

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0004 | PERIOD FROM 1/1/2009 TO 12/31/2009 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2010 TIME 10:12

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. MARGARET MERCY HEALTHCARE- NORTH 15-0004 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 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

Table with 4 columns: TITLE V, TITLE XVIII (A, B), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, HOSPITAL-BASED HHA II, and TOTAL.

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.

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	7,306
2 UNDUPLICATED CENSUS COUNT		927.00		341.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	7,306			
2 UNDUPLICATED CENSUS COUNT	1,268.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	15.91		15.91
6 DIRECTING NURSING SERVICE	16.62		16.62
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.82		2.82
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.04		.04
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.51		3.51
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		23844	
20.01		16974	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	11,103	141	369	72
22 SKILLED NURSING VISIT CHARGES	2,087,364	26,508	69,372	13,536
23 PHYSICAL THERAPY VISITS	4,856	9	28	68
24 PHYSICAL THERAPY VISIT CHARGES	912,928	1,692	5,264	12,784
25 OCCUPATIONAL THERAPY VISITS	1,118	4	2	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	210,184	752	376	4,700
27 SPEECH PATHOLOGY VISITS	175	0	0	11
28 SPEECH PATHOLOGY VISIT CHARGES	32,900	0	0	2,068
29 MEDICAL SOCIAL SERVICE VISITS	50	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	12,200	0	244	0
31 HOME HEALTH AIDE VISITS	3,964	69	11	7
32 HOME HEALTH AIDE VISIT CHARGES	451,896	7,866	1,254	798
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	21,266	223	411	183
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,707,472	36,818	76,510	33,886
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	1,139	0	149	14
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	4	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	89,815	495	6,881	71

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	11,685
22 SKILLED NURSING VISIT CHARGES	0	0	2,196,780
23 PHYSICAL THERAPY VISITS	0	0	4,961
24 PHYSICAL THERAPY VISIT CHARGES	0	0	932,668
25 OCCUPATIONAL THERAPY VISITS	0	0	1,149
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	216,012
27 SPEECH PATHOLOGY VISITS	0	0	186
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	34,968
29 MEDICAL SOCIAL SERVICE VISITS	0	0	51
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	12,444
31 HOME HEALTH AIDE VISITS	0	0	4,051
32 HOME HEALTH AIDE VISIT CHARGES	0	0	461,814
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	22,083
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,854,686
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,302
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	97,262

