

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		14-0187		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2009 TIME 9:43

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. ELIZABETH HOSPITAL 14-0187
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 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 XVII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	115,754	-105,165	0	
2	SUBPROVIDER	0	91,702	0	0	
100	TOTAL	0	207,456	-105,165	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 211 S 3RD STREET P. O. BOX:
 1.01 CITY: BELLEVILLE STATE: IL ZIP CODE: 62220- COUNTY: ST. CLAIR

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	ST. ELIZABETH HOSPITAL	14-0187		7/ 1/1966	4	5	6
03.00 SUBPROVIDER	REHABILITATION	14-T187		7/ 1/1987	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 1

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4

 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 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 INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N N

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 REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? 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 INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

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: 14-0187
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/20/2009
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 / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	206	75,190			21,702		5,217
2 HMO							1,813
2 01 HMO - (IRF PPS SUBPROVIDER)							38
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	206	75,190			21,702		5,217
6 INTENSIVE CARE UNIT	24	8,760			2,994		494
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							988
12 TOTAL	230	83,950			24,696		6,699
13 RPCH VISITS							
14 SUBPROVIDER	30	10,950			5,641		631
18 HOME HEALTH AGENCY							
25 TOTAL	260						
26 OBSERVATION BED DAYS							17
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			47,291				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			47,291				
6 INTENSIVE CARE UNIT			6,159				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			2,939				
12 TOTAL			56,389			14.38	
13 RPCH VISITS							
14 SUBPROVIDER			8,344				
18 HOME HEALTH AGENCY							
25 TOTAL						14.38	
26 OBSERVATION BED DAYS	17		1,674	127	1,547		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,975	1,338	13,169
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	14.38	1,245.13			4,975	1,338	13,169
13 RPCH VISITS							
14 SUBPROVIDER		36.11			426	49	657
18 HOME HEALTH AGENCY							
25 TOTAL	14.38	1,281.24					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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	60,596,745		60,596,745	2,664,985.91	22.74	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	43,893		43,893	280.00	156.76	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R	1,345,026		1,345,026	29,910.40	44.97	
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,126,897	61,860	2,188,757	150,504.27	14.54	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	5,382,464		5,382,464	140,616.63	38.28	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	95,200		95,200	476.00	200.00	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,980,226		2,980,226	33,030.00	90.23	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	17,355,788		17,355,788			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	650,009		650,009			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS	12,604		12,604			CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	507,898		507,898	21,038.75	24.14	
22 ADMINISTRATIVE & GENERAL	6,949,631	-61,860	6,887,771	357,313.76	19.28	
22.01 A & G UNDER CONTRACT	3,969,908		3,969,908	3,969,908.00	1.00	
23 MAINTENANCE & REPAIRS	858,849		858,849	41,648.75	20.62	
24 OPERATION OF PLANT	775,711		775,711	41,730.00	18.59	
25 LAUNDRY & LINEN SERVICE	351,847		351,847	34,415.50	10.22	
26 HOUSEKEEPING	1,051,106		1,051,106	98,709.25	10.65	
26.01 HOUSEKEEPING UNDER CONTRACT	321,455		321,455	321,455.00	1.00	
27 DIETARY	1,273,267	-919,681	353,586	31,683.94	11.16	
27.01 DIETARY UNDER CONTRACT	842,475		842,475	842,475.00	1.00	
28 CAFETERIA		919,681	919,681	82,410.19	11.16	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,134,666		1,134,666	40,822.30	27.80	
31 CENTRAL SERVICE AND SUPPLY	274,943		274,943	22,245.39	12.36	
32 PHARMACY	2,184,046	8,880	2,192,926	66,768.56	32.84	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,255,423		1,255,423	78,814.94	15.93	
34 SOCIAL SERVICE	1,306,889		1,306,889	49,533.50	26.38	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	64,341,664		64,341,664	7,768,633.51	8.28	
2 EXCLUDED AREA SALARIES	2,126,897	61,860	2,188,757	150,504.27	14.54	
3 SUBTOTAL SALARIES	62,214,767	-61,860	62,152,907	7,618,129.24	8.16	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	8,457,890		8,457,890	174,122.63	48.57	
5 SUBTOTAL WAGE-RELATED COSTS	17,355,788		17,355,788		27.92	
6 TOTAL	88,028,445	-61,860	87,966,585	7,792,251.87	11.29	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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
17.01	GROSS MEDICAID REVENUES 12,094,273
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 5,791
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 12,100,064
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 13,150,311
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .280783
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 3,692,384
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
	TO 6/30/2009	WORKSHEET S-10

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	63,221,049
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	17,751,396
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,791
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,626
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	21,443,780

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0187

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/20/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,764,827	3,764,827	1,934,101	5,698,928
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,130,042	7,130,042	1,130,359	8,260,401
5	0500 EMPLOYEE BENEFITS	507,898	18,421,993	18,929,891	-3,619	18,926,272
6.01	0610 COMMUNICATIONS	207,340	358,020	565,360	-35	565,325
6.02	0620 DATA PROCESSING	1,219,611	5,186,877	6,406,488	-3,741	6,402,747
6.03	0630 PURCHASING, RECEIVING AND STORES	428,940	145,587	574,527	-14,415	560,112
6.04	0640 ADMINITTING	1,315,914	217,524	1,533,438	-6,254	1,527,184
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,079,054	955,653	2,034,707	-3,001	2,031,706
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	2,698,772	9,461,167	12,159,939	-245,351	11,914,588
7	0700 MAINTENANCE & REPAIRS	858,849	125,987	984,836	-3,114	981,722
8	0800 OPERATION OF PLANT	775,711	3,743,862	4,519,573	-46,324	4,473,249
9	0900 LAUNDRY & LINEN SERVICE	351,847	336,456	688,303	-4,975	683,328
10	1000 HOUSEKEEPING	1,051,106	697,767	1,748,873	-34,941	1,713,932
11	1100 DIETARY	1,273,267	1,349,877	2,623,144	-1,895,465	727,679
12	1200 CAFETERIA				1,892,760	1,892,760
14	1400 NURSING ADMINISTRATION	1,134,666	590,663	1,725,329	-5,186	1,720,143
15	1500 CENTRAL SERVICES & SUPPLY	274,943	1,674,071	1,949,014	-1,454,963	494,051
16	1600 PHARMACY	2,184,046	5,956,779	8,140,825	-179,956	7,960,869
17	1700 MEDICAL RECORDS & LIBRARY	1,255,423	643,849	1,899,272	-4,250	1,895,022
18	1800 SOCIAL SERVICE	1,306,889	744,220	2,051,109	-4,504	2,046,605
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				1,345,026	1,345,026
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,395,032	1,395,032
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	14,928,858	1,877,660	16,806,518	-3,513,192	13,293,326
26	2600 INTENSIVE CARE UNIT	3,969,881	447,624	4,417,505	-56,190	4,361,315
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,899,439	132,316	2,031,755	-15,539	2,016,216
33	3300 NURSERY				933,518	933,518
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,522,931	10,268,930	14,791,861	-8,060,906	6,730,955
38	3800 RECOVERY ROOM	717,437	41,828	759,265	-7,859	751,406
39	3900 DELIVERY ROOM & LABOR ROOM				1,972,309	1,972,309
40	4000 ANESTHESIOLOGY	109,184	2,124,784	2,233,968	-339,866	1,894,102
41	4100 RADIOLOGY-DIAGNOSTIC	2,738,131	2,271,353	5,009,484	578,089	5,587,573
41.01	3230 CAT SCAN	452,788	462,073	914,861	546,746	1,461,607
41.02	3120 CARDIAC CATHETERIZATION LABORATORY	1,339,807	5,898,646	7,238,453	-5,301,109	1,937,344
43	4300 RADIOISOTOPE	374,750	393,928	768,678	-4,003	764,675
44	4400 LABORATORY	2,057,427	2,835,355	4,892,782	-211,043	4,681,739
49	4900 RESPIRATORY THERAPY	1,310,614	299,299	1,609,913	-88,835	1,521,078
49.01	3560 PULMONARY FUNCTION TESTING	319,276	183,260	502,536	-114,443	388,093
49.02	3620 STRESS TEST	414,530	202,716	617,246	15,675	632,921
50	5000 PHYSICAL THERAPY	816,656	3,299,853	4,116,509	198,566	4,315,075
51	5100 OCCUPATIONAL THERAPY		397,373	397,373	73,947	471,320
52	5200 SPEECH PATHOLOGY		229,037	229,037	-18,159	210,878
53	5300 ELECTROCARDIOLOGY	446,738	238,742	685,480	45,058	730,538
53.01	3650 VASCULAR LAB	215,069	170,432	385,501	-12,041	373,460
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				15,902,468	15,902,468
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		481,893	481,893	-1,074	480,819
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,799,988	18,352,665	20,152,653	-3,041,291	17,111,362
60.01	4950 OTHER OUTPATIENT SERVICE COST CENTER				278,465	278,465
61	6100 EMERGENCY	2,523,141	406,927	2,930,068	636,531	3,566,599
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4951 OTHER OUTPATIENT SERVICE COST CENTER	1,488,366	1,287,595	2,775,961	-2,606,350	169,611
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	59,323	68,605	127,928	-96	127,832
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	60,428,610	113,878,115	174,306,725	1,576,560	175,883,285
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		320	320		320
98	9800 PHYSICIANS' PRIVATE OFFICES	168,135	3,527,071	3,695,206	-1,722,869	1,972,337
99	9900 NONPAID WORKERS					
99.01	9901 WELLNESS/SENIOR VIP				146,309	146,309
101	TOTAL	60,596,745	117,405,506	178,002,251	-0-	178,002,251

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0187
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,698,928
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8,260,401
5	0500 EMPLOYEE BENEFITS	-1,611,888	17,314,384
6.01	0610 COMMUNICATIONS		565,325
6.02	0620 DATA PROCESSING	-4,656,376	1,746,371
6.03	0630 PURCHASING, RECEIVING AND STORES		560,112
6.04	0640 ADMITTING		1,527,184
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-716	2,030,990
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	7,890,804	19,805,392
7	0700 MAINTENANCE & REPAIRS	-397	981,325
8	0800 OPERATION OF PLANT	-1,690	4,471,559
9	0900 LAUNDRY & LINEN SERVICE	-27,165	656,163
10	1000 HOUSEKEEPING	-70,093	1,643,839
11	1100 DIETARY	-19,773	707,906
12	1200 CAFETERIA	-559,344	1,333,416
14	1400 NURSING ADMINISTRATION	-6,316	1,713,827
15	1500 CENTRAL SERVICES & SUPPLY	-873	493,178
16	1600 PHARMACY	-1,089,527	6,871,342
17	1700 MEDICAL RECORDS & LIBRARY	-274	1,894,748
18	1800 SOCIAL SERVICE		2,046,605
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		1,345,026
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,395,032
24	2400 PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-757,852	12,535,474
26	2600 INTENSIVE CARE UNIT		4,361,315
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		2,016,216
33	3300 NURSERY		933,518
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-10,732	6,720,223
38	3800 RECOVERY ROOM		751,406
39	3900 DELIVERY ROOM & LABOR ROOM		1,972,309
40	4000 ANESTHESIOLOGY	-1,613,537	280,565
41	4100 RADIOLOGY-DIAGNOSTIC	-450,723	5,136,850
41.01	3230 CAT SCAN	-500	1,461,107
41.02	3120 CARDIAC CATHETERIZATION LABORATORY		1,937,344
43	4300 RADIOISOTOPE		764,675
44	4400 LABORATORY	-15,903	4,665,836
49	4900 RESPIRATORY THERAPY	-163,698	1,357,380
49.01	3560 PULMONARY FUNCTION TESTING	-11,949	376,144
49.02	3620 STRESS TEST	-104,717	528,204
50	5000 PHYSICAL THERAPY	-250	4,314,825
51	5100 OCCUPATIONAL THERAPY	-28,502	442,818
52	5200 SPEECH PATHOLOGY	-750	210,128
53	5300 ELECTROCARDIOLOGY		730,538
53.01	3650 VASCULAR LAB	-36,673	336,787
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,902,468
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		480,819
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-7,984,965	9,126,397
60.01	4950 OTHER OUTPATIENT SERVICE COST CENTER		278,465
61	6100 EMERGENCY	-74,691	3,491,908
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4951 OTHER OUTPATIENT SERVICE COST CENTER	-169,615	-4
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		127,832
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-11,578,685	164,304,600
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		320
98	9800 PHYSICIANS' PRIVATE OFFICES		1,972,337
99	9900 NONPAID WORKERS		
99.01	9901 WELLNESS/SENIOR VIP		146,309
101	TOTAL	-11,578,685	166,423,566

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-0187	FROM 7/1/2008	NOT A CMS WORKSHEET
	TO 6/30/2009	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
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	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
49.02	STRESS TEST	3620	STRESS TEST
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	VASCULAR LAB	3650	VASCULAR LAB
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4951	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	WELLNESS/SENIOR VIP	9901	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140187

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET A-6

----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES RECLASS	A	PURCHASING, RECEIVING AND STORES	6.03		1,801
2		ELECTROCARDIOLOGY	53		46,966
3		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		15,902,468
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DRUGS RECLASS	B	PHARMACY	16		240,518
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 COMMUNITY RELATIONS RECLASS	C	WELLNESS/SENIOR VIP	99.01	61,860	84,449
16 RENT RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,934,101
17		NEW CAP REL COSTS-MVBLE EQUIP	4		1,130,359
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
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32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140187

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RENT RECLASS	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 PSYCH RECLASS	E	OTHER OUTPATIENT SERVICE COST CENTER	60.01	204,748	73,717
22 PROVIDER BASED RECLASS	F	RADIOLOGY-DIAGNOSTIC	41	444,734	330,232
23		CAT SCAN	41.01	330,311	245,269
24		STRESS TEST	49.02	22,855	16,971
25		PHYSICAL THERAPY	50	216,034	160,414
26		OCCUPATIONAL THERAPY	51	6,551	4,864
27		SPEECH PATHOLOGY	52	2,620	1,946
28		PHARMACY	16	8,880	6,594
29		EMERGENCY	61	423,772	314,667
30 NURSERY RECLASS	G	NURSERY	33	839,927	93,591
31		DELIVERY ROOM & LABOR ROOM	39	1,774,573	197,736
32 CAFETERIA RECLASS	H	CAFETERIA	12	919,681	973,079
33 THERAPY RECLASS	I	OCCUPATIONAL THERAPY	51		68,263
34					
35 INTERNS & RESIDENTS	J	I&R SERVICES-SALARY & FRINGES APPRVD	22		1,345,026
1 INTERNS & RESIDENTS	J	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,395,032
36 TOTAL RECLASSIFICATIONS				5,256,546	24,568,063

