117	687,930	1,760,187			2,448,117
42 01	NUCLEAR MEDICINE-DIAGNOST	2,330,472	232,201	2,098,271			2,330,472
43	RADIOISOTOPE						
43 01	ULTRA SOUND	1,513,870	161,949	1,351,921			1,513,870
44	LABORATORY	19,601,096	1,235,221	18,365,875			19,601,096
44 01	ANATOMIC PATHOLOGY	2,617,584	269,769	2,347,815			2,617,584
44 03	LAB-STEM CELL	344,862	166,882	177,980			344,862
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	416,540	66,102	350,438			416,540
47	BLOOD STORING, PROCESSING	5,613,614	168,884	5,444,730			5,613,614
48	INTRAVENOUS THERAPY	1,181,865	82,102	1,099,763			1,181,865
48 01	PHARMACY-IV DRUG THERAPY	12,910,633	765,272	12,145,361			12,910,633
49	RESPIRATORY THERAPY	8,620,193	580,536	8,039,657			8,620,193
49 01	SLEEP DISORDER	674,993	52,294	622,699			674,993
49 02	PAIN MANAGEMENT	678,635	101,259	577,376			678,635
50	PHYSICAL THERAPY	3,460,376	245,299	3,215,077			3,460,376
51	OCCUPATIONAL THERAPY	2,302,351	126,802	2,175,549			2,302,351
52	SPEECH PATHOLOGY	2,121,290	88,107	2,033,183			2,121,290
53	ELECTROCARDIOLOGY	3,118,085	506,179	2,611,906			3,118,085
54	ELECTROENCEPHALOGRAPHY	882,097	99,300	782,797			882,097
54 01	CARDIAC CATHETERIZATION L	4,316,143	1,271,431	3,044,712			4,316,143
54 02	CARDIAC REHAB	1,201,183	116,917	1,084,266			1,201,183
54 03	VASCULAR LAB	1,213,007	207,916	1,005,091			1,213,007
54 04	ENDOSCOPY	4,723,817	802,540	3,921,277			4,723,817
54 05	CLINICAL NUTRITION	1,103,500	29,948	1,073,552			1,103,500
54 06	PSYCHOTHERAPY	1,933,090	112,276	1,820,814			1,933,090
55	MEDICAL SUPPLIES CHARGED	40,995,390	1,530,665	39,464,725			40,995,390
56	DRUGS CHARGED TO PATIENTS	18,536,932	564,681	17,972,251			18,536,932
57	RENAL DIALYSIS	2,100,676	99,185	2,001,491			2,100,676
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	15,011,489	1,286,414	13,725,075			15,011,489
61	EMERGENCY	19,220,021	1,231,967	17,988,054			19,220,021
62	OBSERVATION BEDS (NON-DIS	7,064,097	519,374	6,544,723			7,064,097
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	245,840,561	22,359,079	223,481,482			245,840,561
102	LESS OBSERVATION BEDS	7,064,097	519,374	6,544,723			7,064,097
103	TOTAL	238,776,464	21,839,705	216,936,759			238,776,464

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	86,266,419	.363908	.363908
38	RECOVERY ROOM	10,042,965	.290961	.290961
39	DELIVERY ROOM & LABOR ROO	28,991,652	.178398	.178398
40	ANESTHESIOLOGY	26,317,347	.093522	.093522
41	RADIOLOGY-DIAGNOSTIC	108,435,785	.144197	.144197
42	RADIOLOGY-THERAPEUTIC	10,598,628	.230984	.230984
42 01	NUCLEAR MEDICINE-DIAGNOST	10,677,315	.218264	.218264
43	RADIOISOTOPE			
43 01	ULTRA SOUND	10,901,285	.138871	.138871
44	LABORATORY	123,915,551	.158181	.158181
44 01	ANATOMIC PATHOLOGY	9,841,113	.265985	.265985
44 03	LAB-STEM CELL	89,652	3.846674	3.846674
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46 01	MENTAL HYGIENE	1,136,547	.366496	.366496
47	BLOOD STORING, PROCESSING	14,945,218	.375613	.375613
48	INTRAVENOUS THERAPY	1,103,165	1.071340	1.071340
48 01	PHARMACY-IV DRUG THERAPY	37,071,203	.348266	.348266
49	RESPIRATORY THERAPY	41,899,974	.205733	.205733
49 01	SLEEP DISORDER	3,858,810	.174923	.174923
49 02	PAIN MANAGEMENT	2,124,447	.319441	.319441
50	PHYSICAL THERAPY	8,957,694	.386302	.386302
51	OCCUPATIONAL THERAPY	7,010,326	.328423	.328423
52	SPEECH PATHOLOGY	5,807,250	.365283	.365283
53	ELECTROCARDIOLOGY	17,502,640	.178149	.178149
54	ELECTROENCEPHALOGRAPHY	2,198,805	.401171	.401171
54 01	CARDIAC CATHETERIZATION L	27,532,491	.156765	.156765
54 02	CARDIAC REHAB	838,541	1.432468	1.432468
54 03	VASCULAR LAB	13,842,335	.087630	.087630
54 04	ENDOSCOPY	18,543,452	.254743	.254743
54 05	CLINICAL NUTRITION	226,353	4.875129	4.875129
54 06	PSYCHOTHERAPY	8,507,701	.227216	.227216
55	MEDICAL SUPPLIES CHARGED	73,293,747	.559330	.559330
56	DRUGS CHARGED TO PATIENTS	75,367,867	.245953	.245953
57	RENAL DIALYSIS	6,503,802	.322992	.322992
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	15,142,255	.991364	.991364
61	EMERGENCY	79,532,156	.241664	.241664
62	OBSERVATION BEDS (NON-DIS	12,512,235	.564575	.564575
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	901,536,726		
102	LESS OBSERVATION BEDS	12,512,235		
103	TOTAL	889,024,491		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	33,835,126	4,948,864	28,886,262	494,886	1,675,403	31,664,837
38	RECOVERY ROOM	2,922,110	154,015	2,768,095	15,402	160,550	2,746,158
39	DELIVERY ROOM & LABOR ROO	5,172,039	215,595	4,956,444	21,560	287,474	4,863,005
40	ANESTHESIOLOGY	3,750,844	550,224	3,200,620	55,022	185,636	3,510,186
41	RADIOLOGY-DIAGNOSTIC	16,398,009	3,080,979	13,317,030	308,098	772,388	15,317,523
42	RADIOLOGY-THERAPEUTIC	2,448,117	687,930	1,760,187	68,793	102,091	2,277,233
42 01	NUCLEAR MEDICINE-DIAGNOST	2,330,472	232,201	2,098,271	23,220	121,700	2,185,552
43	RADIOISOTOPE						
43 01	ULTRA SOUND	1,513,870	161,949	1,351,921	16,195	78,411	1,419,264
44	LABORATORY	20,279,733	1,235,221	19,044,512	123,522	1,104,582	19,051,629
44 01	ANATOMIC PATHOLOGY	2,617,584	269,769	2,347,815	26,977	136,173	2,454,434
44 03	LAB-STEM CELL	344,862	166,882	177,980	16,688	10,323	317,851
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	416,540	66,102	350,438	6,610	20,325	389,605
47	BLOOD STORING, PROCESSING	5,613,614	168,884	5,444,730	16,888	315,794	5,280,932
48	INTRAVENOUS THERAPY	1,181,865	82,102	1,099,763	8,210	63,786	1,109,869
48 01	PHARMACY-IV DRUG THERAPY	12,910,633	765,272	12,145,361	76,527	704,431	12,129,675
49	RESPIRATORY THERAPY	8,634,078	580,536	8,053,542	58,054	467,105	8,108,919
49 01	SLEEP DISORDER	674,993	52,294	622,699	5,229	36,117	633,647
49 02	PAIN MANAGEMENT	678,635	101,259	577,376	10,126	33,488	635,021
50	PHYSICAL THERAPY	3,460,376	245,299	3,215,077	24,530	186,474	3,249,372
51	OCCUPATIONAL THERAPY	2,302,351	126,802	2,175,549	12,680	126,182	2,163,489
52	SPEECH PATHOLOGY	2,121,290	88,107	2,033,183	8,811	117,925	1,994,554
53	ELECTROCARDIOLOGY	3,263,879	506,179	2,757,700	50,618	159,947	3,053,314
54	ELECTROENCEPHALOGRAPHY	1,718,678	99,300	1,619,378	9,930	93,924	1,614,824
54 01	CARDIAC CATHETERIZATION L	4,316,143	1,271,431	3,044,712	127,143	176,593	4,012,407
54 02	CARDIAC REHAB	1,201,183	116,917	1,084,266	11,692	62,887	1,126,604
54 03	VASCULAR LAB	1,213,007	207,916	1,005,091	20,792	58,295	1,133,920
54 04	ENDOSCOPY	4,723,817	802,540	3,921,277	80,254	227,434	4,416,129
54 05	CLINICAL NUTRITION	1,103,500	29,948	1,073,552	2,995	62,266	1,038,239
54 06	PSYCHOTHERAPY	1,933,090	112,276	1,820,814	11,228	105,607	1,816,255
55	MEDICAL SUPPLIES CHARGED	40,995,390	1,530,665	39,464,725	153,067	2,288,954	38,553,369
56	DRUGS CHARGED TO PATIENTS	18,536,932	564,681	17,972,251	56,468	1,042,391	17,438,073
57	RENAL DIALYSIS	2,100,676	99,185	2,001,491	9,919	116,086	1,974,671
58	ASC (NON-DIAGNOSTIC PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	15,141,662	1,286,414	13,855,248	128,641	803,604	14,209,417
61	EMERGENCY	19,249,527	1,231,967	18,017,560	123,197	1,045,018	18,081,312
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	7,064,097	519,374	6,544,723	51,937	379,594	6,632,566
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	252,168,722	22,359,079	229,809,643	2,235,909	13,328,958	236,603,855
102	LESS OBSERVATION BEDS	7,064,097	519,374	6,544,723	51,937	379,594	6,632,566
103	TOTAL	245,104,625	21,839,705	223,264,920	2,183,972	12,949,364	229,971,289