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	1,120,843
17.01	GROSS MEDICAID REVENUES	16,351,922
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	303,901
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17,776,666
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,560,542
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.328420
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	512,513
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		6,850,919	6,850,919	-5,954,952	895,967
2 0200	OLD CAP REL COSTS-MVBLE EQUIP				12,967	12,967
3 0300	NEW CAP REL COSTS-BLDG & FIXT				2,818,858	2,818,858
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				3,619,353	3,619,353
5 0500	EMPLOYEE BENEFITS	1,076,100	25,675,386	26,751,486	-470	26,751,016
6.01 1160	COMMUNICATIONS	426,259	826,833	1,253,092		1,253,092
6.02 0620	DATA PROCESSING	43,533	-8,022,747	-7,979,214		-7,979,214
6.03 0630	PURCHASING, RECEIVING AND STORES	378,623	241,068	619,691		619,691
6.04 0640	ADMINISTRATIVE	1,046,545	44,786	1,091,331		1,091,331
6.05 0661	OTHER ADMINISTRATIVE AND GENERAL	3,978,987	12,854,288	16,833,275	2,056,564	18,889,839
7 0700	MAINTENANCE & REPAIRS	1,503,426	1,891,356	3,394,782		3,394,782
8 0800	OPERATION OF PLANT	614,130	3,844,294	4,458,424		4,458,424
9 0900	LAUNDRY & LINEN SERVICE	1,698,368	1,351,450	3,049,818		3,049,818
10 1000	HOUSEKEEPING	1,680,201	426,972	2,107,173		2,107,173
11 1100	DIETARY	1,205,052	2,084,930	3,289,982	-1,645,031	1,644,951
12 1200	CAFETERIA				1,645,031	1,645,031
14 1400	NURSING ADMINISTRATION	3,489,593	309,748	3,799,341	-1,156	3,798,185
15 1500	CENTRAL SERVICES & SUPPLY	437,006	4,471,033	4,908,039	-169,227	4,738,812
16 1600	PHARMACY	2,124,402	9,440,904	11,565,306	-6,709,645	4,855,661
17 1700	MEDICAL RECORDS & LIBRARY	1,316,537	222,625	1,539,162		1,539,162
18 1800	SOCIAL SERVICE		403	403		403
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		4,506	4,506	823,647	828,153
24 2400	PARAMEDICAL PRGM					
24.01 2401	PARAMEDICAL PRGM - LAB	73,649	10,949	84,598	92,383	176,981
24.02 2402	PARAMEDICAL PRGM - RADIOLOGY	64,050	191	64,241	134,368	198,609
24.03 2403	PARAMEDICAL PRGM - RESPIRATORY	59,388	1,378	60,766	41,704	102,470
24.04 2404	PARAMEDICAL PRGM-PHARMACY	243,884	11,768	255,652	155,935	411,587
25 2500	ADULTS & PEDIATRICS	16,403,811	3,896,800	20,300,611	-2,466,740	17,833,871
26 2600	INTENSIVE CARE UNIT	3,198,744	381,608	3,580,352	-126,988	3,453,364
30 2040	NEWBORN INTENSIVE CARE UNIT	1,836,011	102,339	1,938,350	-26,421	1,911,929
31 3100	SUBPROVIDER	2,509,828	10,645,934	13,155,762	-891	13,154,871
33 3300	NURSERY				1,078,740	1,078,740
34 3400	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,511,733	4,115,429	5,627,162	-2,723,359	2,903,803
37.01 3701	OPEN HEART SURGERY	167,665	579,069	746,734	-395,057	351,677
37.02 3702	OUTPATIENT SURGERY	1,049,601	246,044	1,295,645	-152,066	1,143,579
38 3800	RECOVERY ROOM	464,312	14,270	478,582	-6,257	472,325
40 4000	ANESTHESIOLOGY	5,410,553	598,282	6,008,835	-287,216	5,721,619
41 4100	RADIOLOGY-DIAGNOSTIC	1,439,353	416,818	1,856,171	-323,525	1,532,646
41.01 4101	RADIOLOGY SPECIAL PROCEDURES	414,233	2,174,379	2,588,612	-871,215	1,717,397
41.02 3630	ULTRASOUND	562,191	149,758	711,949	-18,726	693,223
42 4200	RADIOLOGY-THERAPEUTIC					
42.01 4201	COMPUTED TOMOGRAPHY	473,148	1,050,118	1,523,266	89,103	1,612,369
44 4400	LABORATORY		7,821,854	7,821,854	-92,397	7,729,457
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,270,219	1,270,219	262,061	1,532,280
47.01 3450	NUCLEAR MEDICINE	279,497	339,148	618,645	-3,508	615,137
49 4900	RESPIRATORY THERAPY	1,661,688	472,616	2,134,304	52,340	2,186,644
50 5000	PHYSICAL THERAPY	1,398,137	253,147	1,651,284	-269,869	1,381,415
51 5100	OCCUPATIONAL THERAPY	460,532	209,241	669,773	15,957	685,730
52 5200	SPEECH PATHOLOGY	294,421	155,067	449,488	-55,028	394,460
53 5300	ELECTROCARDIOLOGY	427,819	237,548	665,367	-2,870	662,497
54 5400	ELECTROENCEPHALOGRAPHY	262,005	38,287	300,292	-3,778	296,514
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				7,207,855	7,207,855
56 5600	DRUGS CHARGED TO PATIENTS				6,289,472	6,289,472
59 3020	PAIN CLINIC	137,783	12,733	150,516	-5,026	145,490
59.01 3021	ORTHOPEDICS	579,740	56,456	636,196	-27,052	609,144
59.02 3022	CARDIOVASCULAR SERVICES	829,595	1,526,160	2,355,755	-1,138,699	1,217,056
59.03 3023	CARDIAC REHAB	398,765	16,187	414,952	16,153	431,105
59.04 3024	RADIATION ONCOLOGY	491,770	304,234	796,004	-9,219	786,785
59.05 3025	MRI	137,675	156,880	294,555	1,405	295,960
59.06 3026	BARIATRIC CENTER					
59.07 3027	PSYCH ACTIVITY THERAPY		1,354,406	1,354,406		1,354,406
59.08 3028	WOUND CARE	504,737	105,752	610,489	-72,818	537,671
59.09 3029	RENAL DIALYSIS				879,435	879,435
60 6000	CLINIC					
60.01 6001	OCC HEALTH CLINIC					
61 6100	EMERGENCY	6,635,026	2,569,637	9,204,663	-1,181,335	8,023,328
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,319,002	612,871	2,931,873		2,931,873
88 8800	INTEREST EXPENSE		6,425,142	6,425,142	-2,552,790	3,872,352
90 9000	OTHER CAPITAL RELATED COSTS					
95 9500	SUBTOTALS	73,719,108	110,851,473	184,570,581	-0-	184,570,581
96 9600	NONREIMBURS COST CENTERS					
96.01 9601	GI FT, FLOWER, COFFEE SHOP & CANTEEN	39,813	110,059	149,872		149,872
96.02 9602	CONVENT		10,075	10,075		10,075
96.03 9603	HOME MEDICAL EQUIPMENT		-20,864	-20,864		-20,864
96.04 9604	MEDICAL ARTS BUILDING	4,585	365,898	370,483		370,483
96.05 9605	WOMEN'S HEALTH CENTER DEVELOPMENT	91,207	7,255	98,462		98,462
96.06 9606	NEUROSURGERY PROF SERVICES					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0004
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
96.07	9607 IMAGE RECOVERY	54	-18	36		36
96.08	9608 HAMMOND FAMILY SERVICES	478,117	99,755	577,872		577,872
96.09	9609 MDWISE	87,855	7,006,008	7,093,863		7,093,863
96.10	9610 CATHERINE MCAULEY CLINIC	209,499	92,443	301,942		301,942
96.11	9611 CENTER OF HOPE	5,890		5,890		5,890
96.12	9612 SELECT		-225	-225		-225
96.13	9613 PERCINI AS					
98	9800 PHYSICIANS' PRIVATE OFFICES	4,104,448	556,632	4,661,080		4,661,080
98.01	9801 WORKING WELL	208,422	134,155	342,577		342,577
99	9900 NONPAID WORKERS					
100.01	7951 REHAB					
101	TOTAL	78,948,998	119,212,646	198,161,644	-0-	198,161,644