(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:
140187

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET A-6

----- DECREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 MEDICAL SUPPLIES RECLASS	A	EMPLOYEE BENEFITS	5		201	
2		ADMINISTRATIVE	6.04		452	
3		CASHIERING/ACCOUNTS RECEIVABLE	6.05		96	
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		3,269	
5		MAINTENANCE & REPAIRS	7		280	
6		OPERATION OF PLANT	8		856	
7		LAUNDRY & LINEN SERVICE	9		4,897	
8		HOUSEKEEPING	10		28,710	
9		DIETARY	11		23	
10		CENTRAL SERVICES & SUPPLY	15		860,222	
11		PHARMACY	16		77,983	
12		MEDICAL RECORDS & LIBRARY	17		38	
13		SOCIAL SERVICE	18		7	
14		ADULTS & PEDIATRICS	25		314,367	
15		INTENSIVE CARE UNIT	26		54,229	
16		SUBPROVIDER	31		13,787	
17		OPERATING ROOM	37		7,981,429	
18		RECOVERY ROOM	38		5,668	
19		ANESTHESIOLOGY	40		304,241	
20		RADIOLOGY-DIAGNOSTIC	41		181,279	
21		CAT SCAN	41.01		27,833	
22		CARDIAC CATHETERIZATION LABORATORY	41.02		5,287,872	
23		RADIOISOTOPE	43		3,855	
24		LABORATORY	44		135,770	
25		RESPIRATORY THERAPY	49		84,496	
26		PULMONARY FUNCTION TESTING	49.01		113,095	
27		STRESS TEST	49.02		21,618	
28		PHYSICAL THERAPY	50		71,771	
29		OCCUPATIONAL THERAPY	51		5,693	
30		SPEECH PATHOLOGY	52		5,905	
31		VASCULAR LAB	53.01		11,348	
32		RENAL DIALYSIS	57		1,074	
33		CLINIC	60		186,183	
34		EMERGENCY	61		101,515	
35		OTHER OUTPATIENT SERVICE COST CENTER	63		61,173	
1 DRUGS RECLASS	B	PURCHASING, RECEIVING AND STORES	6.03		1,600	
2		HOUSEKEEPING	10		39	
3		CENTRAL SERVICES & SUPPLY	15		136,793	
4		ADULTS & PEDIATRICS	25		1,759	
5		OPERATING ROOM	37		51,031	
6		RECOVERY ROOM	38		1,922	
7		ANESTHESIOLOGY	40		35,041	
8		CAT SCAN	41.01		290	
9		CARDIAC CATHETERIZATION LABORATORY	41.02		8,938	
10		LABORATORY	44		11	
11		RESPIRATORY THERAPY	49		2,190	
12		PULMONARY FUNCTION TESTING	49.01		22	
13		CLINIC	60		685	
14		OTHER OUTPATIENT SERVICE COST CENTER	63		197	
15 COMMUNITY RELATIONS RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.06	61,860	84,449	
16 RENT RECLASS	D	EMPLOYEE BENEFITS	5		3,418	10
17		COMMUNICATIONS	6.01		35	10
18		DATA PROCESSING	6.02		3,741	
19		PURCHASING, RECEIVING AND STORES	6.03		14,616	
20		ADMINISTRATIVE	6.04		5,802	
21		CASHIERING/ACCOUNTS RECEIVABLE	6.05		2,905	
22		OTHER ADMINISTRATIVE AND GENERAL	6.06		95,773	
23		MAINTENANCE & REPAIRS	7		2,834	
24		OPERATION OF PLANT	8		45,468	
25		LAUNDRY & LINEN SERVICE	9		78	
26		HOUSEKEEPING	10		6,192	
27		DIETARY	11		2,682	
28		NURSING ADMINISTRATION	14		5,186	
29		CENTRAL SERVICES & SUPPLY	15		457,948	
30		PHARMACY	16		357,965	
31		MEDICAL RECORDS & LIBRARY	17		4,212	
32		SOCIAL SERVICE	18		4,497	
33		ADULTS & PEDIATRICS	25		12,774	
34		INTENSIVE CARE UNIT	26		1,961	
35		SUBPROVIDER	31		1,752	

RECLASSIFICATIONS

PROVIDER NO:
140187

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RENT RECLASS	D	OPERATING ROOM	37		28,446	
2		RECOVERY ROOM	38		269	
3		ANESTHESIOLOGY	40		584	
4		RADIOLOGY-DIAGNOSTIC	41		15,598	
5		CAT SCAN	41.01		711	
6		CARDIAC CATHETERIZATION LABORATORY	41.02		4,299	
7		RADIOISOTOPE	43		148	
8		LABORATORY	44		75,262	
9		RESPIRATORY THERAPY	49		2,149	
10		PULMONARY FUNCTION TESTING	49.01		1,326	
11		STRESS TEST	49.02		2,533	
12		PHYSICAL THERAPY	50		54,668	
13		OCCUPATIONAL THERAPY	51		38	
14		ELECTROCARDIOLOGY	53		1,908	
15		VASCULAR LAB	53.01		693	
16		CLINIC	60		114,365	
17		EMERGENCY	61		393	
18		OTHER OUTPATIENT SERVICE COST CENTER	63		8,266	
19		AMBULANCE SERVICES	65		96	
20		PHYSICIANS' PRIVATE OFFICES	98		1,722,869	
21 PSYCH RECLASS	E	ADULTS & PEDIATRICS	25	204,748	73,717	
22 PROVIDER BASED RECLASS	F	OTHER OUTPATIENT SERVICE COST CENTER	63	1,455,757	1,080,957	
23						
24						
25						
26						
27						
28						
29						
30 NURSERY RECLASS	G	ADULTS & PEDIATRICS	25	2,614,500	291,327	
31						
32 CAFETERIA RECLASS	H	DIETARY	11	919,681	973,079	
33 THERAPY RECLASS	I	PHYSICAL THERAPY	50		51,443	
34		SPEECH PATHOLOGY	52		16,820	
35 INTERNS & RESIDENTS	J	CLINIC	60		2,740,058	
1 INTERNS & RESIDENTS	J					
36 TOTAL RECLASSIFICATIONS				5,256,546	24,568,063	

(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: 140187

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/20/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: MEDICAL SUPPLIES RECLASS

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE, LINE, AMOUNT. Lists reclassifications for code A, including categories like PURCHASING, ELECTROCARDIOLOGY, and MEDICAL SUPPLIES CHARGED TO PA.

RECLASS CODE: B
EXPLANATION: DRUGS RECLASS

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE, LINE, AMOUNT. Lists reclassifications for code B, including categories like PHARMACY, HOUSEKEEPING, and LABORATORY.

RECLASS CODE: C
EXPLANATION: COMMUNITY RELATIONS RECLASS

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE, LINE, AMOUNT. Lists reclassifications for code C, including WELLNESS/SENIOR VIP and COMMUNITY RELATIONS.

RECLASS CODE: D
EXPLANATION: RENT RECLASS

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE, LINE, AMOUNT. Lists reclassifications for code D, including NEW CAP REL COSTS-BLDG & FIXT and EMPLOYEE BENEFITS.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140187	FROM 7/1/2008	11/20/2009
	TO 6/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : RENT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,130,359	COMMUNICATIONS	6.01	35	
3.00			0	DATA PROCESSING	6.02	3,741	
4.00			0	PURCHASING, RECEIVING AND STOR	6.03	14,616	
5.00			0	ADMITTING	6.04	5,802	
6.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	2,905	
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	95,773	
8.00			0	MAINTENANCE & REPAIRS	7	2,834	
9.00			0	OPERATION OF PLANT	8	45,468	
10.00			0	LAUNDRY & LINEN SERVICE	9	78	
11.00			0	HOUSEKEEPING	10	6,192	
12.00			0	DIETARY	11	2,682	
13.00			0	NURSING ADMINISTRATION	14	5,186	
14.00			0	CENTRAL SERVICES & SUPPLY	15	457,948	
15.00			0	PHARMACY	16	357,965	
16.00			0	MEDICAL RECORDS & LIBRARY	17	4,212	
17.00			0	SOCIAL SERVICE	18	4,497	
18.00			0	ADULTS & PEDIATRICS	25	12,774	
19.00			0	INTENSIVE CARE UNIT	26	1,961	
20.00			0	SUBPROVIDER	31	1,752	
21.00			0	OPERATING ROOM	37	28,446	
22.00			0	RECOVERY ROOM	38	269	
23.00			0	ANESTHESIOLOGY	40	584	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	15,598	
25.00			0	CAT SCAN	41.01	711	
26.00			0	CARDIAC CATHETERIZATION LABORA	41.02	4,299	
27.00			0	RADIOISOTOPE	43	148	
28.00			0	LABORATORY	44	75,262	
29.00			0	RESPIRATORY THERAPY	49	2,149	
30.00			0	PULMONARY FUNCTION TESTING	49.01	1,326	
31.00			0	STRESS TEST	49.02	2,533	
32.00			0	PHYSICAL THERAPY	50	54,668	
33.00			0	OCCUPATIONAL THERAPY	51	38	
34.00			0	ELECTROCARDIOLOGY	53	1,908	
35.00			0	VASCULAR LAB	53.01	693	
36.00			0	CLINIC	60	114,365	
37.00			0	EMERGENCY	61	393	
38.00			0	OTHER OUTPATIENT SERVICE COST	63	8,266	
39.00			0	AMBULANCE SERVICES	65	96	
40.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,722,869	
TOTAL RECLASSIFICATIONS FOR CODE D			3,064,460	TOTAL RECLASSIFICATIONS FOR CODE D			3,064,460

RECLASS CODE: E
EXPLANATION : PSYCH RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER OUTPATIENT SERVICE COST	60.01	278,465	ADULTS & PEDIATRICS	25	278,465	
TOTAL RECLASSIFICATIONS FOR CODE E			278,465	TOTAL RECLASSIFICATIONS FOR CODE E			278,465

RECLASS CODE: F
EXPLANATION : PROVIDER BASED RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	774,966	OTHER OUTPATIENT SERVICE COST	63	2,536,714	
2.00	CAT SCAN	41.01	575,580			0	
3.00	STRESS TEST	49.02	39,826			0	
4.00	PHYSICAL THERAPY	50	376,448			0	
5.00	OCCUPATIONAL THERAPY	51	11,415			0	
6.00	SPEECH PATHOLOGY	52	4,566			0	
7.00	PHARMACY	16	15,474			0	
8.00	EMERGENCY	61	738,439			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,536,714	TOTAL RECLASSIFICATIONS FOR CODE F			2,536,714

RECLASS CODE: G
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	933,518	ADULTS & PEDIATRICS	25	2,905,827	

RECLASSIFICATIONS

PROVIDER NO:
140187

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : NURSERY RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
2.00	DELIVERY ROOM & LABOR ROOM	1,972,309
TOTAL RECLASSIFICATIONS FOR CODE G		2,905,827

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
		0
		2,905,827

RECLASS CODE: H
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	1,892,760
TOTAL RECLASSIFICATIONS FOR CODE H		1,892,760

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	1,892,760
		1,892,760

RECLASS CODE: I
EXPLANATION : THERAPY RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OCCUPATIONAL THERAPY	68,263
2.00		0
TOTAL RECLASSIFICATIONS FOR CODE I		68,263

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHYSICAL THERAPY	50	51,443
SPEECH PATHOLOGY	52	16,820
		68,263

RECLASS CODE: J
EXPLANATION : INTERNS & RESIDENTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	1,345,026
2.00	I&R SERVICES-OTHER PRGM COSTS	1,395,032
TOTAL RECLASSIFICATIONS FOR CODE J		2,740,058

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
CLINIC	60	2,740,058
		0
		2,740,058

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	3,444,780	1,000			1,000		3,445,780	
2	LAND IMPROVEMENTS	5,671,849	58,075			58,075		5,729,924	
3	BUILDINGS & FIXTURE	104,422,013	3,548,515			3,548,515		107,970,528	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	68,954,222	5,700,540			5,700,540		74,654,762	
7	SUBTOTAL	182,492,864	9,308,130			9,308,130		191,800,994	
8	RECONCILING ITEMS								
9	TOTAL	182,492,864	9,308,130			9,308,130		191,800,994	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	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
3	NEW CAP REL COSTS-BL	117,146,232		117,146,232	.610770				
4	NEW CAP REL COSTS-MV	74,654,762		74,654,762	.389230				
5	TOTAL	191,800,994		191,800,994	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
3	NEW CAP REL COSTS-BL	3,764,827	1,934,101				5,698,928
4	NEW CAP REL COSTS-MV	7,130,042	1,130,359				8,260,401
5	TOTAL	10,894,869	3,064,460				13,959,329

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
3	NEW CAP REL COSTS-BL	3,764,827					3,764,827
4	NEW CAP REL COSTS-MV	7,130,042					7,130,042
5	TOTAL	10,894,869					10,894,869

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

DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT (2)	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER (3)	LINE NO (4)	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			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	-7,727,370			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,330,732			
15 LAUNDRY AND LINEN SERVICE	B	-27,165	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-559,344	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,088,287	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-274	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-19,154	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC A&P	B	-12,426	ADULTS & PEDIATRICS	25	
38 MISC CLINICS	B	-695	CLINIC	60	
39 MISC BEHAVIORAL HEALTH SCIENCE	B	-250	ADULTS & PEDIATRICS	25	
40 MISC LAB	B	-15,903	LABORATORY	44	
41 MISC RADIOLOGY	B	-15,707	RADIOLOGY-DIAGNOSTIC	41	
42 MISC RESPIRATORY THERAPY	B	-163,698	RESPIRATORY THERAPY	49	
43 MISC PULMONARY LAB	B	-11,949	PULMONARY FUNCTION TESTIN	49.01	
44 MISC VASCULAR LAB	B	-16,673	VASCULAR LAB	53.01	
45 MISC SLEEP LAB	B	-5,630	STRESS TEST	49.02	
46 MISC PT	B	-250	PHYSICAL THERAPY	50	
47 MISC ST	B	-750	SPEECH PATHOLOGY	52	
48 MISC DIETARY	B	-619	DIETARY	11	
49 MISC PLANT OPS	B	-1,690	OPERATION OF PLANT	8	
49.01 MISC MAINTENANCE	B	-397	MAINTENANCE & REPAIRS	7	
49.02 MISC HOUSEKEEPING	B	-70,093	HOUSEKEEPING	10	
49.03 MISC PATIENT ACCOUNTING	B	-716	CASHIERING/ACCOUNTS RECEI	6.05	
49.04 MISC CENTRAL SVCS & SUPPLIES	B	-873	CENTRAL SERVICES & SUPPLY	15	
49.05 MISCELLANEOUS SHARED SERVICE	B	-28,502	OCCUPATIONAL THERAPY	51	
49.06 MISC OR	B	-10,732	OPERATING ROOM	37	
49.07 MISC OTHER A&G	B	323,673	OTHER ADMINISTRATIVE AND	6.06	
49.08 MISC EMPLOYEE BENEFITS	B	-115	EMPLOYEE BENEFITS	5	
49.09 MISC DATA PROCESSING	B	-15,544	DATA PROCESSING	6.02	
49.10 MISC NURSING ADMIN	B	-6,316	NURSING ADMINISTRATION	14	
49.11 SELF-INSURANCE EXPENSE	A	-1,804,257	EMPLOYEE BENEFITS	5	
49.12 AHA LOBBYING PORTION	A	-7,348	OTHER ADMINISTRATIVE AND	6.06	
49.13 MD MALPRACTICE	A	-591,008	CLINIC	60	
49.14 MD MALPRACTICE	A	-257,433	OTHER ADMINISTRATIVE AND	6.06	
49.15 ADVERTISING	A	-1,240	PHARMACY	16	
49.16 ADVERTISING	A	-6,977	CLINIC	60	
49.17 ADVERTISING	A	-114,390	EMPLOYEE BENEFITS	5	
49.18 ADVERTISING	A	-961,942	OTHER ADMINISTRATIVE AND	6.06	
49.19 ADVERTISING	A	-349	STRESS TEST	49.02	
49.20 CRNA	A	-1,613,537	ANESTHESIOLOGY	40	
49.21 INTEREST/INVESTMENT INCOME (COST OFF	B	3,129,194	OTHER ADMINISTRATIVE AND	6.06	
49.22 MISCELLANEOUS MED. PROGRAM	B	-1,202,651	CLINIC	60	
49.23 MISCELLANEOUS HUMAN RESOURCE	B	-30	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-11,578,685			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 2	DATA PROCESSING	IT SERVICES	4,640,832	-4,640,832	
2	6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE ADMINISTRATIO	6,189,709	1,784,758	4,404,951
3	6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE CAPITAL ME	1,259,709		1,259,709
4	5	EMPLOYEE BENEFITS	HEALTH INSURANCE TRUST FU	10,050,229	9,743,325	306,904
5		TOTALS		17,499,647	16,168,915	1,330,732