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	86,266,419	.367059	.386480
38	RECOVERY ROOM	10,042,965	.273441	.289427
39	DELIVERY ROOM & LABOR ROO	28,991,652	.167738	.177654
40	ANESTHESIOLOGY	26,317,347	.133379	.140433
41	RADIOLOGY-DIAGNOSTIC	108,435,785	.141259	.148382
42	RADIOLOGY-THERAPEUTIC	10,598,628	.214861	.224494
42 01	NUCLEAR MEDICINE-DIAGNOST	10,677,315	.204691	.216089
43	RADIOISOTOPE			
43 01	ULTRA SOUND	10,901,285	.130192	.137385
44	LABORATORY	123,915,551	.153747	.162661
44 01	ANATOMIC PATHOLOGY	9,841,113	.249406	.263243
44 03	LAB-STEM CELL	89,652	3.545387	3.660532
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46 01	MENTAL HYGIENE	1,136,547	.342797	.360680
47	BLOOD STORING, PROCESSING	14,945,218	.353353	.374483
48	INTRAVENOUS THERAPY	1,103,165	1.006077	1.063898
48 01	PHARMACY-IV DRUG THERAPY	37,071,203	.327199	.346201
49	RESPIRATORY THERAPY	41,899,974	.193530	.204679
49 01	SLEEP DISORDER	3,858,810	.164208	.173567
49 02	PAIN MANAGEMENT	2,124,447	.298911	.314674
50	PHYSICAL THERAPY	8,957,694	.362746	.383564
51	OCCUPATIONAL THERAPY	7,010,326	.308615	.326614
52	SPEECH PATHOLOGY	5,807,250	.343459	.363766
53	ELECTROCARDIOLOGY	17,502,640	.174449	.183587
54	ELECTROENCEPHALOGRAPHY	2,198,805	.734410	.777126
54 01	CARDIAC CATHETERIZATION L	27,532,491	.145734	.152148
54 02	CARDIAC REHAB	838,541	1.343529	1.418525
54 03	VASCULAR LAB	13,842,335	.081917	.086128
54 04	ENDOSCOPY	18,543,452	.238150	.250415
54 05	CLINICAL NUTRITION	226,353	4.586814	4.861897
54 06	PSYCHOTHERAPY	8,507,701	.213484	.225897
55	MEDICAL SUPPLIES CHARGED	73,293,747	.526012	.557242
56	DRUGS CHARGED TO PATIENTS	75,367,867	.231373	.245203
57	RENAL DIALYSIS	6,503,802	.303618	.321467
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	15,142,255	.938395	.991465
61	EMERGENCY	79,532,156	.227346	.240485
62	OBSERVATION BEDS (NON-DIS	12,512,235	.530086	.560424
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	901,536,726		
102	LESS OBSERVATION BEDS	12,512,235		
103	TOTAL	889,024,491		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 6/2/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,560,306		6,560,306
26	INTENSIVE CARE UNIT				318,840		318,840
26	01 PEDIATRIC INTENSIVE CARE				574,798		574,798
27	CORONARY CARE UNIT				350,081		350,081
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				1,931,849		1,931,849
31	SUBPROVIDER				380,821		380,821
31	01 SUBPROVIDER 2				1,222,278		1,222,278
33	NURSERY				66,231		66,231
101	TOTAL				11,405,204		11,405,204

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 6/2/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	106,759	26,733			61.45	1,642,743
26	INTENSIVE CARE UNIT	3,497	1,746			91.18	159,200
26	01 PEDIATRIC INTENSIVE CARE	4,411	33			130.31	4,300
27	CORONARY CARE UNIT	3,672	1,880			95.34	179,239
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	18,268				105.75	
31	SUBPROVIDER	9,598	5,428			39.68	215,383
31	01 SUBPROVIDER 2	13,373	5,594			91.40	511,292
33	NURSERY	6,365				10.41	
101	TOTAL	165,943	41,414				2,712,157

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-0091
 PREPARED 6/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,948,864	86,266,419	16,419,344		
38	RECOVERY ROOM		154,015	10,042,965	1,131,427		
39	DELIVERY ROOM & LABOR ROO		215,595	28,991,652	161,871		
40	ANESTHESIOLOGY		550,224	26,317,347	2,251,044		
41	RADIOLOGY-DIAGNOSTIC		3,080,979	108,435,785	12,649,797		
42	RADIOLOGY-THERAPEUTIC		687,930	10,598,628	382,078		
42	01 NUCLEAR MEDICINE-DIAGNOST		232,201	10,677,315	1,264,809		
43	RADIOISOTOPE						
43	01 ULTRA SOUND		161,949	10,901,285			
44	LABORATORY		1,235,221	123,915,551	25,512,947		
44	01 ANATOMIC PATHOLOGY		269,769	9,841,113			
44	03 LAB-STEM CELL		166,882	89,652			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		66,102	1,136,547			
47	BLOOD STORING, PROCESSING		168,884	14,945,218	2,231,937		
48	INTRAVENOUS THERAPY		82,102	1,103,165	4,245		
48	01 PHARMACY-IV DRUG THERAPY		765,272	37,071,203			
49	RESPIRATORY THERAPY		580,536	41,899,974	6,069,066		
49	01 SLEEP DISORDER		52,294	3,858,810			
49	02 PAIN MANAGEMENT		101,259	2,124,447	487		
50	PHYSICAL THERAPY		245,299	8,957,694	1,591,207		
51	OCCUPATIONAL THERAPY		126,802	7,010,326	240,797		
52	SPEECH PATHOLOGY		88,107	5,807,250	394,526		
53	ELECTROCARDIOLOGY		506,179	17,502,640	4,622,359		
54	ELECTROENCEPHALOGRAPHY		99,300	2,198,805	73,921		
54	01 CARDIAC CATHETERIZATION L		1,271,431	27,532,491	5,232,612		
54	02 CARDIAC REHAB		116,917	838,541	1,828		
54	03 VASCULAR LAB		207,916	13,842,335	1,246,391		
54	04 ENDOSCOPY		802,540	18,543,452			
54	05 CLINICAL NUTRITION		29,948	226,353			
54	06 PSYCHOTHERAPY		112,276	8,507,701			
55	MEDICAL SUPPLIES CHARGED		1,530,665	73,293,747	18,437,042		
56	DRUGS CHARGED TO PATIENTS		564,681	75,367,867	18,042,198		
57	RENAL DIALYSIS		99,185	6,503,802	3,572,609		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,286,414	15,142,255	8,160		
61	EMERGENCY		1,231,967	79,532,156	8,632,990		
62	OBSERVATION BEDS (NON-DIS		519,374	12,512,235			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		22,359,079	901,536,726	130,175,692		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-0091
 PREPARED 6/2/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.057367	941,929
38	RECOVERY ROOM	.015336	17,352
39	DELIVERY ROOM & LABOR ROO	.007436	1,204
40	ANESTHESIOLOGY	.020907	47,063
41	RADIOLOGY-DIAGNOSTIC	.028413	359,419
42	RADIOLOGY-THERAPEUTIC	.064907	24,800
42 01	NUCLEAR MEDICINE-DIAGNOST	.021747	27,506
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.014856	
44	LABORATORY	.009968	254,313
44 01	ANATOMIC PATHOLOGY	.027412	
44 03	LAB-STEM CELL	1.861442	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.058160	
47	BLOOD STORING, PROCESSING	.011300	25,221
48	INTRAVENOUS THERAPY	.074424	316
48 01	PHARMACY-IV DRUG THERAPY	.020643	
49	RESPIRATORY THERAPY	.013855	84,087
49 01	SLEEP DISORDER	.013552	
49 02	PAIN MANAGEMENT	.047664	23
50	PHYSICAL THERAPY	.027384	43,574
51	OCCUPATIONAL THERAPY	.018088	4,356
52	SPEECH PATHOLOGY	.015172	5,986
53	ELECTROCARDIOLOGY	.028920	133,679
54	ELECTROENCEPHALOGRAPHY	.045161	3,338
54 01	CARDIAC CATHETERIZATION L	.046179	241,637
54 02	CARDIAC REHAB	.139429	255
54 03	VASCULAR LAB	.015020	18,721
54 04	ENDOSCOPY	.043279	
54 05	CLINICAL NUTRITION	.132307	
54 06	PSYCHOTHERAPY	.013197	
55	MEDICAL SUPPLIES CHARGED	.020884	385,039
56	DRUGS CHARGED TO PATIENTS	.007492	135,172
57	RENAL DIALYSIS	.015250	54,482
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.084955	693
61	EMERGENCY	.015490	133,725
62	OBSERVATION BEDS (NON-DIS	.041509	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		2,943,890

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

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			267,983			267,983
26	INTENSIVE CARE UNIT			53,596			53,596
26	01 PEDIATRIC INTENSIVE CARE						
27	CORONARY CARE UNIT			53,596			53,596
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY			53,596			53,596
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL			428,771			428,771

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

PROVIDER NO: 26-0091
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	106,759	2.51	26,733	67,100
26	INTENSIVE CARE UNIT	3,497	15.33	1,746	26,766
26 01	PEDIATRIC INTENSIVE CARE	4,411		33	
27	CORONARY CARE UNIT	3,672	14.60	1,880	27,448
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
30	NEONATAL INTENSIVE CARE U	18,268			
31	SUBPROVIDER	9,598		5,428	
31 01	SUBPROVIDER 2	13,373		5,594	
33	NURSERY	6,365	8.42		
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	165,943		41,414	121,314

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
42	01 NUCLEAR MEDICINE-DIAGNOST										
43	RADIOISOTOPE										
43	01 ULTRA SOUND										
44	LABORATORY										
44	01 ANATOMIC PATHOLOGY										
44	03 LAB-STEM CELL										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
46	01 MENTAL HYGIENE										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
48	01 PHARMACY-IV DRUG THERAPY										
49	RESPIRATORY THERAPY										
49	01 SLEEP DISORDER										
49	02 PAIN MANAGEMENT										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 CARDIAC CATHETERIZATION L										
54	02 CARDIAC REHAB										
54	03 VASCULAR LAB										
54	04 ENDOSCOPY										
54	05 CLINICAL NUTRITION										
54	06 PSYCHOTHERAPY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC								107,193		
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS								21,213		
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
68	TRANSPORT										
101	TOTAL								128,406		