* 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	A	100.00	HSBA / CCC	0.00	HOME OFFICE
2	A	100.00	HSBA / CCC	0.00	HOME OFFICE
3	A	100.00	HSBA / CCC	0.00	HOME OFFICE
4	A	100.00	HSBA / CCC	0.00	HOME 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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0187

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	745,176	745,176		171,400			
2 41	RADIOLOGY-DIAGNOSTIC	435,016	435,016		231,100			
3 41 1	CT SCAN	500	500		231,100			
4 49 2	SLEEP LAB	98,738	98,738		171,400			
5 53 1	VASCULAR LAB	20,000	20,000		171,400			
6 60	CLINIC	6,206,707	6,151,707	55,000	171,400	280	23,073	1,154
7 61	EMERGENCY	74,691	74,691		171,400			
8 63	OUTPATIENT CLINICS	169,615	169,615		171,400			
9								
10								
11								
12								
13								
14								
15								
16								
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18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,750,443	7,695,443	55,000		280	23,073	1,154

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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 25	ADULTS & PEDIATRICS							745,176
2 41	RADIOLOGY-DIAGNOSTIC							435,016
3 41	1 CT SCAN							500
4 49	2 SLEEP LAB							98,738
5 53	1 VASCULAR LAB							20,000
6 60	CLINIC					23,073	31,927	6,183,634
7 61	EMERGENCY							74,691
8 63	OUTPATIENT CLINICS							169,615
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					23,073	31,927	7,727,370

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	COMMUNICATIONS	5	# OF TELEPHONES		ENTERED
6.02	DATA PROCESSING	6	TIME SPENT		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	SUPPLIES		ENTERED
6.04	ADMINISTRATIVE	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	TIME SPENT		ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	NURSING TIME		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	TIME	SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	TIME	SPENT	ENTERED
24	PARAMEDICAL PRGM	22	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

14-0187

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,698,928	5,698,928					
005 NEW CAP REL COSTS-MVBLE E	8,260,401		8,260,401				
006 EMPLOYEE BENEFITS	17,314,384	20,848	9,477	17,344,709			
006 01 COMMUNICATIONS	565,325	2,255	112,230	59,849	739,659		
006 02 DATA PROCESSING	1,746,371		1,414,065	352,042	11,190	3,523,668	
006 03 PURCHASING, RECEIVING AND	560,112	27,252	27,006	123,814	4,849		743,033
006 04 ADMITTING	1,527,184	21,864	8,179	379,840	9,325		39,915
006 05 CASHIERING/ACCOUNTS RECEI	2,030,990		18,952	311,470	14,920		52,007
006 06 OTHER ADMINISTRATIVE AND	19,805,392	907,134	107,835	761,147	25,737	3,523,668	73,357
007 MAINTENANCE & REPAIRS	981,325	92,345	16,961	247,908	7,833		66,776
008 OPERATION OF PLANT	4,471,559	284,488	63,236	223,910	2,611		71,211
009 LAUNDRY & LINEN SERVICE	656,163	112,866	26,374	101,561	1,865		24,689
010 HOUSEKEEPING	1,643,839	42,204	4,352	303,403	1,492		3,534
011 DIETARY	707,906	157,557	16,425	102,063	9,698		3,411
012 CAFETERIA	1,333,416		42,721	265,467			
014 NURSING ADMINISTRATION	1,713,827	27,270	58,178	327,522	5,595		4,959
015 CENTRAL SERVICES & SUPPLY	493,178	35,722	66,390	79,363	3,730		4,277
016 PHARMACY	6,871,342	37,745	24,935	632,990	8,206		19,597
017 MEDICAL RECORDS & LIBRARY	1,894,748	39,828	8,479	362,379	16,412		11,757
018 SOCIAL SERVICE	2,046,605	45,019	6,981	377,235	10,817		3,071
022 I&R SERVICES-SALARY & FRI	1,345,026						
023 I&R SERVICES-OTHER PRGM C	1,395,032						
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	12,535,474	737,069	571,546	3,495,454	54,458		88,967
027 INTENSIVE CARE UNIT	4,361,315	100,384	147,605	1,145,910	9,325		8,563
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER	2,016,216	120,044	12,269	548,275	8,206		9,054
037 NURSERY	933,518			242,446			
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	6,720,223	352,602	1,211,749	1,305,549	57,442		89,545
040 RECOVERY ROOM	751,406	26,891	60,066	207,089	4,103		3,325
041 DELIVERY ROOM & LABOR ROO	1,972,309			512,232			
042 ANESTHESIOLOGY	280,565	14,332	212,163	31,516	4,103		4,119
043 RADIOLOGY-DIAGNOSTIC	5,136,850	158,668	1,925,621	918,737	28,348		22,809
041 01 CAT SCAN	1,461,107	27,881	328,362	226,042	3,357		1,968
041 02 CARDIAC CATHETERIZATION L	1,937,344	129,573	782,221	386,737	14,174		9,100
043 RADIOISOTOPE	764,675	26,435	68,623	108,172	2,611		452
044 LABORATORY	4,665,836	110,860	154,540	593,878	11,563		20,283
049 RESPIRATORY THERAPY	1,357,380	34,776	62,031	378,310	3,357		8,983
049 01 PULMONARY FUNCTION TESTIN	376,144	3,977	7,419	92,159	373		2,989
049 02 STRESS TEST	528,204	40,336	41,050	126,252	6,341		6,892
050 PHYSICAL THERAPY	4,314,825	193,899	78,064	298,087	14,547		11,716
051 OCCUPATIONAL THERAPY	442,818	8,599	7,791	1,891	1,119		508
052 SPEECH PATHOLOGY	210,128	13,299	9,810	756	1,492		3
053 ELECTROCARDIOLOGY	730,538	27,149	146,250	128,951	3,357		2,473
053 01 VASCULAR LAB	336,787	9,512	19,391	62,080	1,865		1,672
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	15,902,468						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	480,819	10,157			1,119		4,612
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	9,126,397	313,557	170,423	519,568	93,250		32,532
061 OTHER OUTPATIENT SERVICE	278,465			59,101			
062 EMERGENCY	3,491,908	92,534	142,914	850,629	21,634		14,039
063 OBSERVATION BEDS (NON-DIS							
065 OTHER OUTPATIENT SERVICE	-4		417	9,413			
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	127,832			17,124	1,119		693
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	164,304,600	4,406,931	8,193,101	17,278,321	481,543	3,523,668	723,858
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	320						
099 PHYSICIANS' PRIVATE OFFIC	1,972,337	1,291,997	64,913	48,532	258,116		19,175
099 01 NONPAID WORKERS	146,309		2,387				
101 WELLNESS/SENIOR VIP				17,856			
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	166,423,566	5,698,928	8,260,401	17,344,709	739,659	3,523,668	743,033

HEALTH FINANCIAL SYSTEMS		MCRIF32		FOR ST. ELIZABETH HOSPITAL		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD		
COST ALLOCATION - GENERAL SERVICE COSTS		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
COST CENTER DESCRIPTION		6.04	6.05	6a.05	6.06	7	8	9
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMINISTRATION	1,986,307						
006	05 CASHIERING/ACCOUNTS RECEI		2,428,339					
006	06 OTHER ADMINISTRATIVE AND			25,204,270	25,204,270			
007	MAINTENANCE & REPAIRS			1,413,148	252,213	1,665,361		
008	OPERATION OF PLANT			5,117,015	913,264	102,389	6,132,668	
009	LAUNDRY & LINEN SERVICE			923,518	164,826	40,621	159,385	1,288,350
010	HOUSEKEEPING			1,998,824	356,742	15,189	59,599	48,882
011	DIETARY			997,060	177,951	56,706	222,497	11,503
012	CAFETERIA			1,641,604	292,987			
014	NURSING ADMINISTRATION			2,137,351	381,466	9,814	38,509	
015	CENTRAL SERVICES & SUPPLY			682,660	121,838	12,857	50,446	8,855
016	PHARMACY			7,594,815	1,355,492	13,585	53,302	2,924
017	MEDICAL RECORDS & LIBRARY			2,333,603	416,492	14,334	56,244	
018	SOCIAL SERVICE			2,489,728	444,357	16,202	63,574	
022	I&R SERVICES-SALARY & FRI			1,345,026	240,055			
023	I&R SERVICES-OTHER PRGM C			1,395,032	248,980			
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	170,396	208,336	17,861,700	3,187,899	265,275	1,040,863	626,536
026	INTENSIVE CARE UNIT	36,631	44,788	5,854,521	1,044,891	36,129	141,759	85,092
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	24,968	30,527	2,769,559	494,300	43,205	169,523	83,654
033	NURSERY	8,723	10,666	1,195,353	213,342			
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	174,779	213,695	10,125,584	1,807,174	126,903	497,932	160,829
038	RECOVERY ROOM	28,044	34,288	1,115,212	199,039	9,678	37,974	8,652
039	DELIVERY ROOM & LABOR ROO	18,609	22,752	2,525,902	450,813			
040	ANESTHESIOLOGY	29,125	35,610	611,533	109,144	5,158	20,239	
041	RADIOLOGY-DIAGNOSTIC	152,690	186,687	8,530,410	1,522,473	57,105	224,065	16,085
041	01 CAT SCAN	179,224	219,130	2,447,071	436,743	10,034	39,372	16,007
041	02 CARDIAC CATHETERIZATION L	99,910	122,155	3,481,214	621,313	46,634	182,979	32,289
043	RADIOISOTOPE	18,033	22,048	1,011,049	180,448	9,514	37,330	4,635
044	LABORATORY	200,415	245,039	6,002,414	1,071,287	39,899	156,553	83
049	RESPIRATORY THERAPY	30,929	37,816	1,913,582	341,528	12,516	49,109	
049	01 PULMONARY FUNCTION TESTIN	26,930	32,926	542,917	96,898	1,431	5,616	
049	02 STRESS TEST	15,683	19,175	783,933	139,913	14,517	56,961	8,861
050	PHYSICAL THERAPY	57,273	70,025	5,038,436	899,240	69,785	273,818	17,204
051	OCCUPATIONAL THERAPY	16,815	20,560	500,101	89,256	3,095	12,143	12,057
052	SPEECH PATHOLOGY	8,747	10,695	254,930	45,499	4,786	18,780	
053	ELECTROCARDIOLOGY	53,416	65,309	1,157,443	206,576	9,771	38,339	3,464
053	01 VASCULAR LAB	11,977	14,644	457,928	81,729	3,423	13,432	4,466
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	201,948	246,677	16,351,093	2,918,278			
056	DRUGS CHARGED TO PATIENTS	152,474	186,424	338,898	60,485			
057	RENAL DIALYSIS	8,671	10,601	515,979	92,090	3,656	14,344	1,325
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	144,794	177,034	10,577,555	1,887,840	112,850	442,794	10,613
060	01 OTHER OUTPATIENT SERVICE	5,413	6,619	349,598	62,395			
061	EMERGENCY	109,581	133,980	4,857,219	866,897	33,303	130,673	124,334
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE			9,826	1,754			
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	109	133	147,010	26,238			
071	HOME HEALTH AGENCY							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	1,986,307	2,428,339	162,601,624	24,522,145	1,200,364	4,308,154	1,288,350
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			320	57			
098	PHYSICIANS' PRIVATE OFFIC			3,655,070	652,342	464,997	1,824,514	
099	NONPAID WORKERS			2,387	426			
099	01 WELLNESS/SENIOR VIP			164,165	29,300			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,986,307	2,428,339	166,423,566	25,204,270	1,665,361	6,132,668	1,288,350

COST ALLOCATION - GENERAL SERVICE COSTS

14-0187

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,479,236						
011 DIETARY	18,283	1,484,000					
012 CAFETERIA			1,934,591				
014 NURSING ADMINISTRATION	26,551		40,384	2,634,075			
015 CENTRAL SERVICES & SUPPLY	49,259		21,992		947,907		
016 PHARMACY	7,569		66,038			9,093,725	
017 MEDICAL RECORDS & LIBRARY	11,412		77,949				2,910,034
018 SOCIAL SERVICE	7,569		48,983				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,398,924	1,153,941	494,768	1,172,470			1,314,809
026 INTENSIVE CARE UNIT	136,480	86,325	121,851	298,403			165,224
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	244,314	213,945	74,287	171,922			223,983
033 NURSERY			25,530	62,195			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	26,085		179,124	445,454			199,839
038 RECOVERY ROOM		14,991	22,013	50,418			29,089
039 DELIVERY ROOM & LABOR ROO			53,941	119,517			
040 ANESTHESIOLOGY			3,271				33,161
041 RADIOLOGY-DIAGNOSTIC	182,245		144,542				160,279
041 01 CAT SCAN			31,455				179,768
041 02 CARDIAC CATHETERIZATION L	60,554		41,309				84,066
043 RADIOISOTOPE			8,990				10,472
044 LABORATORY	21,427		102,430				105,883
049 RESPIRATORY THERAPY	14,207		53,200				1,745
049 01 PULMONARY FUNCTION TESTIN	14,789		14,874				7,854
049 02 STRESS TEST	28,996	2,528	19,606				23,271
050 PHYSICAL THERAPY	21,427		44,539				45,087
051 OCCUPATIONAL THERAPY	7,569		288				7,272
052 SPEECH PATHOLOGY	7,569		123				6,109
053 ELECTROCARDIOLOGY			20,264				21,526
053 01 VASCULAR LAB	7,569		6,295				8,727
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					947,907		8,145
056 DRUGS CHARGED TO PATIENTS						9,093,725	38,979
057 RENAL DIALYSIS	3,843						
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC			85,458				
060 01 OTHER OUTPATIENT SERVICE			8,517	17,631			
061 EMERGENCY	171,183	12,270	110,597	296,065			234,746
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES			2,140				
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,467,824	1,484,000	1,924,758	2,634,075	947,907	9,093,725	2,910,034
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	11,412		7,879				
099 NONPAID WORKERS							
099 01 WELLNESS/SENIOR VIP			1,954				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,479,236	1,484,000	1,934,591	2,634,075	947,907	9,093,725	2,910,034

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	22	23	24		25	26	27
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE	3,070,413							
022 I&R SERVICES-SALARY & FRI		1,585,081						
023 I&R SERVICES-OTHER PRGM C			1,644,012					
024 PARAMED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	2,591,598	1,015,200	1,052,943			33,176,926	-2,068,143	31,108,783
026 INTENSIVE CARE UNIT	113,761	212,740	220,650			8,517,826	-433,390	8,084,436
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER	339,019					4,827,711		4,827,711
033 NURSERY						1,496,420		1,496,420
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		101,410	105,180			13,775,514	-206,590	13,568,924
038 RECOVERY ROOM						1,487,066		1,487,066
039 DELIVERY ROOM & LABOR ROO						3,150,173		3,150,173
040 ANESTHESIOLOGY						782,506		782,506
041 RADIOLOGY-DIAGNOSTIC		7,716	8,003			10,852,923	-15,719	10,837,204
041 01 CAT SCAN						3,160,450		3,160,450
041 02 CARDIAC CATHETERIZATION L						4,550,358		4,550,358
043 RADIOISOTOPE						1,262,438		1,262,438
044 LABORATORY		6,614	6,860			7,513,450	-13,474	7,499,976
049 RESPIRATORY THERAPY		2,205	2,287			2,390,379	-4,492	2,385,887
049 01 PULMONARY FUNCTION TESTIN						684,379		684,379
049 02 STRESS TEST						1,078,586		1,078,586
050 PHYSICAL THERAPY		6,614	6,860			6,423,010	-13,474	6,409,536
051 OCCUPATIONAL THERAPY						631,781		631,781
052 SPEECH PATHOLOGY						337,796		337,796
053 ELECTROCARDIOLOGY		17,637	18,292			1,493,312	-35,929	1,457,383
053 01 VASCULAR LAB						583,569		583,569
054 ELECTROENCEPHALOGRAPHY		4,409	4,573			8,982	-8,982	
055 MEDICAL SUPPLIES CHARGED						20,225,423		20,225,423
056 DRUGS CHARGED TO PATIENTS						9,532,087		9,532,087
057 RENAL DIALYSIS						631,237		631,237
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC		94,796	98,321			13,310,227	-193,117	13,117,110
060 01 OTHER OUTPATIENT SERVICE						438,141		438,141
061 EMERGENCY	26,035	115,740	120,043			7,099,105	-235,783	6,863,322
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE						11,580		11,580
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES						175,388		175,388
071 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	3,070,413	1,585,081	1,644,012			159,608,743	-3,229,093	156,379,650
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP						377		377
098 PHYSICIANS' PRIVATE OFFIC						6,616,214		6,616,214
099 NONPAID WORKERS						2,813		2,813
099 01 WELLNESS/SENIOR VIP						195,419		195,419
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,070,413	1,585,081	1,644,012			166,423,566	-3,229,093	163,194,473

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OST S-BLDG & 3	NEW CAP REL C OST S-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	COMMUNICATIONS 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		20,848	9,477	30,325	30,325		
006 01 COMMUNICATIONS		2,255	112,230	114,485	105	114,590	
006 02 DATA PROCESSING			1,414,065	1,414,065	616	1,734	1,416,415
006 03 PURCHASING, RECEIVING AND		27,252	27,006	54,258	217	751	
006 04 ADMINITTING		21,864	8,179	30,043	665	1,445	
006 05 CASHIERING/ACCOUNTS RECEI			18,952	18,952	545	2,311	
006 06 OTHER ADMINISTRATIVE AND		907,134	107,835	1,014,969	1,332	3,987	1,416,415
007 MAINTENANCE & REPAIRS		92,345	16,961	109,306	434	1,214	
008 OPERATION OF PLANT		284,488	63,236	347,724	392	405	
009 LAUNDRY & LINEN SERVICE		112,866	26,374	139,240	178	289	
010 HOUSEKEEPING		42,204	4,352	46,556	531	231	
011 DIETARY		157,557	16,425	173,982	179	1,502	
012 CAFETERIA			42,721	42,721	464		
014 NURSING ADMINISTRATION		27,270	58,178	85,448	573	867	
015 CENTRAL SERVICES & SUPPLY		35,722	66,390	102,112	139	578	
016 PHARMACY		37,745	24,935	62,680	1,107	1,271	
017 MEDICAL RECORDS & LIBRARY		39,828	8,479	48,307	634	2,543	
018 SOCIAL SERVICE		45,019	6,981	52,000	660	1,676	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		737,069	571,546	1,308,615	6,095	8,437	
026 INTENSIVE CARE UNIT		100,384	147,605	247,989	2,005	1,445	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		120,044	12,269	132,313	959	1,271	
033 NURSERY					424		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		352,602	1,211,749	1,564,351	2,284	8,899	
038 RECOVERY ROOM		26,891	60,066	86,957	362	636	
039 DELIVERY ROOM & LABOR ROO					896		
040 ANESTHESIOLOGY		14,332	212,163	226,495	55	636	
041 RADIOLOGY-DIAGNOSTIC		158,668	1,925,621	2,084,289	1,607	4,392	
041 01 CAT SCAN		27,881	328,362	356,243	395	520	
041 02 CARDIAC CATHETERIZATION L		129,573	782,221	911,794	677	2,196	
043 RADIOISOTOPE		26,435	68,623	95,058	189	405	
044 LABORATORY		110,860	154,540	265,400	1,039	1,791	
049 RESPIRATORY THERAPY		34,776	62,031	96,807	662	520	
049 01 PULMONARY FUNCTION TESTIN		3,977	7,419	11,396	161	58	
049 02 STRESS TEST		40,336	41,050	81,386	221	982	
050 PHYSICAL THERAPY		193,899	78,064	271,963	522	2,254	
051 OCCUPATIONAL THERAPY		8,599	7,791	16,390	3	173	
052 SPEECH PATHOLOGY		13,299	9,810	23,109	1	231	
053 ELECTROCARDIOLOGY		27,149	146,250	173,399	226	520	
053 01 VASCULAR LAB		9,512	19,391	28,903	109	289	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		10,157		10,157		173	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		313,557	170,423	483,980	909	14,447	
060 01 OTHER OUTPATIENT SERVICE					103		
061 EMERGENCY		92,534	142,914	235,448	1,488	3,352	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE			417	417	16		
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					30	173	
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		4,406,931	8,193,101	12,600,032	30,209	74,604	1,416,415
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		1,291,997	64,913	1,356,910	85	39,986	
099 NONPAID WORKERS			2,387	2,387			
099 01 WELLNESS/SENIOR VIP					31		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,698,928	8,260,401	13,959,329	30,325	114,590	1,416,415

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6.06	7	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	55,226						
006 04 ADMINITTING	2,967	35,120					
006 05 CASHIERING/ACCOUNTS RECEI	3,865		25,673				
006 06 OTHER ADMINISTRATIVE AND	5,452			2,442,155			
007 MAINTENANCE & REPAIRS	4,963			24,438	140,355		
008 OPERATION OF PLANT	5,293			88,489	8,629	450,932	
009 LAUNDRY & LINEN SERVICE	1,835			15,970	3,423	11,719	172,654
010 HOUSEKEEPING	263			34,566	1,280	4,382	6,551
011 DIETARY	253			17,242	4,779	16,360	1,542
012 CAFETERIA				28,388			
014 NURSING ADMINISTRATION	369			36,961	827	2,832	
015 CENTRAL SERVICES & SUPPLY	318			11,805	1,084	3,709	1,187
016 PHARMACY	1,457			131,337	1,145	3,919	392
017 MEDICAL RECORDS & LIBRARY	874			40,355	1,208	4,136	
018 SOCIAL SERVICE	228			43,055	1,366	4,675	
022 I&R SERVICES-SALARY & FRI				23,260			
023 I&R SERVICES-OTHER PRGM C				24,124			
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,612	3,010	2,198	308,930	22,357	76,534	83,963
026 INTENSIVE CARE UNIT	636	647	473	101,242	3,045	10,423	11,403
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	673	441	322	47,894	3,641	12,465	11,211
033 NURSERY		154	113	20,671			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,657	3,088	2,255	175,102	10,695	36,613	21,553
038 RECOVERY ROOM	247	495	362	19,285	816	2,792	1,159
039 DELIVERY ROOM & LABOR ROO		329	240	43,680			
040 ANESTHESIOLOGY	306	515	376	10,575	435	1,488	
041 RADIOLOGY-DIAGNOSTIC	1,695	2,698	1,970	147,516	4,813	16,475	2,156
041 01 CAT SCAN	146	3,166	2,312	42,317	846	2,895	2,145
041 02 CARDIAC CATHETERIZATION L	676	1,765	1,289	60,201	3,930	13,454	4,327
043 RADIOISOTOPE	34	319	233	17,484	802	2,745	621
044 LABORATORY	1,508	3,541	2,585	103,800	3,363	11,511	11
049 RESPIRATORY THERAPY	668	546	399	33,092	1,055	3,611	
049 01 PULMONARY FUNCTION TESTIN	222	476	347	9,389	121	413	
049 02 STRESS TEST	512	277	202	13,557	1,223	4,188	1,187
050 PHYSICAL THERAPY	871	1,012	739	87,130	5,881	20,134	2,306
051 OCCUPATIONAL THERAPY	38	297	217	8,648	261	893	1,616
052 SPEECH PATHOLOGY		155	113	4,409	403	1,381	
053 ELECTROCARDIOLOGY	184	944	689	20,016	823	2,819	464
053 01 VASCULAR LAB	124	212	155	7,919	289	988	598
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		3,594	2,652	282,759			
056 DRUGS CHARGED TO PATIENTS		2,694	1,967	5,861			
057 RENAL DIALYSIS	343	153	112	8,923	308	1,055	178
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	2,418	2,558	1,868	182,918	9,511	32,558	1,422
060 01 OTHER OUTPATIENT SERVICE		96	70	6,046			
061 EMERGENCY	1,043	1,936	1,414	83,996	2,807	9,608	16,662
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE				170			
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	51	2	1	2,542			
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	53,801	35,120	25,673	2,376,062	101,166	316,775	172,654
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				6			
098 PHYSICIANS' PRIVATE OFFIC	1,425			63,207	39,189	134,157	
099 NONPAID WORKERS				41			
099 01 WELLNESS/SENIOR VIP				2,839			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	55,226	35,120	25,673	2,442,155	140,355	450,932	172,654

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	94,360						
011 DIETARY	696	216,535					
012 CAFETERIA			71,573				
014 NURSING ADMINISTRATION	1,011		1,494	130,382			
015 CENTRAL SERVICES & SUPPLY	1,875		814		123,621		
016 PHARMACY	288		2,443			206,039	
017 MEDICAL RECORDS & LIBRARY	434		2,884				101,375
018 SOCIAL SERVICE	288		1,812				
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	53,242	168,376	18,302	58,034			45,800
026 INTENSIVE CARE UNIT	5,194	12,596	4,508	14,770			5,756
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	9,299	31,217	2,748	8,510			7,803
033 NURSERY			945	3,079			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	993		6,627	22,049			6,962
038 RECOVERY ROOM		2,187	814	2,496			1,013
039 DELIVERY ROOM & LABOR ROO			1,996	5,916			
040 ANESTHESIOLOGY			121				1,155
041 RADIOLOGY-DIAGNOSTIC	6,936		5,348				5,584
041 01 CAT SCAN			1,164				6,262
041 02 CARDIAC CATHETERIZATION L	2,305		1,528				2,929
043 RADIOISOTOPE			333				365
044 LABORATORY	816		3,790				3,689
049 RESPIRATORY THERAPY	541		1,968				61
049 01 PULMONARY FUNCTION TESTIN	563		550				274
049 02 STRESS TEST	1,104	369	725				811
050 PHYSICAL THERAPY	816		1,648				1,571
051 OCCUPATIONAL THERAPY	288		11				253
052 SPEECH PATHOLOGY	288		5				213
053 ELECTROCARDIOLOGY			750				750
053 01 VASCULAR LAB	288		233				304
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					123,621		284
056 DRUGS CHARGED TO PATIENTS						206,039	1,358
057 RENAL DIALYSIS	146						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			3,162				
060 01 OTHER OUTPATIENT SERVICE			315	873			
061 EMERGENCY	6,515	1,790	4,092	14,655			8,178
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			79				
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	93,926	216,535	71,209	130,382	123,621	206,039	101,375
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	434		292				
099 NONPAID WORKERS							
099 01 WELLNESS/SENIOR VIP			72				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	94,360	216,535	71,573	130,382	123,621	206,039	101,375