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7	
37	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM			86,266,419			16,419,344		
38	RECOVERY ROOM			10,042,965			1,131,427		
39	DELIVERY ROOM & LABOR ROO			28,991,652			161,871		
40	ANESTHESIOLOGY			26,317,347			2,251,044		
41	RADIOLOGY-DIAGNOSTIC			108,435,785			12,649,797		
42	RADIOLOGY-THERAPEUTIC			10,598,628			382,078		
42	01 NUCLEAR MEDICINE-DIAGNOST			10,677,315			1,264,809		
43	RADIOISOTOPE								
43	01 ULTRA SOUND			10,901,285					
44	LABORATORY			123,915,551			25,512,947		
44	01 ANATOMIC PATHOLOGY			9,841,113					
44	03 LAB-STEM CELL			89,652					
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
46	01 MENTAL HYGIENE			1,136,547					
47	BLOOD STORING, PROCESSING			14,945,218			2,231,937		
48	INTRAVENOUS THERAPY			1,103,165			4,245		
48	01 PHARMACY-IV DRUG THERAPY			37,071,203					
49	RESPIRATORY THERAPY			41,899,974			6,069,066		
49	01 SLEEP DISORDER			3,858,810					
49	02 PAIN MANAGEMENT			2,124,447			487		
50	PHYSICAL THERAPY			8,957,694			1,591,207		
51	OCCUPATIONAL THERAPY			7,010,326			240,797		
52	SPEECH PATHOLOGY			5,807,250			394,526		
53	ELECTROCARDIOLOGY			17,502,640			4,622,359		
54	ELECTROENCEPHALOGRAPHY			2,198,805			73,921		
54	01 CARDIAC CATHETERIZATION L			27,532,491			5,232,612		
54	02 CARDIAC REHAB			838,541			1,828		
54	03 VASCULAR LAB			13,842,335			1,246,391		
54	04 ENDOSCOPY			18,543,452					
54	05 CLINICAL NUTRITION			226,353					
54	06 PSYCHOTHERAPY			8,507,701					
55	MEDICAL SUPPLIES CHARGED			73,293,747			18,437,042		
56	DRUGS CHARGED TO PATIENTS			75,367,867			18,042,198		
57	RENAL DIALYSIS			6,503,802			3,572,609		
58	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
61	CLINIC	107,193	107,193	15,142,255	.007079	.007079	8,160		58
61	EMERGENCY			79,532,156			8,632,990		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	21,213	21,213	12,512,235	.001695	.001695			
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
68	TRANSPORT								
101	TOTAL	128,406	128,406	901,536,726			130,175,692		58

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,968,199					
38	RECOVERY ROOM	1,308,788					
39	DELIVERY ROOM & LABOR ROO	35,318					
40	ANESTHESIOLOGY	1,961,997					
41	RADIOLOGY-DIAGNOSTIC	12,001,120					
42	RADIOLOGY-THERAPEUTIC	3,064,101					
42 01	NUCLEAR MEDICINE-DIAGNOST	1,737,600					
43	RADIOISOTOPE						
43 01	ULTRA SOUND						
44	LABORATORY	1,429,480					
44 01	ANATOMIC PATHOLOGY						
44 03	LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46 01	MENTAL HYGIENE	360,232					
47	BLOOD STORING, PROCESSING	318,867					
48	INTRAVENOUS THERAPY	122,523					
48 01	PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY	304,513					
49 01	SLEEP DISORDER						
49 02	PAIN MANAGEMENT	63,118					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,688,015					
54	ELECTROENCEPHALOGRAPHY	92,361					
54 01	CARDIAC CATHETERIZATION L	1,230,115					
54 02	CARDIAC REHAB	302,133					
54 03	VASCULAR LAB	883,312					
54 04	ENDOSCOPY						
54 05	CLINICAL NUTRITION						
54 06	PSYCHOTHERAPY						
55	MEDICAL SUPPLIES CHARGED	4,518,918					
56	DRUGS CHARGED TO PATIENTS	4,855,539					
57	RENAL DIALYSIS	65,428					
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	486,314			3,443		
61	EMERGENCY	4,551,360					
62	OBSERVATION BEDS (NON-DIS	2,794,567			4,737		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL	56,143,918			8,180		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-S091
 PREPARED 6/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,948,864	86,266,419	37,294		
38	RECOVERY ROOM		154,015	10,042,965	1,935		
39	DELIVERY ROOM & LABOR ROO		215,595	28,991,652			
40	ANESTHESIOLOGY		550,224	26,317,347	248,955		
41	RADIOLOGY-DIAGNOSTIC		3,080,979	108,435,785	173,418		
42	RADIOLOGY-THERAPEUTIC		687,930	10,598,628			
42	01 NUCLEAR MEDICINE-DIAGNOST		232,201	10,677,315			
43	RADIOISOTOPE						
43	01 ULTRA SOUND		161,949	10,901,285			
44	LABORATORY		1,235,221	123,915,551	522,010		
44	01 ANATOMIC PATHOLOGY		269,769	9,841,113			
44	03 LAB-STEM CELL		166,882	89,652			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		66,102	1,136,547	215,452		
47	BLOOD STORING, PROCESSING		168,884	14,945,218	2,951		
48	INTRAVENOUS THERAPY		82,102	1,103,165			
48	01 PHARMACY-IV DRUG THERAPY		765,272	37,071,203			
49	RESPIRATORY THERAPY		580,536	41,899,974	26,723		
49	01 SLEEP DISORDER		52,294	3,858,810			
49	02 PAIN MANAGEMENT		101,259	2,124,447			
50	PHYSICAL THERAPY		245,299	8,957,694	38,050		
51	OCCUPATIONAL THERAPY		126,802	7,010,326	1,353		
52	SPEECH PATHOLOGY		88,107	5,807,250	4,164		
53	ELECTROCARDIOLOGY		506,179	17,502,640	54,488		
54	ELECTROENCEPHALOGRAPHY		99,300	2,198,805	623		
54	01 CARDIAC CATHETERIZATION L		1,271,431	27,532,491	2,476		
54	02 CARDIAC REHAB		116,917	838,541			
54	03 VASCULAR LAB		207,916	13,842,335	-4,108		
54	04 ENDOSCOPY		802,540	18,543,452			
54	05 CLINICAL NUTRITION		29,948	226,353			
54	06 PSYCHOTHERAPY		112,276	8,507,701	828		
55	MEDICAL SUPPLIES CHARGED		1,530,665	73,293,747	31,284		
56	DRUGS CHARGED TO PATIENTS		564,681	75,367,867	975,102		
57	RENAL DIALYSIS		99,185	6,503,802	101,645		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,286,414	15,142,255			
61	EMERGENCY		1,231,967	79,532,156	304,113		
62	OBSERVATION BEDS (NON-DIS		519,374	12,512,235			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		22,359,079	901,536,726	2,746,972		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-S091
 PREPARED 6/2/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.057367	2,139
38	RECOVERY ROOM	.015336	30
39	DELIVERY ROOM & LABOR ROO	.007436	
40	ANESTHESIOLOGY	.020907	5,205
41	RADIOLOGY-DIAGNOSTIC	.028413	4,927
42	RADIOLOGY-THERAPEUTIC	.064907	
42 01	NUCLEAR MEDICINE-DIAGNOST	.021747	
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.014856	
44	LABORATORY	.009968	5,203
44 01	ANATOMIC PATHOLOGY	.027412	
44 03	LAB-STEM CELL	1.861442	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.058160	12,531
47	BLOOD STORING, PROCESSING	.011300	33
48	INTRAVENOUS THERAPY	.074424	
48 01	PHARMACY-IV DRUG THERAPY	.020643	
49	RESPIRATORY THERAPY	.013855	370
49 01	SLEEP DISORDER	.013552	
49 02	PAIN MANAGEMENT	.047664	
50	PHYSICAL THERAPY	.027384	1,042
51	OCCUPATIONAL THERAPY	.018088	24
52	SPEECH PATHOLOGY	.015172	63
53	ELECTROCARDIOLOGY	.028920	1,576
54	ELECTROENCEPHALOGRAPHY	.045161	28
54 01	CARDIAC CATHETERIZATION L	.046179	114
54 02	CARDIAC REHAB	.139429	
54 03	VASCULAR LAB	.015020	62
54 04	ENDOSCOPY	.043279	
54 05	CLINICAL NUTRITION	.132307	
54 06	PSYCHOTHERAPY	.013197	11
55	MEDICAL SUPPLIES CHARGED	.020884	653
56	DRUGS CHARGED TO PATIENTS	.007492	7,305
57	RENAL DIALYSIS	.015250	1,550
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.084955	
61	EMERGENCY	.015490	4,711
62	OBSERVATION BEDS (NON-DIS	.041509	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		47,577