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	22	23	24	25	26	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	105,760						
022 I&R SERVICES-SALARY & FRI		23,260					
023 I&R SERVICES-OTHER PRGM C			24,124				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	89,268				2,259,773		2,259,773
026 INTENSIVE CARE UNIT	3,918				426,050		426,050
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	11,677				282,444		282,444
033 NURSERY					25,386		25,386
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					1,868,128		1,868,128
038 RECOVERY ROOM					119,621		119,621
039 DELIVERY ROOM & LABOR ROO					53,057		53,057
040 ANESTHESIOLOGY					242,157		242,157
041 RADIOLOGY-DIAGNOSTIC					2,285,479		2,285,479
041 01 CAT SCAN					418,411		418,411
041 02 CARDIAC CATHETERIZATION L					1,007,071		1,007,071
043 RADIOISOTOPE					118,588		118,588
044 LABORATORY					402,844		402,844
049 RESPIRATORY THERAPY					139,930		139,930
049 01 PULMONARY FUNCTION TESTIN					23,970		23,970
049 02 STRESS TEST					106,744		106,744
050 PHYSICAL THERAPY					396,847		396,847
051 OCCUPATIONAL THERAPY					29,088		29,088
052 SPEECH PATHOLOGY					30,308		30,308
053 ELECTROCARDIOLOGY					201,584		201,584
053 01 VASCULAR LAB					40,411		40,411
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					412,910		412,910
056 DRUGS CHARGED TO PATIENTS					217,919		217,919
057 RENAL DIALYSIS					21,548		21,548
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					735,751		735,751
060 01 OTHER OUTPATIENT SERVICE					7,503		7,503
061 EMERGENCY	897				393,881		393,881
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE					603		603
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					2,878		2,878
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	105,760				12,270,884		12,270,884
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					6		6
098 PHYSICIANS' PRIVATE OFFIC					1,635,685		1,635,685
099 NONPAID WORKERS					2,428		2,428
099 01 WELLNESS/SENIOR VIP					2,942		2,942
101 CROSS FOOT ADJUSTMENTS		23,260	24,124		47,384		47,384
102 NEGATIVE COST CENTER							
103 TOTAL	105,760	23,260	24,124		13,959,329		13,959,329

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & E	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(# OF TELEPHONES)	(TIME SPENT)	(SUPPLIES)
	3	4	5	6.01	6.02	6.03
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	662,065					
004 NEW CAP REL COSTS-MVB		6,322,035				
005 EMPLOYEE BENEFITS	2,422	7,253	60,088,847			
006 01 COMMUNICATIONS	262	85,894	207,340	1,983		
006 02 DATA PROCESSING		1,082,244	1,219,611	30	100	
006 03 PURCHASING, RECEIVING	3,166	20,669	428,940	13		1,141,357
006 04 ADMINISTRATION	2,540	6,260	1,315,914	25		61,313
006 05 CASHIERING/ACCOUNTS R		14,505	1,079,054	40		79,887
006 06 OTHER ADMINISTRATION	105,385	82,531	2,636,912	69	100	112,682
007 MAINTENANCE & REPAIRS	10,728	12,981	858,849	21		102,573
008 OPERATION OF PLANT	33,050	48,397	775,711	7		109,386
009 LAUNDRY & LINEN SERVICE	13,112	20,185	351,847	5		37,924
010 HOUSEKEEPING	4,903	3,331	1,051,106	4		5,428
011 DIETARY	18,304	12,571	353,586	26		5,239
012 CAFETERIA		32,696	919,681			
014 NURSING ADMINISTRATION	3,168	44,526	1,134,666	15		7,617
015 CENTRAL SERVICES & SU	4,150	50,811	274,943	10		6,570
016 PHARMACY	4,385	19,084	2,192,926	22		30,102
017 MEDICAL RECORDS & LIB	4,627	6,489	1,255,423	44		18,059
018 SOCIAL SERVICE	5,230	5,343	1,306,889	29		4,718
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	85,628	437,428	12,109,610	146		136,661
026 INTENSIVE CARE UNIT	11,662	112,968	3,969,881	25		13,154
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	13,946	9,390	1,899,439	22		13,908
033 NURSERY			839,927			
ANCILLARY SRVC COST C						
037 OPERATING ROOM	40,963	927,403	4,522,931	154		137,548
038 RECOVERY ROOM	3,124	45,971	717,437	11		5,107
039 DELIVERY ROOM & LABOR			1,774,573			
040 ANESTHESIOLOGY	1,665	162,377	109,184	11		6,327
041 RADIOLOGY-DIAGNOSTIC	18,433	1,473,760	3,182,865	76		35,036
041 01 CAT SCAN	3,239	251,309	783,099	9		3,023
041 02 CARDIAC CATHETERIZATI	15,053	598,667	1,339,807	38		13,979
043 RADIOISOTOPE	3,071	52,520	374,750	7		695
044 LABORATORY	12,879	118,276	2,057,427	31		31,156
049 RESPIRATORY THERAPY	4,040	47,475	1,310,614	9		13,798
049 01 PULMONARY FUNCTION TE	462	5,678	319,276	1		4,592
049 02 STRESS TEST	4,686	31,417	437,385	17		10,587
050 PHYSICAL THERAPY	22,526	59,746	1,032,690	39		17,996
051 OCCUPATIONAL THERAPY	999	5,963	6,551	3		781
052 SPEECH PATHOLOGY	1,545	7,508	2,620	4		5
053 ELECTROCARDIOLOGY	3,154	111,931	446,738	9		3,799
053 01 VASCULAR LAB	1,105	14,841	215,069	5		2,568
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,180			3		7,084
OUTPAT SERVICE COST C						
060 CLINIC	36,427	130,432	1,799,988	250		49,972
060 01 OTHER OUTPATIENT SERV			204,748			
061 EMERGENCY	10,750	109,378	2,946,913	58		21,565
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV		319	32,609			
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			59,323	3		1,064
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	511,969	6,270,527	59,858,852	1,291	100	1,111,903
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	150,096	49,681	168,135	692		29,454
099 NONPAID WORKERS		1,827				
099 01 WELLNESS/SENIOR VIP			61,860			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,698,928	8,260,401	17,344,709	739,659	3,523,668	743,033
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.607807		.288651		35,236.680000	.651008
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		1.306605		373.000000		
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE FITS (GROSS SALARIES)	BENE S (# OF TELEPHONES)	COMMUNICATION DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING AND (SUPPLIES)
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	3	4	5 30,325	6.01 114,590	6.02 1,416,415	6.03 55,226
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000505	57.786183	14,164.150000	.048386

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATIONS	PLANT	LAUNDRY & LINEN SERVICE	
	(GROSS CHARGES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.04	6.05	6a.06	6.06	7	8	9
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION	556,942,130						
006 05 CASHIERING/ACCOUNTS R		556,942,130					
006 06 OTHER ADMINISTRATIVE			-25,204,270	141,219,296			
007 MAINTENANCE & REPAIRS				1,413,148	537,562		
008 OPERATION OF PLANT				5,117,015	33,050	504,512	
009 LAUNDRY & LINEN SERVICE				923,518	13,112	13,112	1,578,147
010 HOUSEKEEPING				1,998,824	4,903	4,903	59,877
011 DIETARY				997,060	18,304	18,304	14,091
012 CAFETERIA				1,641,604			
014 NURSING ADMINISTRATION				2,137,351	3,168	3,168	
015 CENTRAL SERVICES & SUPPLY				682,660	4,150	4,150	10,847
016 PHARMACY				7,594,815	4,385	4,385	3,582
017 MEDICAL RECORDS & LIBRARY				2,333,603	4,627	4,627	
018 SOCIAL SERVICE				2,489,728	5,230	5,230	
022 I&R SERVICES-SALARY & BENEFITS				1,345,026			
023 I&R SERVICES-OTHER PERSONNEL				1,395,032			
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	47,783,569	47,783,569		17,861,700	85,628	85,628	767,468
026 INTENSIVE CARE UNIT	10,272,401	10,272,401		5,854,521	11,662	11,662	104,232
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER					13,946	13,946	
033 NURSERY	7,001,555	7,001,555		2,769,559			102,471
033 ANCILLARY SERVICE COST CENTER	2,446,255	2,446,255		1,195,353			
037 OPERATING ROOM	49,012,581	49,012,581		10,125,584	40,963	40,963	197,005
038 RECOVERY ROOM	7,864,289	7,864,289		1,115,212	3,124	3,124	10,598
039 DELIVERY ROOM & LABOR	5,218,318	5,218,318		2,525,902			
040 ANESTHESIOLOGY	8,167,499	8,167,499		611,533	1,665	1,665	
041 RADIOLOGY-DIAGNOSTIC	42,818,160	42,818,160		8,530,410	18,433	18,433	19,703
041 01 CAT SCAN	50,259,117	50,259,117		2,447,071	3,239	3,239	19,608
041 02 CARDIAC CATHETERIZATION	28,017,297	28,017,297		3,481,214	15,053	15,053	39,552
043 RADIOISOTOPE	5,056,808	5,056,808		1,011,049	3,071	3,071	5,677
044 LABORATORY	56,201,503	56,201,503		6,002,414	12,879	12,879	102
049 RESPIRATORY THERAPY	8,673,369	8,673,369		1,913,582	4,040	4,040	
049 01 PULMONARY FUNCTION TEST	7,551,739	7,551,739		542,917	462	462	
049 02 STRESS TEST	4,397,827	4,397,827		783,933	4,686	4,686	10,854
050 PHYSICAL THERAPY	16,060,792	16,060,792		5,038,436	22,526	22,526	21,074
051 OCCUPATIONAL THERAPY	4,715,507	4,715,507		500,101	999	999	14,769
052 SPEECH PATHOLOGY	2,452,868	2,452,868		254,930	1,545	1,545	
053 ELECTROCARDIOLOGY	14,979,116	14,979,116		1,157,443	3,154	3,154	4,243
053 01 VASCULAR LAB	3,358,717	3,358,717		457,928	1,105	1,105	5,470
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARACTERIZED	56,561,494	56,561,494		16,351,093			
056 DRUGS CHARGED TO PATIENT	42,757,710	42,757,710		338,898			
057 RENAL DIALYSIS	2,431,534	2,431,534		515,979	1,180	1,180	1,623
060 OUTPATIENT SERVICE COST CENTER							
060 01 CLINIC	40,604,166	40,604,166		10,577,555	36,427	36,427	13,000
060 01 OTHER OUTPATIENT SERVICE	1,518,025	1,518,025		349,598			
061 EMERGENCY	30,729,332	30,729,332		4,857,219	10,750	10,750	152,301
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICE				9,826			
065 OTHER REIMBURSEMENT COST CENTER							
071 AMBULANCE SERVICES	30,582	30,582		147,010			
071 HOME HEALTH AGENCY							
095 SPECIFIC PURPOSE COST CENTER							
095 SUBTOTALS	556,942,130	556,942,130	-25,204,270	137,397,354	387,466	354,416	1,578,147
096 NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE				320			
098 PHYSICIANS' PRIVATE OFFICE				3,655,070	150,096	150,096	
099 NONPAID WORKERS				2,387			
099 01 WELLNESS/SENIOR VIP				164,165			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,986,307	2,428,339		25,204,270	1,665,361	6,132,668	1,288,350
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.003566	.004360		.178476		12.155643	.816369
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)					3.097989		
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC	RECONCILIATION	OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN
		(GROSS CHARGES)	(GROSS CHARGES)		TRATIVE AND	REPAIRS	PLANT	EN SERVICE
					(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6.04 35,120	6.05 25,673	6a.06	6.06 2,442,155	7 140,355	8 450,932	9 172,654
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000063	.000046		.017293	.261095	.893798	.109403

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	21,290						
011 DIETARY	157	184,320					
012 CAFETERIA			94,038				
014 NURSING ADMINISTRATION	228		1,963	1,185,013			
015 CENTRAL SERVICES & SUPPLY	423		1,069		100		
016 PHARMACY	65		3,210			100	
017 MEDICAL RECORDS & LIBRARY	98		3,789				10,004
018 SOCIAL SERVICE	65		2,381				
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	12,013	143,325	24,050	527,469			4,520
026 INTENSIVE CARE UNIT	1,172	10,722	5,923	134,245			568
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER	2,098	26,573	3,611	77,344			770
033 NURSERY			1,241	27,980			
037 ANCILLARY SERVICE COST							
037 OPERATING ROOM	224		8,707	200,400			687
038 RECOVERY ROOM		1,862	1,070	22,682			100
039 DELIVERY ROOM & LABOR			2,622	53,768			
040 ANESTHESIOLOGY			159				114
041 RADIOLOGY-DIAGNOSTIC	1,565		7,026				551
041 01 CAT SCAN			1,529				618
041 02 CARDIAC CATHETERIZATION	520		2,008				289
043 RADIOISOTOPE			437				36
044 LABORATORY	184		4,979				364
049 RESPIRATORY THERAPY	122		2,586				6
049 01 PULMONARY FUNCTION TEST	127		723				27
049 02 STRESS TEST	249	314	953				80
050 PHYSICAL THERAPY	184		2,165				155
051 OCCUPATIONAL THERAPY	65		14				25
052 SPEECH PATHOLOGY	65		6				21
053 ELECTROCARDIOLOGY			985				74
053 01 VASCULAR LAB	65		306				30
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHARACTERIZED					100		28
056 DRUGS CHARGED TO PATIENT						100	134
057 RENAL DIALYSIS	33						
060 OUTPATIENT SERVICE COST							
060 01 CLINIC			4,154				
060 01 OTHER OUTPATIENT SERVICE			414	7,932			
061 EMERGENCY	1,470	1,524	5,376	133,193			807
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURSEMENT COST							
071 AMBULANCE SERVICES			104				
HOME HEALTH AGENCY							
SPECIAL PURPOSE COST CENTER							
095 SUBTOTALS	21,192	184,320	93,560	1,185,013	100	100	10,004
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE	98		383				
099 NONPAID WORKERS							
099 01 WELLNESS/SENIOR/VIP			95				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	2,479,236	1,484,000	1,934,591	2,634,075	947,907	9,093,725	2,910,034
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		8.051215		2.222824		90,937.250000	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	116.450728		20.572439		9,479.070000		290.887045
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(TIME SPENT)	(MEALS SERVED)	(FTE'S)	(NURSING TIME)	(COSTED) EQUIS.	(COSTED) EQUIS.	(TIME SPENT)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	94,360	216,535	71,573	130,382	123,621	206,039	101,375
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.432128	1.174778	.761107	.110026	1,236.210000	2,060.390000	10.133447