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
42	01 NUCLEAR MEDICINE-DIAGNOST										
43	RADIOISOTOPE										
43	01 ULTRA SOUND										
44	LABORATORY										
44	01 ANATOMIC PATHOLOGY										
44	03 LAB-STEM CELL										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
46	01 MENTAL HYGIENE										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
48	01 PHARMACY-IV DRUG THERAPY										
49	RESPIRATORY THERAPY										
49	01 SLEEP DISORDER										
49	02 PAIN MANAGEMENT										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 CARDIAC CATHETERIZATION L										
54	02 CARDIAC REHAB										
54	03 VASCULAR LAB										
54	04 ENDOSCOPY										
54	05 CLINICAL NUTRITION										
54	06 PSYCHOTHERAPY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC								107,193		
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS								21,213		
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
68	TRANSPORT										
101	TOTAL								128,406		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			86,266,419			37,294	
38	RECOVERY ROOM			10,042,965			1,935	
39	DELIVERY ROOM & LABOR ROO			28,991,652				
40	ANESTHESIOLOGY			26,317,347			248,955	
41	RADIOLOGY-DIAGNOSTIC			108,435,785			173,418	
42	RADIOLOGY-THERAPEUTIC			10,598,628				
43	01 NUCLEAR MEDICINE-DIAGNOST			10,677,315				
	RADIOISOTOPE							
43	01 ULTRA SOUND			10,901,285				
44	LABORATORY			123,915,551			522,010	
44	01 ANATOMIC PATHOLOGY			9,841,113				
44	03 LAB-STEM CELL			89,652				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
46	01 MENTAL HYGIENE			1,136,547			215,452	
47	BLOOD STORING, PROCESSING			14,945,218			2,951	
48	INTRAVENOUS THERAPY			1,103,165				
48	01 PHARMACY-IV DRUG THERAPY			37,071,203				
49	RESPIRATORY THERAPY			41,899,974			26,723	
49	01 SLEEP DISORDER			3,858,810				
49	02 PAIN MANAGEMENT			2,124,447				
50	PHYSICAL THERAPY			8,957,694			38,050	
51	OCCUPATIONAL THERAPY			7,010,326			1,353	
52	SPEECH PATHOLOGY			5,807,250			4,164	
53	ELECTROCARDIOLOGY			17,502,640			54,488	
54	ELECTROENCEPHALOGRAPHY			2,198,805			623	
54	01 CARDIAC CATHETERIZATION L			27,532,491			2,476	
54	02 CARDIAC REHAB			838,541				
54	03 VASCULAR LAB			13,842,335			4,108	
54	04 ENDOSCOPY			18,543,452				
54	05 CLINICAL NUTRITION			226,353				
54	06 PSYCHOTHERAPY			8,507,701			828	
55	MEDICAL SUPPLIES CHARGED			73,293,747			31,284	
56	DRUGS CHARGED TO PATIENTS			75,367,867			975,102	
57	RENAL DIALYSIS			6,503,802			101,645	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
	CLINIC	107,193	107,193	15,142,255	.007079	.007079		
61	EMERGENCY			79,532,156			304,113	
62	OBSERVATION BEDS (NON-DIS	21,213	21,213	12,512,235	.001695	.001695		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	128,406	128,406	901,536,726			2,746,972	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 NUCLEAR MEDICINE-DIAGNOST						
43	RADIOISOTOPE						
43	01 ULTRASOUND						
44	LABORATORY						
44	01 ANATOMIC PATHOLOGY						
44	03 LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP DISORDER						
49	02 PAIN MANAGEMENT						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATHETERIZATION L						
54	02 CARDIAC REHAB						
54	03 VASCULAR LAB						
54	04 ENDOSCOPY						
54	05 CLINICAL NUTRITION						
54	06 PSYCHOTHERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL						

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				16,272	
42 RADIOLOGY-THERAPEUTIC					
42 01 NUCLEAR MEDICINE-DIAGNOSTIC				3,248	
43 RADIOISOTOPE					
43 01 ULTRA SOUND					
44 LABORATORY				144	
44 01 ANATOMIC PATHOLOGY					
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY				850	
49 01 SLEEP DISORDER					
49 02 PAIN MANAGEMENT					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				4,393	
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC CATHETERIZATION LABORATORY					
54 02 CARDIAC REHAB				160	
54 03 VASCULAR LAB				1,017	
54 04 ENDOSCOPY					
54 05 CLINICAL NUTRITION					
54 06 PSYCHOTHERAPY				8,119,128	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				360	
56 DRUGS CHARGED TO PATIENTS				145	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)				484	
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL				8,146,201	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				8,146,201	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-T091
 PREPARED 6/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,948,864	86,266,419	109,919		
38	RECOVERY ROOM		154,015	10,042,965	6,217		
39	DELIVERY ROOM & LABOR ROO		215,595	28,991,652			
40	ANESTHESIOLOGY		550,224	26,317,347	11,641		
41	RADIOLOGY-DIAGNOSTIC		3,080,979	108,435,785	230,930		
42	RADIOLOGY-THERAPEUTIC		687,930	10,598,628	43,110		
42	01 NUCLEAR MEDICINE-DIAGNOST		232,201	10,677,315	3,764		
43	RADIOISOTOPE						
43	01 ULTRA SOUND		161,949	10,901,285			
44	LABORATORY		1,235,221	123,915,551	776,743		
44	01 ANATOMIC PATHOLOGY		269,769	9,841,113			
44	03 LAB-STEM CELL		166,882	89,652			
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		66,102	1,136,547			
47	BLOOD STORING, PROCESSING		168,884	14,945,218	22,242		
48	INTRAVENOUS THERAPY		82,102	1,103,165			
48	01 PHARMACY-IV DRUG THERAPY		765,272	37,071,203			
49	RESPIRATORY THERAPY		580,536	41,899,974	492,228		
49	01 SLEEP DISORDER		52,294	3,858,810			
49	02 PAIN MANAGEMENT		101,259	2,124,447			
50	PHYSICAL THERAPY		245,299	8,957,694	1,687,292		
51	OCCUPATIONAL THERAPY		126,802	7,010,326	1,659,850		
52	SPEECH PATHOLOGY		88,107	5,807,250	691,413		
53	ELECTROCARDIOLOGY		506,179	17,502,640	39,456		
54	ELECTROENCEPHALOGRAPHY		99,300	2,198,805	6,374		
54	01 CARDIAC CATHETERIZATION L		1,271,431	27,532,491	4,952		
54	02 CARDIAC REHAB		116,917	838,541			
54	03 VASCULAR LAB		207,916	13,842,335	71,283		
54	04 ENDOSCOPY		802,540	18,543,452			
54	05 CLINICAL NUTRITION		29,948	226,353			
54	06 PSYCHOTHERAPY		112,276	8,507,701			
55	MEDICAL SUPPLIES CHARGED		1,530,665	73,293,747	579,060		
56	DRUGS CHARGED TO PATIENTS		564,681	75,367,867	1,529,820		
57	RENAL DIALYSIS		99,185	6,503,802	560,201		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,286,414	15,142,255			
61	EMERGENCY		1,231,967	79,532,156			
62	OBSERVATION BEDS (NON-DIS		519,374	12,512,235			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		22,359,079	901,536,726	8,526,495		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-T091
 PREPARED 6/2/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.057367	6,306
38	RECOVERY ROOM	.015336	95
39	DELIVERY ROOM & LABOR ROO	.007436	
40	ANESTHESIOLOGY	.020907	243
41	RADIOLOGY-DIAGNOSTIC	.028413	6,561
42	RADIOLOGY-THERAPEUTIC	.064907	2,798
42 01	NUCLEAR MEDICINE-DIAGNOST	.021747	82
43	RADIOISOTOPE		
43 01	ULTRA SOUND	.014856	
44	LABORATORY	.009968	7,743
44 01	ANATOMIC PATHOLOGY	.027412	
44 03	LAB-STEM CELL	1.861442	
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46 01	MENTAL HYGIENE	.058160	
47	BLOOD STORING, PROCESSING	.011300	251
48	INTRAVENOUS THERAPY	.074424	
48 01	PHARMACY-IV DRUG THERAPY	.020643	
49	RESPIRATORY THERAPY	.013855	6,820
49 01	SLEEP DISORDER	.013552	
49 02	PAIN MANAGEMENT	.047664	
50	PHYSICAL THERAPY	.027384	46,205
51	OCCUPATIONAL THERAPY	.018088	30,023
52	SPEECH PATHOLOGY	.015172	10,490
53	ELECTROCARDIOLOGY	.028920	1,141
54	ELECTROENCEPHALOGRAPHY	.045161	288
54 01	CARDIAC CATHETERIZATION L	.046179	229
54 02	CARDIAC REHAB	.139429	
54 03	VASCULAR LAB	.015020	1,071
54 04	ENDOSCOPY	.043279	
54 05	CLINICAL NUTRITION	.132307	
54 06	PSYCHOTHERAPY	.013197	
55	MEDICAL SUPPLIES CHARGED	.020884	12,093
56	DRUGS CHARGED TO PATIENTS	.007492	11,461
57	RENAL DIALYSIS	.015250	8,543
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.084955	
61	EMERGENCY	.015490	
62	OBSERVATION BEDS (NON-DIS	.041509	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		152,443

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
42	01 NUCLEAR MEDICINE-DIAGNOST											
43	RADIOISOTOPE											
43	01 ULTRA SOUND											
44	LABORATORY											
44	01 ANATOMIC PATHOLOGY											
44	03 LAB-STEM CELL											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
46	01 MENTAL HYGIENE											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
48	01 PHARMACY-IV DRUG THERAPY											
49	RESPIRATORY THERAPY											
49	01 SLEEP DISORDER											
49	02 PAIN MANAGEMENT											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 CARDIAC CATHETERIZATION L											
54	02 CARDIAC REHAB											
54	03 VASCULAR LAB											
54	04 ENDOSCOPY											
54	05 CLINICAL NUTRITION											
54	06 PSYCHOTHERAPY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC									107,193		
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS									21,213		
	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
65	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
68	TRANSPORT											
101	TOTAL									128,406		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			86,266,419			109,919	
38	RECOVERY ROOM			10,042,965			6,217	
39	DELIVERY ROOM & LABOR ROO			28,991,652				
40	ANESTHESIOLOGY			26,317,347			11,641	
41	RADIOLOGY-DIAGNOSTIC			108,435,785			230,930	
42	RADIOLOGY-THERAPEUTIC			10,598,628			43,110	
01	NUCLEAR MEDICINE-DIAGNOST			10,677,315			3,764	
43	RADIOISOTOPE							
01	ULTRA SOUND			10,901,285				
44	LABORATORY			123,915,551			776,743	
01	ANATOMIC PATHOLOGY			9,841,113				
03	LAB-STEM CELL			89,652				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
01	MENTAL HYGIENE			1,136,547				
47	BLOOD STORING, PROCESSING			14,945,218			22,242	
48	INTRAVENOUS THERAPY			1,103,165				
01	PHARMACY-IV DRUG THERAPY			37,071,203				
49	RESPIRATORY THERAPY			41,899,974			492,228	
01	SLEEP DISORDER			3,858,810				
02	PAIN MANAGEMENT			2,124,447				
50	PHYSICAL THERAPY			8,957,694			1,687,292	
51	OCCUPATIONAL THERAPY			7,010,326			1,659,850	
52	SPEECH PATHOLOGY			5,807,250			691,413	
53	ELECTROCARDIOLOGY			17,502,640			39,456	
54	ELECTROENCEPHALOGRAPHY			2,198,805			6,374	
01	CARDIAC CATHETERIZATION L			27,532,491			4,952	
02	CARDIAC REHAB			838,541				
03	VASCULAR LAB			13,842,335			71,283	
04	ENDOSCOPY			18,543,452				
05	CLINICAL NUTRITION			226,353				
06	PSYCHOTHERAPY			8,507,701				
55	MEDICAL SUPPLIES CHARGED			73,293,747			579,060	
56	DRUGS CHARGED TO PATIENTS			75,367,867			1,529,820	
57	RENAL DIALYSIS			6,503,802			560,201	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	107,193	107,193	15,142,255	.007079	.007079		
61	EMERGENCY			79,532,156				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	21,213	21,213	12,512,235	.001695	.001695		
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	128,406	128,406	901,536,726			8,526,495	

TITLE XVIII, PART A SUBPROVIDER 2 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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
42	01 NUCLEAR MEDICINE-DIAGNOST						
43	RADIOISOTOPE						
43	01 ULTRA SOUND						
44	LABORATORY						
44	01 ANATOMIC PATHOLOGY						
44	03 LAB-STEM CELL						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
48	01 PHARMACY-IV DRUG THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP DISORDER						
49	02 PAIN MANAGEMENT						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC CATHETERIZATION L						
54	02 CARDIAC REHAB						
54	03 VASCULAR LAB						
54	04 ENDOSCOPY						
54	05 CLINICAL NUTRITION						
54	06 PSYCHOTHERAPY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
42 01 NUCLEAR MEDICINE-DIAGNOSTIC					
43 RADIOISOTOPE					
43 01 ULTRASOUND					
44 LABORATORY					
44 01 ANATOMIC PATHOLOGY					
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY					
49 01 SLEEP DISORDER					
49 02 PAIN MANAGEMENT					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC CATHETERIZATION LABORATORY					
54 02 CARDIAC REHAB					
54 03 VASCULAR LAB					
54 04 ENDOSCOPY					
54 05 CLINICAL NUTRITION					
54 06 PSYCHOTHERAPY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		41,560,321	
26	INTENSIVE CARE UNIT		5,332,107	
26	01 PEDIATRIC INTENSIVE CARE UNIT		66,887	
27	CORONARY CARE UNIT		5,938,330	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365897	16,419,344	6,007,789
38	RECOVERY ROOM	.290961	1,131,427	329,201
39	DELIVERY ROOM & LABOR ROOM	.178398	161,871	28,877
40	ANESTHESIOLOGY	.093522	2,251,044	210,522
41	RADIOLOGY-DIAGNOSTIC	.144197	12,649,797	1,824,063
42	RADIOLOGY-THERAPEUTIC	.230984	382,078	88,254
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.218264	1,264,809	276,062
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.138871		
44	LABORATORY	.158181	25,512,947	4,035,663
44	01 ANATOMIC PATHOLOGY	.274677		
44	03 LAB-STEM CELL	3.846674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.369428		
47	BLOOD STORING, PROCESSING & TRANS.	.375613	2,231,937	838,345
48	INTRAVENOUS THERAPY	1.071340	4,245	4,548
48	01 PHARMACY-IV DRUG THERAPY	.348266		
49	RESPIRATORY THERAPY	.206041	6,069,066	1,250,476
49	01 SLEEP DISORDER	.174923		
49	02 PAIN MANAGEMENT	.319441	487	156
50	PHYSICAL THERAPY	.386302	1,591,207	614,686
51	OCCUPATIONAL THERAPY	.328423	240,797	79,083
52	SPEECH PATHOLOGY	.365283	394,526	144,114
53	ELECTROCARDIOLOGY	.181331	4,622,359	838,177
54	ELECTROENCEPHALOGRAPHY	.403605	73,921	29,835
54	01 CARDIAC CATHETERIZATION LABORATORY	.157479	5,232,612	824,027
54	02 CARDIAC REHAB	1.432538	1,828	2,619
54	03 VASCULAR LAB	.087630	1,246,391	109,221
54	04 ENDOSCOPY	.254743		
54	05 CLINICAL NUTRITION	4.875129		
54	06 PSYCHOTHERAPY	.228754		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.559330	18,437,042	10,312,391
56	DRUGS CHARGED TO PATIENTS	.245953	18,042,198	4,437,533
57	RENAL DIALYSIS	.327601	3,572,609	1,170,390
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.011817	8,160	8,256
61	EMERGENCY	.243848	8,632,990	2,105,137
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564575		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		130,175,692	35,569,425
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		130,175,692	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		7,168,432	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365897	37,294	13,646
38	RECOVERY ROOM	.290961	1,935	563
39	DELIVERY ROOM & LABOR ROOM	.178398		
40	ANESTHESIOLOGY	.093522	248,955	23,283
41	RADIOLOGY-DIAGNOSTIC	.144197	173,418	25,006
42	RADIOLOGY-THERAPEUTIC	.230984		
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.218264		
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.138871		
44	LABORATORY	.158181	522,010	82,572
44	01 ANATOMIC PATHOLOGY	.274677		
44	03 LAB-STEM CELL	3.846674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.369428	215,452	79,594
47	BLOOD STORING, PROCESSING & TRANS.	.375613	2,951	1,108
48	INTRAVENOUS THERAPY	1.071340		
48	01 PHARMACY-IV DRUG THERAPY	.348266		
49	RESPIRATORY THERAPY	.206041	26,723	5,506
49	01 SLEEP DISORDER	.174923		
49	02 PAIN MANAGEMENT	.319441		
50	PHYSICAL THERAPY	.386302	38,050	14,699
51	OCCUPATIONAL THERAPY	.328423	1,353	444
52	SPEECH PATHOLOGY	.365283	4,164	1,521
53	ELECTROCARDIOLOGY	.181331	54,488	9,880
54	ELECTROENCEPHALOGRAPHY	.403605	623	251
54	01 CARDIAC CATHETERIZATION LABORATORY	.157479	2,476	390
54	02 CARDIAC REHAB	1.432538		
54	03 VASCULAR LAB	.087630	4,108	360
54	04 ENDOSCOPY	.254743		
54	05 CLINICAL NUTRITION	4.875129		
54	06 PSYCHOTHERAPY	.228754	828	189
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.559330	31,284	17,498
56	DRUGS CHARGED TO PATIENTS	.245953	975,102	239,829
57	RENAL DIALYSIS	.327601	101,645	33,299
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.011817		
61	EMERGENCY	.243848	304,113	74,157
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564575		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		2,746,972	623,795
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,746,972	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	01 INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		5,372,855	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365897	109,919	40,219
38	RECOVERY ROOM	.290961	6,217	1,809
39	DELIVERY ROOM & LABOR ROOM	.178398		
40	ANESTHESIOLOGY	.093522	11,641	1,089
41	RADIOLOGY-DIAGNOSTIC	.144197	230,930	33,299
42	RADIOLOGY-THERAPEUTIC	.230984	43,110	9,958
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.218264	3,764	822
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.138871		
44	LABORATORY	.158181	776,743	122,866
44	01 ANATOMIC PATHOLOGY	.274677		
44	03 LAB-STEM CELL	3.846674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.369428		
47	BLOOD STORING, PROCESSING & TRANS.	.375613	22,242	8,354
48	INTRAVENOUS THERAPY	1.071340		
48	01 PHARMACY-IV DRUG THERAPY	.348266		
49	RESPIRATORY THERAPY	.206041	492,228	101,419
49	01 SLEEP DISORDER	.174923		
49	02 PAIN MANAGEMENT	.319441		
50	PHYSICAL THERAPY	.386302	1,687,292	651,804
51	OCCUPATIONAL THERAPY	.328423	1,659,850	545,133
52	SPEECH PATHOLOGY	.365283	691,413	252,561
53	ELECTROCARDIOLOGY	.181331	39,456	7,155
54	ELECTROENCEPHALOGRAPHY	.403605	6,374	2,573
54	01 CARDIAC CATHETERIZATION LABORATORY	.157479	4,952	780
54	02 CARDIAC REHAB	1.432538		
54	03 VASCULAR LAB	.087630	71,283	6,247
54	04 ENDOSCOPY	.254743		
54	05 CLINICAL NUTRITION	4.875129		
54	06 PSYCHOTHERAPY	.228754		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.559330	579,060	323,886
56	DRUGS CHARGED TO PATIENTS	.245953	1,529,820	376,264
57	RENAL DIALYSIS	.327601	560,201	183,522
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.011817		
61	EMERGENCY	.243848		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564575		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		8,526,495	2,669,760
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,526,495	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		17,570,377	
26	INTENSIVE CARE UNIT		760,634	
26	01 PEDIATRIC INTENSIVE CARE UNIT		2,162,431	
27	CORONARY CARE UNIT		979,262	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT		13,319,392	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.392217	2,878,301	1,128,919
38	RECOVERY ROOM	.290961	264,752	77,033
39	DELIVERY ROOM & LABOR ROOM	.178398	2,206,375	393,613
40	ANESTHESIOLOGY	.142524	1,106,971	157,770
41	RADIOLOGY-DIAGNOSTIC	.151223	4,181,238	632,299
42	RADIOLOGY-THERAPEUTIC	.230984	62,717	14,487
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.218264	251,626	54,921
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.138871	485,520	67,425
44	LABORATORY	.163658	9,259,538	1,515,397
44	01 ANATOMIC PATHOLOGY	.265985	341,904	90,941
44	03 LAB-STEM CELL	3.846674	65,039	250,184
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.366496		
47	BLOOD STORING, PROCESSING & TRANS.	.375613	1,398,374	525,247
48	INTRAVENOUS THERAPY	1.071340	25,907	27,755
48	01 PHARMACY-IV DRUG THERAPY	.348266	2,923,694	1,018,223
49	RESPIRATORY THERAPY	.206064	6,941,557	1,430,405
49	01 SLEEP DISORDER	.174923	9,792	1,713
49	02 PAIN MANAGEMENT	.319441	4,684	1,496
50	PHYSICAL THERAPY	.386302	383,517	148,153
51	OCCUPATIONAL THERAPY	.328423	322,745	105,997
52	SPEECH PATHOLOGY	.365283	124,380	45,434
53	ELECTROCARDIOLOGY	.186479	709,012	132,216
54	ELECTROENCEPHALOGRAPHY	.781642	121,095	94,653
54	01 CARDIAC CATHETERIZATION LABORATORY	.156765	1,172,204	183,761
54	02 CARDIAC REHAB	1.432468	220	315
54	03 VASCULAR LAB	.087630	797,836	69,914
54	04 ENDOSCOPY	.254743	241,194	61,442
54	05 CLINICAL NUTRITION	4.875129	515	2,511
54	06 PSYCHOTHERAPY	.227216		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.559330	4,180,935	2,338,522
56	DRUGS CHARGED TO PATIENTS	.245953	6,789,117	1,669,804
57	RENAL DIALYSIS	.322992	358,944	115,936
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.999961	45,947	45,945
61	EMERGENCY	.242035	2,485,871	601,668
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564575		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		50,141,521	13,004,099
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		50,141,521	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0091
 COMPONENT NO: 26-S091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,830,017	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.392217		
38	RECOVERY ROOM	.290961	3,225	938
39	DELIVERY ROOM & LABOR ROOM	.178398		
40	ANESTHESIOLOGY	.142524	137,276	19,565
41	RADIOLOGY-DIAGNOSTIC	.151223	64,608	9,770
42	RADIOLOGY-THERAPEUTIC	.230984		
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.218264	3,455	754
43	RADIOISOTOPE			
43	01 ULTRA SOUND	.138871	1,430	199
44	LABORATORY	.163658	217,926	35,665
44	01 ANATOMICAL PATHOLOGY	.265985	390	104
44	03 LAB-STEM CELL	3.846674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.366496	128,102	46,949
47	BLOOD STORING, PROCESSING & TRANS.	.375613	142	53
48	INTRAVENOUS THERAPY	1.071340		
48	01 PHARMACY-IV DRUG THERAPY	.348266	21,845	7,608
49	RESPIRATORY THERAPY	.206064	11,565	2,383
49	01 SLEEP DISORDER	.174923		
49	02 PAIN MANAGEMENT	.319441		
50	PHYSICAL THERAPY	.386302	4,133	1,597
51	OCCUPATIONAL THERAPY	.328423	255	84
52	SPEECH PATHOLOGY	.365283		
53	ELECTROCARDIOLOGY	.186479	20,025	3,734
54	ELECTROENCEPHALOGRAPHY	.781642		
54	01 CARDIAC CATHETERIZATION LABORATORY	.156765		
54	02 CARDIAC REHAB	1.432468		
54	03 VASCULAR LAB	.087630	4,169	365
54	04 ENDOSCOPY	.254743		
54	05 CLINICAL NUTRITION	4.875129		
54	06 PSYCHOTHERAPY	.227216		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.559330	15,958	8,926
56	DRUGS CHARGED TO PATIENTS	.245953	362,442	89,144
57	RENAL DIALYSIS	.322992	40,291	13,014
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.999961	23	23
61	EMERGENCY	.242035	164,651	39,851
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564575		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		1,201,911	280,726
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,201,911	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	01 INTENSIVE CARE UNIT			
27	PEDIATRIC INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	NEONATAL INTENSIVE CARE UNIT			
31	01 SUBPROVIDER 2		2,108,371	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.392217	3,234	1,268
39	RECOVERY ROOM	.290961	1,532	446
40	DELIVERY ROOM & LABOR ROOM	.178398		
41	ANESTHESIOLOGY	.142524	3,000	428
42	RADIOLOGY-DIAGNOSTIC	.151223	85,889	12,988
42	01 RADIOLOGY-THERAPEUTIC	.230984		
43	01 NUCLEAR MEDICINE-DIAGNOSTIC	.218264	3,119	681
43	RADIOISOTOPE			
44	01 ULTRA SOUND	.138871	1,428	198
44	LABORATORY	.163658	240,357	39,336
44	01 ANATOMICAL PATHOLOGY	.265985	1,034	275
44	03 LAB-STEM CELL	3.846674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01 MENTAL HYGIENE	.366496		
47	BLOOD STORING, PROCESSING & TRANS.	.375613	7,471	2,806
48	INTRAVENOUS THERAPY	1.071340	3,862	4,138
48	01 PHARMACY-IV DRUG THERAPY	.348266	201,709	70,248
49	RESPIRATORY THERAPY	.206064	116,066	23,917
49	01 SLEEP DISORDER	.174923		
49	02 PAIN MANAGEMENT	.319441		
50	PHYSICAL THERAPY	.386302	635,465	245,481
51	OCCUPATIONAL THERAPY	.328423	637,748	209,451
52	SPEECH PATHOLOGY	.365283	308,715	112,768
53	ELECTROCARDIOLOGY	.186479	6,918	1,290
54	ELECTROENCEPHALOGRAPHY	.781642		
54	01 CARDIAC CATHETERIZATION LABORATORY	.156765	1,987	311
54	02 CARDIAC REHAB	1.432468		
54	03 VASCULAR LAB	.087630	25,362	2,222
54	04 ENDOSCOPY	.254743	12,172	3,101
54	05 CLINICAL NUTRITION	4.875129		
54	06 PSYCHOTHERAPY	.227216		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.559330	336,745	188,352
56	DRUGS CHARGED TO PATIENTS	.245953	378,987	93,213
57	RENAL DIALYSIS	.322992	73,996	23,900
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC	.999961		
61	EMERGENCY	.242035		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.564575		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	TRANSPORT			
101	TOTAL		3,086,796	1,036,818
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,086,796	