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED PRGM
	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)	(TIME SPENT)
GENERAL SERVICE COST	18	22	23	24
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING				
006 04 ADMINISTRATION				
006 05 CASHIERING/ACCOUNTS R				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	5,425			
022 I&R SERVICES-SALARY & FRI		1,438		
023 I&R SERVICES-OTHER PRGM			1,438	
024 PARAMED PRGM				100
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS	4,579	921	921	
027 INTENSIVE CARE UNIT	201	193	193	
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE UNIT				
031 SURGICAL INTENSIVE CARE				
033 SUBPROVIDER	599			
037 NURSERY				
038 ANCILLARY SRVC COST CENTER				
039 OPERATING ROOM		92	92	
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
041 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		7	7	
041 01 CAT SCAN				
041 02 CARDIAC CATHETERIZATION				
043 RADIOISOTOPE				
044 LABORATORY		6	6	100
049 RESPIRATORY THERAPY		2	2	
049 01 PULMONARY FUNCTION TEST				
049 02 STRESS TEST				
050 PHYSICAL THERAPY		6	6	
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		16	16	
053 01 VASCULAR LAB				
054 ELECTROENCEPHALOGRAPHY		4	4	
055 MEDICAL SUPPLIES CHARGED TO PATIENT				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
060 OUTPAT SERVICE COST CENTER				
060 01 CLINIC		86	86	
061 OTHER OUTPATIENT SERVICE				
061 EMERGENCY	46	105	105	
062 OBSERVATION BEDS (NON-PAYING)				
063 OTHER OUTPATIENT SERVICE				
065 OTHER REIMBURSEMENT COST CENTER				
071 AMBULANCE SERVICES				
095 HOME HEALTH AGENCY				
095 SPEC PURPOSE COST CENTER				
095 SUBTOTALS	5,425	1,438	1,438	100
096 NONREIMBURSEMENT COST CENTER				
098 GIFT, FLOWER, COFFEE				
099 PHYSICIANS' PRIVATE OFFICE				
099 01 NONPAID WORKERS				
101 WELLNESS/SENIOR VIP				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	3,070,413	1,585,081	1,644,012	
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	565.974747	1,102.281641	1,143.262865	
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)				
106 UNIT COST MULTIPLIER (WORKSHEET B, PT II)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	31,108,783		31,108,783		31,108,783
26	INTENSIVE CARE UNIT	8,084,436		8,084,436		8,084,436
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,827,711		4,827,711		4,827,711
33	NURSERY	1,496,420		1,496,420		1,496,420
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,568,924		13,568,924		13,568,924
38	RECOVERY ROOM	1,487,066		1,487,066		1,487,066
39	DELIVERY ROOM & LABOR ROO	3,150,173		3,150,173		3,150,173
40	ANESTHESIOLOGY	782,506		782,506		782,506
41	RADIOLOGY-DIAGNOSTIC	10,837,204		10,837,204		10,837,204
41	01 CAT SCAN	3,160,450		3,160,450		3,160,450
41	02 CARDIAC CATHETERIZATION L	4,550,358		4,550,358		4,550,358
43	RADIOISOTOPE	1,262,438		1,262,438		1,262,438
44	LABORATORY	7,499,976		7,499,976		7,499,976
49	RESPIRATORY THERAPY	2,385,887		2,385,887		2,385,887
49	01 PULMONARY FUNCTION TESTIN	684,379		684,379		684,379
49	02 STRESS TEST	1,078,586		1,078,586		1,078,586
50	PHYSICAL THERAPY	6,409,536		6,409,536		6,409,536
51	OCCUPATIONAL THERAPY	631,781		631,781		631,781
52	SPEECH PATHOLOGY	337,796		337,796		337,796
53	ELECTROCARDIOLOGY	1,457,383		1,457,383		1,457,383
53	01 VASCULAR LAB	583,569		583,569		583,569
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	20,225,423		20,225,423		20,225,423
56	DRUGS CHARGED TO PATIENTS	9,532,087		9,532,087		9,532,087
57	RENAL DIALYSIS	631,237		631,237		631,237
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	13,117,110		13,117,110	31,927	13,149,037
60	01 OTHER OUTPATIENT SERVICE	438,141		438,141		438,141
61	EMERGENCY	6,863,322		6,863,322		6,863,322
62	OBSERVATION BEDS (NON-DIS	1,063,542		1,063,542		1,063,542
63	OTHER OUTPATIENT SERVICE	11,580		11,580		11,580
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	175,388		175,388		175,388
101	SUBTOTAL	157,443,192		157,443,192	31,927	157,475,119
102	LESS OBSERVATION BEDS	1,063,542		1,063,542		1,063,542
103	TOTAL	156,379,650		156,379,650	31,927	156,411,577

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	46,141,832		46,141,832			
26	INTENSIVE CARE UNIT	10,272,401		10,272,401			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	7,001,555		7,001,555			
33	NURSERY	2,446,255		2,446,255			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,343,849	26,668,732	49,012,581	.276846	.276846	.276846
38	RECOVERY ROOM	3,106,816	4,757,473	7,864,289	.189091	.189091	.189091
39	DELIVERY ROOM & LABOR ROO	3,873,064	1,345,254	5,218,318	.603676	.603676	.603676
40	ANESTHESIOLOGY	4,436,536	3,730,963	8,167,499	.095807	.095807	.095807
41	RADIOLOGY-DIAGNOSTIC	9,794,982	33,023,178	42,818,160	.253098	.253098	.253098
41 01	CAT SCAN	15,416,659	34,842,458	50,259,117	.062883	.062883	.062883
41 02	CARDIAC CATHETERIZATION L	17,105,381	10,911,916	28,017,297	.162412	.162412	.162412
43	RADIOISOTOPE	3,347,564	1,709,244	5,056,808	.249651	.249651	.249651
44	LABORATORY	38,489,728	17,711,775	56,201,503	.133448	.133448	.133448
49	RESPIRATORY THERAPY	8,515,828	157,541	8,673,369	.275082	.275082	.275082
49 01	PULMONARY FUNCTION TESTIN	6,237,507	1,314,232	7,551,739	.090625	.090625	.090625
49 02	STRESS TEST	175,337	4,222,490	4,397,827	.245254	.245254	.245254
50	PHYSICAL THERAPY	5,489,375	10,571,417	16,060,792	.399080	.399080	.399080
51	OCCUPATIONAL THERAPY	3,427,783	1,287,724	4,715,507	.133979	.133979	.133979
52	SPEECH PATHOLOGY	1,397,269	1,055,599	2,452,868	.137715	.137715	.137715
53	ELECTROCARDIOLOGY	11,358,616	3,620,500	14,979,116	.097294	.097294	.097294
53 01	VASCULAR LAB	1,908,509	1,450,208	3,358,717	.173748	.173748	.173748
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	43,404,885	13,156,609	56,561,494	.357583	.357583	.357583
56	DRUGS CHARGED TO PATIENTS	31,791,124	10,966,586	42,757,710	.222933	.222933	.222933
57	RENAL DIALYSIS	2,417,296	14,238	2,431,534	.259604	.259604	.259604
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		40,604,166	40,604,166	.323048	.323048	.323835
60 01	OTHER OUTPATIENT SERVICE		1,518,025	1,518,025	.288626	.288626	.288626
61	EMERGENCY	9,877,457	20,851,875	30,729,332	.223348	.223348	.223348
62	OBSERVATION BEDS (NON-DIS	247,592	1,394,145	1,641,737	.647815	.647815	.647815
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	30,582		30,582	5.735008	5.735008	5.735008
101	SUBTOTAL	310,055,782	246,886,348	556,942,130			
102	LESS OBSERVATION BEDS						
103	TOTAL	310,055,782	246,886,348	556,942,130			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0187

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 11/20/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS	1				
25	ADULTS & PEDIATRICS	33,176,926		33,176,926		33,176,926
26	INTENSIVE CARE UNIT	8,517,826		8,517,826		8,517,826
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,827,711		4,827,711		4,827,711
33	NURSERY	1,496,420		1,496,420		1,496,420
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	13,775,514		13,775,514		13,775,514
38	RECOVERY ROOM	1,487,066		1,487,066		1,487,066
39	DELIVERY ROOM & LABOR ROO	3,150,173		3,150,173		3,150,173
40	ANESTHESIOLOGY	782,506		782,506		782,506
41	RADIOLOGY-DIAGNOSTIC	10,852,923		10,852,923		10,852,923
41	01 CAT SCAN	3,160,450		3,160,450		3,160,450
41	02 CARDIAC CATHETERIZATION L	4,550,358		4,550,358		4,550,358
43	RADIOISOTOPE	1,262,438		1,262,438		1,262,438
44	LABORATORY	7,513,450		7,513,450		7,513,450
49	RESPIRATORY THERAPY	2,390,379		2,390,379		2,390,379
49	01 PULMONARY FUNCTION TESTIN	684,379		684,379		684,379
49	02 STRESS TEST	1,078,586		1,078,586		1,078,586
50	PHYSICAL THERAPY	6,423,010		6,423,010		6,423,010
51	OCCUPATIONAL THERAPY	631,781		631,781		631,781
52	SPEECH PATHOLOGY	337,796		337,796		337,796
53	ELECTROCARDIOLOGY	1,493,312		1,493,312		1,493,312
53	01 VASCULAR LAB	583,569		583,569		583,569
54	ELECTROENCEPHALOGRAPHY	8,982		8,982		8,982
55	MEDICAL SUPPLIES CHARGED	20,225,423		20,225,423		20,225,423
56	DRUGS CHARGED TO PATIENTS	9,532,087		9,532,087		9,532,087
57	RENAL DIALYSIS	631,237		631,237		631,237
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	13,310,227		13,310,227	31,927	13,342,154
60	01 OTHER OUTPATIENT SERVICE	438,141		438,141		438,141
61	EMERGENCY	7,099,105		7,099,105		7,099,105
62	OBSERVATION BEDS (NON-DIS	1,063,542		1,063,542		1,063,542
63	OTHER OUTPATIENT SERVICE	11,580		11,580		11,580
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	175,388		175,388		175,388
101	SUBTOTAL	160,672,285		160,672,285	31,927	160,704,212
102	LESS OBSERVATION BEDS	1,063,542		1,063,542		1,063,542
103	TOTAL	159,608,743		159,608,743	31,927	159,640,670

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	13,568,924	1,868,128	11,700,796			13,568,924
38	RECOVERY ROOM	1,487,066	119,621	1,367,445			1,487,066
39	DELIVERY ROOM & LABOR ROO	3,150,173	53,057	3,097,116			3,150,173
40	ANESTHESIOLOGY	782,506	242,157	540,349			782,506
41	RADIOLOGY-DIAGNOSTIC	10,837,204	2,285,479	8,551,725			10,837,204
41 01	CAT SCAN	3,160,450	418,411	2,742,039			3,160,450
41 02	CARDIAC CATHETERIZATION L	4,550,358	1,007,071	3,543,287			4,550,358
43	RADIOISOTOPE	1,262,438	118,588	1,143,850			1,262,438
44	LABORATORY	7,499,976	402,844	7,097,132			7,499,976
49	RESPIRATORY THERAPY	2,385,887	139,930	2,245,957			2,385,887
49 01	PULMONARY FUNCTION TESTIN	684,379	23,970	660,409			684,379
49 02	STRESS TEST	1,078,586	106,744	971,842			1,078,586
50	PHYSICAL THERAPY	6,409,536	396,847	6,012,689			6,409,536
51	OCCUPATIONAL THERAPY	631,781	29,088	602,693			631,781
52	SPEECH PATHOLOGY	337,796	30,308	307,488			337,796
53	ELECTROCARDIOLOGY	1,457,383	201,584	1,255,799			1,457,383
53 01	VASCULAR LAB	583,569	40,411	543,158			583,569
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	20,225,423	412,910	19,812,513			20,225,423
56	DRUGS CHARGED TO PATIENTS	9,532,087	217,919	9,314,168			9,532,087
57	RENAL DIALYSIS	631,237	21,548	609,689			631,237
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	13,117,110	735,751	12,381,359			13,117,110
60 01	OTHER OUTPATIENT SERVICE	438,141	7,503	430,638			438,141
61	EMERGENCY	6,863,322	393,881	6,469,441			6,863,322
62	OBSERVATION BEDS (NON-DIS	1,063,542	77,257	986,285			1,063,542
63	OTHER OUTPATIENT SERVICE	11,580	603	10,977			11,580
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	175,388	2,878	172,510			175,388
101	SUBTOTAL	111,925,842	9,354,488	102,571,354			111,925,842
102	LESS OBSERVATION BEDS	1,063,542	77,257	986,285			1,063,542
103	TOTAL	110,862,300	9,277,231	101,585,069			110,862,300

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	49,012,581	.276846	.276846
38	OPERATING ROOM	7,864,289	.189091	.189091
39	RECOVERY ROOM	5,218,318	.603676	.603676
40	DELIVERY ROOM & LABOR ROO	8,167,499	.095807	.095807
41	ANESTHESIOLOGY	42,818,160	.253098	.253098
41	01 RADIOLOGY-DIAGNOSTIC	50,259,117	.062883	.062883
41	02 CAT SCAN	28,017,297	.162412	.162412
43	CARDIAC CATHETERIZATION L	5,056,808	.249651	.249651
44	RADIOISOTOPE	56,201,503	.133448	.133448
49	LABORATORY	8,673,369	.275082	.275082
49	RESPIRATORY THERAPY	7,551,739	.090625	.090625
49	01 PULMONARY FUNCTION TESTIN	4,397,827	.245254	.245254
49	02 STRESS TEST	16,060,792	.399080	.399080
50	PHYSICAL THERAPY	4,715,507	.133979	.133979
51	OCCUPATIONAL THERAPY	2,452,868	.137715	.137715
52	SPEECH PATHOLOGY	14,979,116	.097294	.097294
53	ELECTROCARDIOLOGY	3,358,717	.173748	.173748
53	01 VASCULAR LAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	56,561,494	.357583	.357583
56	DRUGS CHARGED TO PATIENTS	42,757,710	.222933	.222933
57	RENAL DIALYSIS	2,431,534	.259604	.259604
60	OUTPAT SERVICE COST CNTRS			
60	01 CLINIC	40,604,166	.323048	.323048
61	OTHER OUTPATIENT SERVICE	1,518,025	.288626	.288626
61	EMERGENCY	30,729,332	.223348	.223348
62	OBSERVATION BEDS (NON-DIS	1,641,737	.647815	.647815
63	OTHER OUTPATIENT SERVICE			
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES	30,582	5.735008	5.735008
102	SUBTOTAL	491,080,087		
102	LESS OBSERVATION BEDS	1,641,737		
103	TOTAL	489,438,350		