KIDNEY

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	835.79		
2	INTENSIVE CARE UNIT	43	1,392.90		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,788.63		
3	CORONARY CARE UNIT	44	1,487.37		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,399.19		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
	C	1	2	3
8	OPERATING ROOM	37	.363908	8,100
9	RECOVERY ROOM	38	.290961	2,948
10	DELIVERY ROOM & LABOR ROO	39	.178398	
11	ANESTHESIOLOGY	40	.093522	213
12	RADIOLOGY-DIAGNOSTIC	41	.144197	
13	RADIOLOGY-THERAPEUTIC	42	.230984	
13.01	NUCLEAR MEDICINE-DIAGNOST	42.01	.218264	
14	RADIOISOTOPE	43		
14.01	ULTRA SOUND	43.01	.138871	
15	LABORATORY	44	.158181	11,304
15.01	ANATOMIC PATHOLOGY	44.01	.265985	1,788
15.03	LAB-STEM CELL	44.03	3.846674	
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17.01	MENTAL HYGIENE	46.01	.366496	
18	BLOOD STORING, PROCESSING	47	.375613	
19	INTRAVENOUS THERAPY	48	1.071340	
19.01	PHARMACY-IV DRUG THERAPY	48.01	.348266	
20	RESPIRATORY THERAPY	49	.205733	2,402
20.01	SLEEP DISORDER	49.01	.174923	494
20.02	PAIN MANAGEMENT	49.02	.319441	
21	PHYSICAL THERAPY	50	.386302	
22	OCCUPATIONAL THERAPY	51	.328423	
23	SPEECH PATHOLOGY	52	.365283	
24	ELECTROCARDIOLOGY	53	.178149	
25	ELECTROENCEPHALOGRAPHY	54	.401171	
25.01	CARDIAC CATHETERIZATION L	54.01	.156765	
25.02	CARDIAC REHAB	54.02	1.432468	
25.03	VASCULAR LAB	54.03	.087630	
25.04	ENDOSCOPY	54.04	.254743	
25.05	CLINICAL NUTRITION	54.05	4.875129	
25.06	PSYCHOTHERAPY	54.06	.227216	
26	MEDICAL SUPPLIES CHARGED	55	.559330	476
27	DRUGS CHARGED TO PATIENTS	56	.245953	266
28	RENAL DIALYSIS	57	.322992	
29	ASC (NON-DISTINCT PART)	58		
31	CLINIC	60	.991364	
32	EMERGENCY	61	.241664	
33	OBSERVATION BEDS (NON-DIS	62	.564575	15,378
35	TOTAL (SUM OF LINES 8-34)			39,942
				8,682
				14,391

KIDNEY

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)	15,378		
	22			
47	TOTAL (SUM OF LINES 43-46)	15,378		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	14,391		39,942	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	130,737		77,500	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	145,128		117,442	
54 TOTAL USABLE ORGANS		11		
55 MEDICARE USABLE ORGANS		10		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.909091		
57 MEDICARE COST/CHARGES	131,935		106,765	
58 REVENUE FOR ORGANS SOLD	39,942		39,942	
59 SUBTOTAL (LN 57 MINUS LN 58)	91,993		66,823	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	91,993		66,823	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			8
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			3
66 TOTAL (SUM OF LINES 62-65)			11
67 ORGANS TRANSPLANTED			3
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		8	39,942
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		11	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

LIVER

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	835.79		
2	INTENSIVE CARE UNIT	43	1,392.90		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	1,788.63		
3	CORONARY CARE UNIT	44	1,487.37		
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	NEONATAL INTENSIVE CARE UNIT	47	1,399.19		
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
	C	1	2	3
8	OPERATING ROOM	37	.363908	8,680
9	RECOVERY ROOM	38	.290961	3,159
10	DELIVERY ROOM & LABOR ROO	39	.178398	
11	ANESTHESIOLOGY	40	.093522	1,861
12	RADIOLOGY-DIAGNOSTIC	41	.144197	174
13	RADIOLOGY-THERAPEUTIC	42	.230984	
13.01	NUCLEAR MEDICINE-DIAGNOST	42.01	.218264	
14	RADIOISOTOPE	43		
14.01	ULTRA SOUND	43.01	.138871	
15	LABORATORY	44	.158181	12,560
15.01	ANATOMIC PATHOLOGY	44.01	.265985	1,987
15.03	LAB-STEM CELL	44.03	3.846674	
16	PBP CLINICAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17.01	MENTAL HYGIENE	46.01	.366496	
18	BLOOD STORING, PROCESSING	47	.375613	
19	INTRAVENOUS THERAPY	48	1.071340	
19.01	PHARMACY-IV DRUG THERAPY	48.01	.348266	
20	RESPIRATORY THERAPY	49	.205733	1,817
20.01	SLEEP DISORDER	49.01	.174923	374
20.02	PAIN MANAGEMENT	49.02	.319441	
21	PHYSICAL THERAPY	50	.386302	
22	OCCUPATIONAL THERAPY	51	.328423	
23	SPEECH PATHOLOGY	52	.365283	
24	ELECTROCARDIOLOGY	53	.178149	
25	ELECTROENCEPHALOGRAPHY	54	.401171	
25.01	CARDIAC CATHETERIZATION L	54.01	.156765	
25.02	CARDIAC REHAB	54.02	1.432468	
25.03	VASCULAR LAB	54.03	.087630	
25.04	ENDOSCOPY	54.04	.254743	
25.05	CLINICAL NUTRITION	54.05	4.875129	
25.06	PSYCHOTHERAPY	54.06	.227216	
26	MEDICAL SUPPLIES CHARGED	55	.559330	315
27	DRUGS CHARGED TO PATIENTS	56	.245953	176
28	RENAL DIALYSIS	57	.322992	
29	ASC (NON-DISTINCT PART)	58		
31	CLINIC	60	.991364	
32	EMERGENCY	61	.241664	
33	OBSERVATION BEDS (NON-DIS	62	.564575	9,964
35	TOTAL (SUM OF LINES 8-34)			35,197
				11,495

LIVER

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
	D			
	2			
37	INTENSIVE CARE UNIT			
	3			
37.01	PEDIATRIC INTENSIVE CARE UNIT			
	3.01			
38	CORONARY CARE UNIT			
	4			
39	BURN INTENSIVE CARE UNIT			
	5			
40	SURGICAL INTENSIVE CARE UNIT			
	6			
41	NEONATAL INTENSIVE CARE UNIT			
	7			
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			
	D			
	20			
44	EMERGENCY			
	21			
45	OBSERVATION BEDS (NON-DISTINCT PART)	9,964		
	22			
47	TOTAL (SUM OF LINES 43-46)	9,964		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	11,495		35,197	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	368,950		242,432	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	380,445		277,629	
54 TOTAL USABLE ORGANS		10		
55 MEDICARE USABLE ORGANS		5		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.500000		
57 MEDICARE COST/CHARGES	190,223		138,815	
58 REVENUE FOR ORGANS SOLD	35,197			
59 SUBTOTAL (LN 57 MINUS LN 58)	155,026		138,815	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	155,026		138,815	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			5
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			5
66 TOTAL (SUM OF LINES 62-65)			10
67 ORGANS TRANSPLANTED			5
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		5	35,197
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		10	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	31,203,407	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,399,937	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	11,496,474	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,719,780	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,228,346	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	512.74	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	141.25	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	1.00	
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	142.25	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	147.46	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	142.25	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	142.25	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	142.25	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	142.25	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.277431	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.283826	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.277431	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	6,009,368	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,987,138	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	7,996,506	29,603
		8,026,109
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	8.25	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	46.42	
4.02 SUM OF LINES 4 AND 4.01	54.67	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	34.28	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	14,261,626	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	65,119,425	
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)	65,119,425	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,396,417	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	3,301,112	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	247,019	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	121,314	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	58	
16 TOTAL	73,185,345	
17 PRIMARY PAYER PAYMENTS	76,758	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	73,108,587	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,014,139	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	183,906	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,644,500	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,151,150	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	70,061,692	
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	70,061,692	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	69,086,683	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	975,009	
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)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
26-0091		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	934
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,185,008
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	11,595,518
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	8,180
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	934
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	4,094
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	4,094
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)	4,094
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,160
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	934
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,603,698
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,015,377
19	SUBTOTAL (SEE INSTRUCTIONS)	8,589,255
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	820,450
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	9,409,705
24	PRIMARY PAYER PAYMENTS	19,351
25	SUBTOTAL	9,390,354
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	96,732
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	67,712
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	9,458,066
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	9,458,066
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,457,590
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	476
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
26-S091		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,849,660
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	1,861,299
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	1,861,299
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	379,947
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,481,352
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,481,352
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,481,352
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,481,352
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	1,481,352
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,481,352
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		3,666,228
1.09	NET IPF PPS OUTLIER PAYMENTS		4,741
1.10	NET IPF PPS ECT PAYMENTS		80,504
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		.59
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.)		.96
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)		.59
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		26.224044
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } (.5150 - 1)\}$.		.011524
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		42,250
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		3,793,723
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)		3,793,723
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } (.9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		3,793,723
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3,793,723
7	DEDUCTIBLES		275,104
8	SUBTOTAL		3,518,619
9	COINSURANCE		172,504
10	SUBTOTAL		3,346,115
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		114,853
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		80,397
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		3,426,512
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)	3,426,512
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,332,665
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	93,847
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 I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		5,797,030
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0444
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		997,541
1.05	OUTLIER PAYMENTS		214,679
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		7,009,250
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)		36.538251
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)		7,009,250
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		7,009,250
7	DEDUCTIBLES		19,424
8	SUBTOTAL		6,989,826
9	COINSURANCE		133,888
10	SUBTOTAL		6,855,938
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		13,574
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		9,502
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		6,865,440
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 2

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,865,440
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,858,398
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	1,007,042
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		30,034,858	
2	MEDICAL AND OTHER SERVICES		7,036,749	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		37,071,607	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		37,071,607	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		34,792,096	
11	ANCILLARY SERVICE CHARGES		75,108,145	
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		109,900,241	
	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)		109,900,241	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		72,828,634	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		37,071,607	
	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		37,071,607	
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		37,071,607	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		37,071,607	
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)		37,071,607	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		37,071,607	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		37,071,607	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		18,821,798	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		18,249,809	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 COMPONENT NO: 26-S091
 PREPARED 6/2/2009
 WORKSHEET E-3
 PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,720,436			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,720,436			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	4,031,928			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
32	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
33	COST OF COVERED SERVICES			
34	1,720,436			
35	PROSPECTIVE PAYMENT AMOUNT			
36	OTHER THAN OUTLIER PAYMENTS			
37	OUTLIER PAYMENTS			
38	PROGRAM CAPITAL PAYMENTS			
39	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
40	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
41	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
42	SUBTOTAL			
43	1,720,436			
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48	1,720,436			
49	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
50	EXCESS OF REASONABLE COST			
51	SUBTOTAL			
52	1,720,436			
53	COINSURANCE			
54	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
55	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
56	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
57	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
58	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
59	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
60	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
61	UTILIZATION REVIEW			
62	SUBTOTAL (SEE INSTRUCTIONS)			
63	1,720,436			
64	INPATIENT ROUTINE SERVICE COST			
65	MEDICARE INPATIENT ROUTINE CHARGES			
66	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
67	PAYMENT FOR SERVICES ON A CHARGE BASIS			
68	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
69	FOR PAYMENT OF PART A SERVICES			
70	RATIO OF LINE 43 TO 44			
71	TOTAL CUSTOMARY CHARGES			
72	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
73	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
74	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
75	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
76	OTHER ADJUSTMENTS (SPECIFY)			
77	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
78	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
79	SUBTOTAL			
80	1,720,436			
81	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
82	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
83	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
84	1,720,436			
85	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
86	INTERIM PAYMENTS			
87	2,398,452			
88	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
89	BALANCE DUE PROVIDER/PROGRAM			
90	-678,016			
91	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-S091		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,925,406			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,925,406			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	INTERNS AND RESIDENTS SERVICE CHARGES			
18	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
19	TEACHING PHYSICIANS			
20	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
21	TOTAL REASONABLE CHARGES			
22	5,195,167			
23	CUSTOMARY CHARGES			
24	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
25	PAYMENT FOR SERVICES ON A CHARGE BASIS			
26	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
27	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
28	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
29	RATIO OF LINE 17 TO LINE 18			
30	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
31	5,195,167			
32	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
33	3,269,761			
34	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
35	1,925,406			
36	COST OF COVERED SERVICES			
37	PROSPECTIVE PAYMENT AMOUNT			
38	OTHER THAN OUTLIER PAYMENTS			
39	OUTLIER PAYMENTS			
40	PROGRAM CAPITAL PAYMENTS			
41	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
42	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
43	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
44	SUBTOTAL			
45	1,925,406			
46	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
47	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
48	XVIII ENTER AMOUNT FROM LINE 30			
49	1,925,406			
50	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
51	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
52	EXCESS OF REASONABLE COST			
53	SUBTOTAL			
54	1,925,406			
55	COINSURANCE			
56	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
57	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
58	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
59	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
60	38.01			
61	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
62	38.02			
63	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
64	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
65	38.03			
66	UTILIZATION REVIEW			
67	SUBTOTAL (SEE INSTRUCTIONS)			
68	1,925,406			
69	INPATIENT ROUTINE SERVICE COST			
70	MEDICARE INPATIENT ROUTINE CHARGES			
71	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
72	PAYMENT FOR SERVICES ON A CHARGE BASIS			
73	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
74	FOR PAYMENT OF PART A SERVICES			
75	RATIO OF LINE 43 TO 44			
76	TOTAL CUSTOMARY CHARGES			
77	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
78	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
79	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
80	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
81	OTHER ADJUSTMENTS (SPECIFY)			
82	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
83	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
84	SUBTOTAL			
85	1,925,406			
86	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
87	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
88	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
89	1,925,406			
90	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
91	INTERIM PAYMENTS			
92	2,250,499			
93	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
94	BALANCE DUE PROVIDER/PROGRAM			
95	-325,093			
96	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 2/2009
26-0091	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART III
26-T091		