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	13,775,514	1,868,128	11,907,386	186,813	690,628	12,898,073
38	RECOVERY ROOM	1,487,066	119,621	1,367,445	11,962	79,312	1,395,792
39	DELIVERY ROOM & LABOR ROO	3,150,173	53,057	3,097,116	5,306	179,633	2,965,234
40	ANESTHESIOLOGY	782,506	242,157	540,349	24,216	31,340	726,950
41	RADIOLOGY-DIAGNOSTIC	10,852,923	2,285,479	8,567,444	228,548	496,912	10,127,463
41	01 CAT SCAN	3,160,450	418,411	2,742,039	41,841	159,038	2,959,571
41	02 CARDIAC CATHETERIZATION L	4,550,358	1,007,071	3,543,287	100,707	205,511	4,244,140
43	RADIOISOTOPE	1,262,438	118,588	1,143,850	11,859	66,343	1,184,236
44	LABORATORY	7,513,450	402,844	7,110,606	40,284	412,415	7,060,751
49	RESPIRATORY THERAPY	2,390,379	139,930	2,250,449	13,993	130,526	2,245,860
49	01 PULMONARY FUNCTION TESTIN	684,379	23,970	660,409	2,397	38,304	643,678
49	02 STRESS TEST	1,078,586	106,744	971,842	10,674	56,367	1,011,545
50	PHYSICAL THERAPY	6,423,010	396,847	6,026,163	39,685	349,517	6,033,808
51	OCCUPATIONAL THERAPY	631,781	29,088	602,693	2,909	34,956	593,916
52	SPEECH PATHOLOGY	337,796	30,308	307,488	3,031	17,834	316,931
53	ELECTROCARDIOLOGY	1,493,312	201,584	1,291,728	20,158	74,920	1,398,234
53	01 VASCULAR LAB	583,569	40,411	543,158	4,041	31,503	548,025
54	ELECTROENCEPHALOGRAPHY	8,982		8,982		521	8,461
55	MEDICAL SUPPLIES CHARGED	20,225,423	412,910	19,812,513	41,291	1,149,126	19,035,006
56	DRUGS CHARGED TO PATIENTS	9,532,087	217,919	9,314,168	21,792	540,222	8,970,073
57	RENAL DIALYSIS	631,237	21,548	609,689	2,155	35,362	593,720
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	13,310,227	735,751	12,574,476	73,575	729,320	12,507,332
60	01 OTHER OUTPATIENT SERVICE	438,141	7,503	430,638	750	24,977	412,414
61	EMERGENCY	7,099,105	393,881	6,705,224	39,388	388,903	6,670,814
62	OBSERVATION BEDS (NON-DIS	1,063,542	77,257	986,285	7,726	57,205	998,611
63	OTHER OUTPATIENT SERVICE	11,580	603	10,977	60	637	10,883
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	175,388	2,878	172,510	288	10,006	165,094
101	SUBTOTAL	112,653,402	9,354,488	103,298,914	935,449	5,991,338	105,726,615
102	LESS OBSERVATION BEDS	1,063,542	77,257	986,285	7,726	57,205	998,611
103	TOTAL	111,589,860	9,277,231	102,312,629	927,723	5,934,133	104,728,004

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	49,012,581	.263158	.277249
38	OPERATING ROOM	7,864,289	.177485	.187570
39	RECOVERY ROOM	5,218,318	.568236	.602659
40	DELIVERY ROOM & LABOR ROO	8,167,499	.089005	.092842
41	ANESTHESIOLOGY	42,818,160	.236523	.248128
41	01 RADIOLOGY-DIAGNOSTIC	50,259,117	.058886	.062051
41	02 CAT SCAN	28,017,297	.151483	.158818
43	CARDIAC CATHETERIZATION L	5,056,808	.234186	.247306
44	RADIOISOTOPE	56,201,503	.125633	.132971
49	LABORATORY	8,673,369	.258937	.273986
49	01 RESPIRATORY THERAPY	7,551,739	.085236	.090308
49	02 PULMONARY FUNCTION TESTIN	4,397,827	.230010	.242827
50	STRESS TEST	16,060,792	.375686	.397448
51	PHYSICAL THERAPY	4,715,507	.125950	.133363
52	OCCUPATIONAL THERAPY	2,452,868	.129208	.136479
53	SPEECH PATHOLOGY	14,979,116	.093346	.098347
53	01 ELECTROCARDIOLOGY	3,358,717	.163165	.172544
54	VASCULAR LAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	56,561,494	.336536	.356853
56	DRUGS CHARGED TO PATIENTS	42,757,710	.209788	.222423
57	RENAL DIALYSIS	2,431,534	.244175	.258718
60	OUTPAT SERVICE COST CNTRS			
60	01 CLINIC	40,604,166	.308031	.325992
61	OTHER OUTPATIENT SERVICE	1,518,025	.271678	.288132
61	EMERGENCY	30,729,332	.217083	.229739
62	OBSERVATION BEDS (NON-DIS	1,641,737	.608265	.643109
63	OTHER OUTPATIENT SERVICE			
63	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	30,582	5.398404	5.725590
101	SUBTOTAL	491,080,087		
102	LESS OBSERVATION BEDS	1,641,737		
103	TOTAL	489,438,350		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,259,773		2,259,773
26	INTENSIVE CARE UNIT				426,050		426,050
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				282,444		282,444
33	NURSERY				25,386		25,386
101	TOTAL				2,993,653		2,993,653

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	48,965	21,702			46.15	1,001,547
26	INTENSIVE CARE UNIT	6,159	2,994			69.18	207,125
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	8,344	5,641			33.85	190,948
33	NURSERY	2,939				8.64	
101	TOTAL	66,407	30,337				1,399,620

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,868,128	49,012,581	9,557,789		
38	RECOVERY ROOM		119,621	7,864,289	1,277,828		
39	DELIVERY ROOM & LABOR ROO		53,057	5,218,318	24,266		
40	ANESTHESIOLOGY		242,157	8,167,499	1,845,692		
41	RADIOLOGY-DIAGNOSTIC		2,285,479	42,818,160	5,194,620		
41 01	CAT SCAN		418,411	50,259,117	11,033,502		
41 02	CARDIAC CATHETERIZATION L		1,007,071	28,017,297	4,006,576		
43	RADIOISOTOPE		118,588	5,056,808	1,544,441		
44	LABORATORY		402,844	56,201,503	22,127,059		
49	RESPIRATORY THERAPY		139,930	8,673,369	4,997,363		
49 01	PULMONARY FUNCTION TESTIN		23,970	7,551,739			
49 02	STRESS TEST		106,744	4,397,827			
50	PHYSICAL THERAPY		396,847	16,060,792	1,274,725		
51	OCCUPATIONAL THERAPY		29,088	4,715,507	268,084		
52	SPEECH PATHOLOGY		30,308	2,452,868	195,802		
53	ELECTROCARDIOLOGY		201,584	14,979,116	5,793,205		
53 01	VASCULAR LAB		40,411	3,358,717	1,073,939		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		412,910	56,561,494	19,311,901		
56	DRUGS CHARGED TO PATIENTS		217,919	42,757,710	14,248,240		
57	RENAL DIALYSIS		21,548	2,431,534	1,417,472		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		735,751	40,604,166			
60 01	OTHER OUTPATIENT SERVICE		7,503	1,518,025			
61	EMERGENCY		393,881	30,729,332	4,134,097		
62	OBSERVATION BEDS (NON-DIS		77,257	1,641,737	58,122		
63	OTHER OUTPATIENT SERVICE		603				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		9,351,610	491,049,505	109,384,723		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 PERIOD: FROM 7/ 1/2008 TO 6/30/2009
 COMPONENT NO: 14-0187
 PREPARED 11/20/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038115	364,295
38	RECOVERY ROOM	.015211	19,437
39	DELIVERY ROOM & LABOR ROO	.010167	247
40	ANESTHESIOLOGY	.029649	54,723
41	RADIOLOGY-DIAGNOSTIC	.053376	277,268
41 01	CAT SCAN	.008325	91,854
41 02	CARDIAC CATHETERIZATION L	.035945	144,016
43	RADIOISOTOPE	.023451	36,219
44	LABORATORY	.007168	158,607
49	RESPIRATORY THERAPY	.016133	80,622
49 01	PULMONARY FUNCTION TESTIN	.003174	
49 02	STRESS TEST	.024272	
50	PHYSICAL THERAPY	.024709	31,497
51	OCCUPATIONAL THERAPY	.006169	1,654
52	SPEECH PATHOLOGY	.012356	2,419
53	ELECTROCARDIOLOGY	.013458	77,965
53 01	VASCULAR LAB	.012032	12,922
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007300	140,977
56	DRUGS CHARGED TO PATIENTS	.005097	72,623
57	RENAL DIALYSIS	.008862	12,562
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.018120	
60 01	OTHER OUTPATIENT SERVICE	.004943	
61	EMERGENCY	.012818	52,991
62	OBSERVATION BEDS (NON-DIS	.047058	2,735
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,635,633

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

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-0187	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	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	48,965		21,702	
26	INTENSIVE CARE UNIT	6,159		2,994	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	8,344		5,641	
33	NURSERY	2,939			
101	TOTAL	66,407		30,337	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			49,012,581			9,557,789	
38	RECOVERY ROOM			7,864,289			1,277,828	
39	DELIVERY ROOM & LABOR ROO			5,218,318			24,266	
40	ANESTHESIOLOGY			8,167,499			1,845,692	
41	RADIOLOGY-DIAGNOSTIC			42,818,160			5,194,620	
41 01	CAT SCAN			50,259,117			11,033,502	
41 02	CARDIAC CATHETERIZATION L			28,017,297			4,006,576	
43	RADIOISOTOPE			5,056,808			1,544,441	
44	LABORATORY			56,201,503			22,127,059	
49	RESPIRATORY THERAPY			8,673,369			4,997,363	
49 01	PULMONARY FUNCTION TESTIN			7,551,739				
49 02	STRESS TEST			4,397,827				
50	PHYSICAL THERAPY			16,060,792			1,274,725	
51	OCCUPATIONAL THERAPY			4,715,507			268,084	
52	SPEECH PATHOLOGY			2,452,868			195,802	
53	ELECTROCARDIOLOGY			14,979,116			5,793,205	
53 01	VASCULAR LAB			3,358,717			1,073,939	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			56,561,494			19,311,901	
56	DRUGS CHARGED TO PATIENTS			42,757,710			14,248,240	
57	RENAL DIALYSIS			2,431,534			1,417,472	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			40,604,166				
60 01	OTHER OUTPATIENT SERVICE			1,518,025				
61	EMERGENCY			30,729,332			4,134,097	
62	OBSERVATION BEDS (NON-DIS			1,641,737			58,122	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			491,049,505			109,384,723	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,671,579					
38	RECOVERY ROOM	991,331					
39	DELIVERY ROOM & LABOR ROO	20,675					
40	ANESTHESIOLOGY	694,249					
41	RADIOLOGY-DIAGNOSTIC	7,257,751					
41 01	CAT SCAN	11,017,586					
41 02	CARDIAC CATHETERIZATION L	246,585					
43	RADIOISOTOPE	579,518					
44	LABORATORY	529,438					
49	RESPIRATORY THERAPY	93,307					
49 01	PULMONARY FUNCTION TESTIN						
49 02	STRESS TEST	22,392					
50	PHYSICAL THERAPY	463,144					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	22,753					
53	ELECTROCARDIOLOGY	1,164,869					
53 01	VASCULAR LAB	724,875					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,644,996					
56	DRUGS CHARGED TO PATIENTS	3,405,673					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OTHER OUTPATIENT SERVICE	168,365					
61	EMERGENCY	2,948,512					
62	OBSERVATION BEDS (NON-DIS	415,465					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	42,083,063					

Cost Center Description	All Other (1)		PPS Services	Non-PPS	PPS Services	Outpatient
	5		FYB to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
(A) ANCI LLARY SRVC COST CNTRS						
37 OPERATING ROOM			7,671,579			
38 RECOVERY ROOM			991,331			
39 DELIVERY ROOM & LABOR ROOM			20,675			
40 ANESTHESIOLOGY			694,249			
41 RADIOLOGY-DIAGNOSTIC			7,257,751			
41 01 CAT SCAN			11,017,586			
41 02 CARDIAC CATHETERIZATION LABORATORY			246,585			
43 RADIOISOTOPE LABORATORY			579,518			
44 LABORATORY			529,438			
49 RESPIRATORY THERAPY			93,307			
49 01 PULMONARY FUNCTION TESTING						
49 02 STRESS TEST			22,392			
50 PHYSICAL THERAPY			463,144			
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY			22,753			
53 ELECTROCARDIOLOGY			1,164,869			
53 01 VASCULAR LAB			724,875			
54 ELECTROENCEPHALOGRAPHY						
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			3,644,996			
56 DRUGS CHARGED TO PATIENTS			3,405,673	18,478		
57 RENAL DIALYSIS						
60 OUTPAT SERVICE COST CNTRS						
60 01 CLINIC						
60 01 OTHER OUTPATIENT SERVICE COST CENTER			168,365			
61 EMERGENCY			2,948,512			
62 OBSERVATION BEDS (NON-DISTINCT PART)			415,465			
63 OTHER OUTPATIENT SERVICE COST CENTER						
65 OTHER REIMBURS COST CNTRS						
101 AMBULANCE SERVICES						
102 SUBTOTAL			42,083,063	18,478		
103 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES			42,083,063	18,478		

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-T187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,868,128	49,012,581	44,322		
38	RECOVERY ROOM		119,621	7,864,289	6,784		
39	DELIVERY ROOM & LABOR ROO		53,057	5,218,318	41		
40	ANESTHESIOLOGY		242,157	8,167,499	5,237		
41	RADIOLOGY-DIAGNOSTIC		2,285,479	42,818,160	109,427		
41 01	CAT SCAN		418,411	50,259,117	127,986		
41 02	CARDIAC CATHETERIZATION L		1,007,071	28,017,297	24,741		
43	RADIOISOTOPE		118,588	5,056,808	14,187		
44	LABORATORY		402,844	56,201,503	916,161		
49	RESPIRATORY THERAPY		139,930	8,673,369	254,237		
49 01	PULMONARY FUNCTION TESTIN		23,970	7,551,739			
49 02	STRESS TEST		106,744	4,397,827			
50	PHYSICAL THERAPY		396,847	16,060,792	2,432,813		
51	OCCUPATIONAL THERAPY		29,088	4,715,507	2,036,245		
52	SPEECH PATHOLOGY		30,308	2,452,868	657,636		
53	ELECTROCARDIOLOGY		201,584	14,979,116	61,494		
53 01	VASCULAR LAB		40,411	3,358,717	43,746		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		412,910	56,561,494	1,055,897		
56	DRUGS CHARGED TO PATIENTS		217,919	42,757,710	845,776		
57	RENAL DIALYSIS		21,548	2,431,534	248,374		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		735,751	40,604,166			
60 01	OTHER OUTPATIENT SERVICE		7,503	1,518,025			
61	EMERGENCY		393,881	30,729,332	8,878		
62	OBSERVATION BEDS (NON-DIS		77,257	1,641,737			
63	OTHER OUTPATIENT SERVICE		603				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		9,351,610	491,049,505	8,893,982		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0187
 COMPONENT NO: 14-T187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038115	1,689
38	RECOVERY ROOM	.015211	103
39	DELIVERY ROOM & LABOR ROO	.010167	
40	ANESTHESIOLOGY	.029649	155
41	RADIOLOGY-DIAGNOSTIC	.053376	5,841
41 01	CAT SCAN	.008325	1,065
41 02	CARDIAC CATHETERIZATION L	.035945	889
43	RADIOISOTOPE	.023451	333
44	LABORATORY	.007168	6,567
49	RESPIRATORY THERAPY	.016133	4,102
49 01	PULMONARY FUNCTION TESTIN	.003174	
49 02	STRESS TEST	.024272	
50	PHYSIOTHERAPY	.024709	60,112
51	OCCUPATIONAL THERAPY	.006169	12,562
52	SPEECH PATHOLOGY	.012356	8,126
53	ELECTROCARDIOLOGY	.013458	828
53 01	VASCULAR LAB	.012032	526
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007300	7,708
56	DRUGS CHARGED TO PATIENTS	.005097	4,311
57	RENAL DIALYSIS	.008862	2,201
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.018120	
60 01	OTHER OUTPATIENT SERVICE	.004943	
61	EMERGENCY	.012818	114
62	OBSERVATION BEDS (NON-DIS	.047058	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		117,232