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

TITLE XIX

SUBPROVIDER 2

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		141.30
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	1.00
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.00	142.30
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		148.44
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		142.30
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.		100.69
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.		38.18
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		138.87
3.10	SEE INSTRUCTIONS		133.13
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		36.60
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		35.30
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		39.79
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	37.23
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)		37.23
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		91,394.70
3.18	SEE INSTRUCTIONS		3,402,625
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		98.01
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		92.19
3.21	SEE INSTRUCTIONS	RES INIT YEARS	95.58
3.22	SEE INSTRUCTIONS		95.58
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		91,394.70
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		8,735,505
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,138,130

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		41,414
5	TOTAL INPATIENT DAYS		151,126
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.274036
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,326,285 23,543	3,349,828
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		11,111
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		151,126
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.		766,310
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	5,424	5,424

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		6,503,802
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)	72,351,492
13	ORGAN ACQUISITION COSTS	247,019
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	76,758
16	TOTAL PART A REASONABLE COST	72,521,753

PART B REASONABLE COST

17	REASONABLE COST	18,043,782
18	PRIMARY PAYER PAYMENTS	19,351
19	TOTAL PART B REASONABLE COST	18,024,431
20	TOTAL REASONABLE COST	90,546,184
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.800937
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.199063

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)	4,121,562
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,301,112
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	820,450

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

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)	1.00	
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)	5.74	
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	.94	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	91,394.70	
9 MULTIPLY LINE 7 TIMES LINE 8	85,911	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	274036	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	23,543	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	5,424	

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

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).	1.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	5.21	
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)	1.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.001950	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000521	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	41,603,344	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	15,216,254	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	29,603	

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,033,199			
2	TEMPORARY INVESTMENTS	207,036,739			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	77,964,309			
5	OTHER RECEIVABLES	1,489,412			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	7,330,366			
8	PREPAID EXPENSES	5,156,605			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	301,010,630			
FIXED ASSETS					
12	LAND	8,114,844			
12.01	LAND IMPROVEMENTS	7,795,293			
13.01	LESS ACCUMULATED DEPRECIATION	-6,363,246			
14	BUILDINGS	345,747,770			
14.01	LESS ACCUMULATED DEPRECIATION	-180,980,368			
15	LEASEHOLD IMPROVEMENTS	3,249,041			
15.01	LESS ACCUMULATED DEPRECIATION	-2,059,342			
16	FIXED EQUIPMENT	50,280,795			
16.01	LESS ACCUMULATED DEPRECIATION	-41,513,385			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	158,261,077			
18.01	LESS ACCUMULATED DEPRECIATION	-118,092,957			
19	MINOR EQUIPMENT DEPRECIABLE	1,925,993			
19.01	LESS ACCUMULATED DEPRECIATION	-153,830			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	226,211,685			
OTHER ASSETS					
22	INVESTMENTS	42,042,365	10,156,317	10,236,496	629,136
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,721,636			
26	TOTAL OTHER ASSETS	43,764,001	10,156,317	10,236,496	629,136
27	TOTAL ASSETS	570,986,316	10,156,317	10,236,496	629,136

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,752,718			
29 SALARIES, WAGES & FEES PAYABLE	18,260,349			
30 PAYROLL TAXES PAYABLE	944,059			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,063,209			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-11,481,462			
36 TOTAL CURRENT LIABILITIES	23,538,873			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	68,719,513			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	16,975,515			
42 TOTAL LONG-TERM LIABILITIES	85,695,028			
43 TOTAL LIABILITIES	109,233,901			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	461,752,415			
45 SPECIFIC PURPOSE FUND		10,156,317		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			10,236,496	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				629,136
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	461,752,415	10,156,317	10,236,496	629,136
52 TOTAL LIABILITIES AND FUND BALANCES	570,986,316	10,156,317	10,236,496	629,136

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		440,179,660		10,816,589
2	NET INCOME (LOSS)		24,997,989		
3	TOTAL		465,177,649		10,816,589
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	GAIN ON INVESTMENTS	1,593		1,384,107	
7	DONATIONS				
8	TRANSFERS FROM OTHER FUND	336,449			
9					
10	TOTAL ADDITIONS		338,042		1,384,107
11	SUBTOTAL		465,515,691		12,200,696
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CORPORATE OFFICE	6,257,436			
15	TRANSFERS TO OTHER ELATED	8,139,143			
16	TRANSFERS TO OTHER FUNDS			2,044,379	
17	LOSS ON INVESTMENTS	-10,633,303			
18	TRANSFER DEBT TO CORP				
19	TOTAL DEDUCTIONS		3,763,276		2,044,379
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		461,752,415		10,156,317

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		11,816,521		756,430
2	NET INCOME (LOSS)				
3	TOTAL		11,816,521		756,430
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	GAIN ON INVESTMENTS				
7	DONATIONS				
8	TRANSFERS FROM OTHER FUND	-1,581,025			
9					
10	TOTAL ADDITIONS		-1,581,025		
11	SUBTOTAL		10,235,496		756,430
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CORPORATE OFFICE				
15	TRANSFERS TO OTHER ELATED				
16	TRANSFERS TO OTHER FUNDS	-1,000		127,294	
17	LOSS ON INVESTMENTS				
18	TRANSFER DEBT TO CORP				
19	TOTAL DEDUCTIONS		-1,000		127,294
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		10,236,496		629,136

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	202,440,362		202,440,362
2 00 SUBPROVIDER	12,704,980		12,704,980
2 01 SUBPROVIDER 2	36,538,947		36,538,947
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	251,684,289		251,684,289
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,761,193		11,761,193
10 01 PEDIATRIC INTENSIVE CARE UNIT	18,152,966		18,152,966
11 00 CORONARY CARE UNIT	12,238,152		12,238,152
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	62,496,546		62,496,546
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	104,648,857		104,648,857
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	356,333,146		356,333,146
17 00 ANCILLARY SERVICES	447,520,172		447,520,172
18 00 OUTPATIENT SERVICES		409,843,332	409,843,332
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00 NON-REIMBURSEABLE, PRO FEES	9,181,201	37,867,668	47,048,869
25 00 TOTAL PATIENT REVENUES	813,034,519	447,711,000	1260,745,519

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	487,299,667		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		487,299,667	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 6/2/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1260,745,519
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	760,321,738
3	NET PATIENT REVENUES	500,423,781
4	LESS: TOTAL OPERATING EXPENSES	487,299,667
5	NET INCOME FROM SERVICE TO PATIENTS	13,124,114
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	-3,473,517
7	INCOME FROM INVESTMENTS	9,785,908
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	31,157
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	78,211
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	2,774,390
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	2,021,091
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,853
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	3,270,019
24	OTHER (SPECIFY)	-2,615,237
24.01	MISCELLANEOUS	
25	TOTAL OTHER INCOME	11,873,875
26	TOTAL	24,997,989
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	24,997,989

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-0091
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 SATELLITE NO: PREPARED 6/2/2009
 WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	247,828	HOURS OF SERVICE	7,037.00	3.38
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	1,713	HOURS OF SERVICE	143.00	.07
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	51,286	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	300,827			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	3,166	PERCENTAGE OF TIME		
14 SUPPLIES	84,619	REQUIREMENTS		
15 DRUGS	627	REQUIREMENTS		
16 OTHER	1,015,188	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	1,404,427			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	23,339	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	31,238	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	52,915	SALARY		
23 ADMINISTRATIVE AND GENERAL	504,515	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	64,697	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	5,959	REQUIREMENTS		
27 PHARMACY	-60,973	REQUIREMENTS		
28 OTHER ALLOCATED COST	74,559	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	2,100,676			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	2,100,676			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODI LITI ES
 PROVIDER NO: 26-0091 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 6/ 2/2009
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	88,036	34,404	247,828	1,713	52,915
2	HEMODIALYSIS	12,882	5,030	36,236	252	7,738
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	75,154	29,374	211,592	1,461	45,177
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	88,036	34,404	247,828	1,713	52,915
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-60,346	90,578		455,128	1,645,548
2	HEMODIALYSIS	-8,868			53,270	192,602
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	-51,478	90,578		401,858	1,452,946
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	61,207				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	-60,346	90,578		455,128	1,645,548
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,100,676
2	HEMODIALYSIS	245,872
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
11	CCDP	
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	1,854,804
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	2,100,676
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	2,100,676

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING COSTS	EQUIPMENT	DI RECT PATIENT CARE SALARY	OTHER	EMPLOYEE BENEFITS	
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	88,036	34,404	247,828	1,713	52,915	
2	HEMODIALYSIS	319	14.62	915.00	21.00	36,242	
3	INTERMITTENT PERITONEAL TRAINING						
4	HEMODIALYSIS						
5	INTERMITTENT PERITONEAL						
6	CAPD						
7	CCDP						
8	HOME						
9	HEMODIALYSIS						
10	INTERMITTENT PERITONEAL						
11	CAPD						
11	CCDP						
	OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	3643	1,861	85.38	5,343.00	122.00	211,586
13	METHOD II HOME PATIENT						
14	EPO						
14.01	ARANESP						
15	OTHER						
16	TOTAL STATISTICAL BASIS	2,180	100.00	6,258.00	143.00	247,828	
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	40.383486	344.040000	39.601790	11.979021	.213515	

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-60,346	90,578		455,128	1,645,548
2	HEMODIALYSIS	87				
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	3643	505	1		
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	592	1			455,128
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	-101.935811	578.000000			3.615572

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 26-0091
SATELLITE NO:
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 6/2/2009
WORKSHEET 1-4
RATE 0

CHECK ONE:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS ON OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	624	245,872	394.03	352	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	624	245,872		352	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
1 MAINTENANCE - HEMODIALYSIS	138,699	221.74	6.01	78,052
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	138,699			78,052

PROVIDER NO:	PERIOD:	PREPARED
26-0091	FROM 1/ 1/2008	6/ 2/2009
SATELLITE NO:	TO 12/31/2008	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	138,699
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	78,052
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	62,442
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	15,610
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 2/2009
26-0091	FROM 1/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 12/31/2008	PARTS I-IV
26-0091		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,495,711
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	69,426
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	354.83
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	143.25
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	12.07
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	421,932
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	8.25
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	46.42
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	54.67
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	11.71
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	409,348
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,396,417
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)	