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			49,012,581			44,322	
38	RECOVERY ROOM			7,864,289			6,784	
39	DELIVERY ROOM & LABOR ROO			5,218,318			41	
40	ANESTHESIOLOGY			8,167,499			5,237	
41	RADIOLOGY-DIAGNOSTIC			42,818,160			109,427	
41 01	CAT SCAN			50,259,117			127,986	
41 02	CARDIAC CATHETERIZATION L			28,017,297			24,741	
43	RADIOISOTOPE			5,056,808			14,187	
44	LABORATORY			56,201,503			916,161	
49	RESPIRATORY THERAPY			8,673,369			254,237	
49 01	PULMONARY FUNCTION TESTIN			7,551,739				
49 02	STRESS TEST			4,397,827				
50	PHYSICAL THERAPY			16,060,792			2,432,813	
51	OCCUPATIONAL THERAPY			4,715,507			2,036,245	
52	SPEECH PATHOLOGY			2,452,868			657,636	
53	ELECTROCARDIOLOGY			14,979,116			61,494	
53 01	VASCULAR LAB			3,358,717			43,746	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			56,561,494			1,055,897	
56	DRUGS CHARGED TO PATIENTS			42,757,710			845,776	
57	RENAL DIALYSIS			2,431,534			248,374	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			40,604,166				
60 01	OTHER OUTPATIENT SERVICE			1,518,025				
61	EMERGENCY			30,729,332			8,878	
62	OBSERVATION BEDS (NON-DIS			1,641,737				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			491,049,505			8,893,982	

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						
41 01	CAT SCAN						
41 02	CARDIAC CATHETERIZATION L						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	PULMONARY FUNCTION TESTIN						
49 02	STRESS TEST						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	VASCULAR LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OTHER OUTPATIENT SERVICE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 7 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
(EXCLUDING SWING-BED AND NEWBORN DAYS)
- 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
YEAR, ENTER 0 ON THIS LINE)
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
YEAR, ENTER 0 ON THIS LINE)
- 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
(EXCLUDING SWING-BED DAYS)
- 15 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 16 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
DECEMBER 31 OF THE COST REPORTING PERIOD
- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER
DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH
DECEMBER 31 OF THE COST REPORTING PERIOD
- 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD
- 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD
- 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM
COST DIFFERENTIAL

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,740,007	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.276846	44,322	12,270
38	RECOVERY ROOM	.189091	6,784	1,283
39	DELIVERY ROOM & LABOR ROOM	.603676	41	25
40	ANESTHESIOLOGY	.095807	5,237	502
41	RADIOLOGY-DIAGNOSTIC	.253098	109,427	27,696
41 01	CAT SCAN	.062883	127,986	8,048
41 02	CARDIAC CATHETERIZATION LABORATORY	.162412	24,741	4,018
43	RADIOISOTOPE	.249651	14,187	3,542
44	LABORATORY	.133448	916,161	122,260
49	RESPIRATORY THERAPY	.275082	254,237	69,936
49 01	PULMONARY FUNCTION TESTING	.090625		
49 02	STRESS TEST	.245254		
50	PHYSICAL THERAPY	.399080	2,432,813	970,887
51	OCCUPATIONAL THERAPY	.133979	2,036,245	272,814
52	SPEECH PATHOLOGY	.137715	657,636	90,566
53	ELECTROCARDIOLOGY	.097294	61,494	5,983
53 01	VASCULAR LAB	.173748	43,746	7,601
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.357583	1,055,897	377,571
56	DRUGS CHARGED TO PATIENTS	.222933	845,776	188,551
57	RENAL DIALYSIS	.259604	248,374	64,479
60	OUTPAT SERVICE COST CNTRS CLINIC	.323835		
60 01	OTHER OUTPATIENT SERVICE COST CENTER	.288626		
61	EMERGENCY	.223348	8,878	1,983
62	OBSERVATION BEDS (NON-DISTINCT PART)	.647815		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		8,893,982	2,230,015
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		8,893,982	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276846		
38	RECOVERY ROOM	.189091		
39	DELIVERY ROOM & LABOR ROOM	.603676		
40	ANESTHESIOLOGY	.095807		
41	RADIOLOGY-DIAGNOSTIC	.253098		
41	01 CAT SCAN	.062883		
41	02 CARDIAC CATHETERIZATION LABORATORY	.162412		
43	RADIOISOTOPE	.249651		
44	LABORATORY	.133448		
49	RESPIRATORY THERAPY	.275082		
49	01 PULMONARY FUNCTION TESTING	.090625		
49	02 STRESS TEST	.245254		
50	PHYSICAL THERAPY	.399080		
51	OCCUPATIONAL THERAPY	.133979		
52	SPEECH PATHOLOGY	.137715		
53	ELECTROCARDIOLOGY	.097294		
53	01 VASCULAR LAB	.173748		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.357583		
56	DRUGS CHARGED TO PATIENTS	.222933		
57	RENAL DIALYSIS	.259604		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.323048		
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.288626		
61	EMERGENCY	.223348		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.647815		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0187
 COMPONENT NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 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			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.281061	1,978,327	556,031
38	RECOVERY ROOM	.189091	322,740	61,027
39	DELIVERY ROOM & LABOR ROOM	.603676	919,617	555,151
40	ANESTHESIOLOGY	.095807	454,228	43,518
41	RADIOLOGY-DIAGNOSTIC	.253465	956,437	242,423
41	01 CAT SCAN	.062883	1,379,110	86,723
41	02 CARDIAC CATHETERIZATION LABORATORY	.162412	436,493	70,892
43	RADIOISOTOPE	.249651	256,119	63,940
44	LABORATORY	.133688	4,186,971	559,748
49	RESPIRATORY THERAPY	.275600	839,132	231,265
49	01 PULMONARY FUNCTION TESTING	.090625		
49	02 STRESS TEST	.245254		
50	PHYSICAL THERAPY	.399919	100,350	40,132
51	OCCUPATIONAL THERAPY	.133979	40,999	5,493
52	SPEECH PATHOLOGY	.137715	72,662	10,007
53	ELECTROCARDIOLOGY	.099693	1,046,648	104,343
53	01 VASCULAR LAB	.173748		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.357583	3,565,482	1,274,956
56	DRUGS CHARGED TO PATIENTS	.222933	3,537,549	788,636
57	RENAL DIALYSIS	.259604	132,888	34,498
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.327804		
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.288626		
61	EMERGENCY	.231020	50,923	11,764
62	OBSERVATION BEDS (NON-DISTINCT PART)	.647815	3,274	2,121
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		20,279,949	4,742,668
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		20,279,949	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-0187	FROM 7/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2009	
14-T187		

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			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.281061	14,406	4,049
38	RECOVERY ROOM	.189091	4,120	779
39	DELIVERY ROOM & LABOR ROOM	.603676		
40	ANESTHESIOLOGY	.095807	2,520	241
41	RADIOLOGY-DIAGNOSTIC	.253465	16,168	4,098
41	01 CAT SCAN	.062883	15,440	971
41	02 CARDIAC CATHETERIZATION LABORATORY	.162412		
43	RADIOISOTOPE	.249651		
44	LABORATORY	.133688	96,594	12,913
49	RESPIRATORY THERAPY	.275600	26,188	7,217
49	01 PULMONARY FUNCTION TESTING	.090625		
49	02 STRESS TEST	.245254		
50	PHYSICAL THERAPY	.399919	255,099	102,019
51	OCCUPATIONAL THERAPY	.133979	207,284	27,772
52	SPEECH PATHOLOGY	.137715	69,874	9,623
53	ELECTROCARDIOLOGY	.099693	4,167	415
53	01 VASCULAR LAB	.173748		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.357583	166,633	59,585
56	DRUGS CHARGED TO PATIENTS	.222933	120,560	26,877
57	RENAL DIALYSIS	.259604	3,164	821
60	OUTPAT SERVICE COST CNTRS CLINIC	.327804		
60	01 OTHER OUTPATIENT SERVICE COST CENTER	.288626		
61	EMERGENCY	.231020		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.647815		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,002,217	257,380
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,002,217	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-0187		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	36,542,799	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
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	1,039,318	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
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)	705,717	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	225.76	
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.	8.67	
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)		
		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)	8.67	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	14.38	
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)	8.67	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	8.67	
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		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	5.78	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.025602	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.440570	
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)	.025602	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	522,128	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
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).	522,128	522,128
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.35	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.09	
4.02 SUM OF LINES 4 AND 4.01	19.44	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.39	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,969,657	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-0187		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	39,740,301	
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)	39,740,301	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,208,370	
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)	457,847	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	43,406,518	
17 PRIMARY PAYER PAYMENTS	180,392	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	43,226,126	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,560,352	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	127,490	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	697,817	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	488,472	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	697,817	
22 SUBTOTAL	40,026,756	
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	40,026,756	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	39,911,002	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	115,754	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	370,941	
----- 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
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-0187		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,119
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,672,725
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,853,214
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,119

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	18,478
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	18,478

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)	18,478
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	14,359
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,119
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,853,214

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,927,742
19	SUBTOTAL (SEE INSTRUCTIONS)	5,929,591
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	86,037
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,015,628
24	PRIMARY PAYER PAYMENTS	3,488
25	SUBTOTAL	6,012,140

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	352,395
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	246,677
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	352,395
28	SUBTOTAL	6,258,817
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,258,817
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,363,982
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-105,165
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E
14-T187		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

CUSTOMARY CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-1
14-0187		

TITLE XVII HOSPITAL

DESCRIPTION

INPATIENT-PART A		PART B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		39,788,981		6,270,854
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER	.01 5/28/2009	54,628	5/28/2009 9,419
	ADJUSTMENTS TO PROVIDER	.02 2/ 3/2009	67,393	2/ 3/2009 83,709
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	ADJUSTMENTS TO PROGRAM	.99		
SUBTOTAL			122,021	93,128
4 TOTAL INTERIM PAYMENTS			39,911,002	6,363,982
	TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	TENTATIVE TO PROGRAM	.99		
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01	115,754	
	SETTLEMENT TO PROGRAM	.02		105,165
7 TOTAL MEDICARE PROGRAM LIABILITY			40,026,756	6,258,817

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-1
14-T187		

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,824,492		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		5,824,492		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		91,702		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,916,194		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-3
14-T187		PART I

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	5,574,742
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0394
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	406,349
1.05	OUTLIER PAYMENTS	75,081
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,056,172
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)	22.860274
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)	6,056,172
5	PRIMARY PAYER PAYMENTS	60,311
6	SUBTOTAL	5,995,861
7	DEDUCTIBLES	44,736
8	SUBTOTAL	5,951,125
9	COINSURANCE	34,931
10	SUBTOTAL	5,916,194
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,916,194
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-0187	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
14-T187		

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,916,194
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,824,492
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	91,702
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

PROVIDER NO:	PERIOD:	PREPARED
14-0187	FROM 7/ 1/2008	11/20/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET E-3
-		PART I

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
- 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 INSTRUNCTIONS)

- 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)
- 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)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-0187	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART I
-		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)
- 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 19 INTERIM PAYMENTS
- 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 20 BALANCE DUE PROVIDER/PROGRAM
- 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.

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		14.41
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		14.41
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		14.38
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		14.38
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.		14.38
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.		14.38
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		28.76
3.10	SEE INSTRUCTIONS		28.76
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.		14.38
3.12	SEE INSTRUCTIONS		28.76
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	9.59
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)		9.59
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		13.55
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		14.41
3.21	SEE INSTRUCTIONS	RES INIT YEARS	14.11
3.22	SEE INSTRUCTIONS		14.11
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,515.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,107,847
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,107,847

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		30,337
5	TOTAL INPATIENT DAYS		61,794
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.490938
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	543,884	543,884
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		61,794
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

TITLE XVIII

8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	2,431,534
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
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)	46,396,018
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	240,703
16	TOTAL PART A REASONABLE COST	46,155,315

PART B REASONABLE COST

17	REASONABLE COST	8,676,844
18	PRIMARY PAYER PAYMENTS	3,488
19	TOTAL PART B REASONABLE COST	8,673,356
20	TOTAL REASONABLE COST	54,828,671
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.841810
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.158190

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)	543,884
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	457,847
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	86,037

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	859,927			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE	432,539			
4	ACCOUNTS RECEIVABLE	65,464,310			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-39,542,357			
7	INVENTORY	2,519,185			
8	PREPAID EXPENSES	5,195,171			
9	OTHER CURRENT ASSETS	3,000,179			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	37,928,954			
FIXED ASSETS					
12	LAND	3,445,780			
12.01	LAND IMPROVEMENTS	5,729,924			
13.01	LESS ACCUMULATED DEPRECIATION	-4,602,299			
14	BUILDINGS	107,970,528			
14.01	LESS ACCUMULATED DEPRECIATION	-27,784,691			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	74,654,762			
18.01	LESS ACCUMULATED DEPRECIATION	-93,802,796			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	65,611,208			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	78,095,935			
26	TOTAL OTHER ASSETS	78,095,935			
27	TOTAL ASSETS	181,636,097			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE				
29 SALARIES, WAGES & FEES PAYABLE	20,418,400			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	1,012			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	60,013,685			
36 TOTAL CURRENT LIABILITIES	80,433,097			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	6,662,014			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	19,382,876			
42 TOTAL LONG-TERM LIABILITIES	26,044,890			
43 TOTAL LIABILITIES	106,477,987			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	75,158,110			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	75,158,110			
52 TOTAL LIABILITIES AND FUND BALANCES	181,636,097			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		84,987,369		
2 NET INCOME (LOSS)		-9,829,259		
3 TOTAL		75,158,110		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		75,158,110		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		75,158,110		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0187
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/20/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	544,894,664
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	358,149,403
3	NET PATIENT REVENUES	186,745,261
4	LESS: TOTAL OPERATING EXPENSES	196,248,648
5	NET INCOME FROM SERVICE TO PATIENTS	-9,503,387
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-5,459,025
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	397
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	185,486
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	27,165
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	559,963
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	1,063,324
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	274
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	19,154
22	RENTAL OF HOSPITAL SPACE	1,302,958
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TB	1,974,432
25	TOTAL OTHER INCOME	-325,872
26	TOTAL	-9,829,259
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-9,829,259

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2009
14-0187	FROM 7/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 6/30/2009	PARTS I-IV
14-0187		

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	3,020,502
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	32,614
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	146.44
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	5.78
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.12
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	33,830
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.35
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.09
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	19.44
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.02
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	121,424
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,208,370

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)	