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2010
I 15-0004 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-124,267	771,700
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		12,967
3 0300	NEW CAP REL COSTS-BLDG & FIXT	1,953,037	4,771,895
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		3,619,353
5 0500	EMPLOYEE BENEFITS	-2,627,317	24,123,699
6.01 1160	COMMUNICATIONS	-33,386	1,219,706
6.02 0620	DATA PROCESSING	8,542,032	562,818
6.03 0630	PURCHASING, RECEIVING AND STORES	-230,319	389,372
6.04 0640	ADMINISTRATIVE		1,091,331
6.05 0661	OTHER ADMINISTRATIVE AND GENERAL	-49,910	18,839,929
7 0700	MAINTENANCE & REPAIRS	-38,308	3,356,474
8 0800	OPERATION OF PLANT		4,458,424
9 0900	LAUNDRY & LINEN SERVICE	-2,870,086	179,732
10 1000	HOUSEKEEPING		2,107,173
11 1100	DIETARY	-705,357	939,594
12 1200	CAFETERIA	-850,010	795,021
14 1400	NURSING ADMINISTRATION	-53,672	3,744,513
15 1500	CENTRAL SERVICES & SUPPLY	-540,471	4,198,341
16 1600	PHARMACY	135,756	4,991,417
17 1700	MEDICAL RECORDS & LIBRARY	-404	1,538,758
18 1800	SOCIAL SERVICE		403
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		828,153
24 2400	PARAMEDICAL PRGM		
24.01 2401	PARAMEDICAL PRGM - LAB	-19,332	157,649
24.02 2402	PARAMEDICAL PRGM - RADIOLOGY		198,609
24.03 2403	PARAMEDICAL PRGM - RESPIRATORY		102,470
24.04 2404	PARAMEDICAL PRGM-PHARMACY		411,587
25 2500	ADULTS & PEDIATRICS	-2,057,035	15,776,836
26 2600	INTENSIVE CARE UNIT	-1,070	3,452,294
30 2040	NEWBORN INTENSIVE CARE UNIT		1,911,929
31 3100	SUBPROVIDER	-9,036,148	4,118,723
33 3300	NURSERY		1,078,740
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-607,705	2,296,098
37.01 3701	OPEN HEART SURGERY	-19,354	332,323
37.02 3702	OUTPATIENT SURGERY		1,143,579
38 3800	RECOVERY ROOM		472,325
40 4000	ANESTHESIOLOGY	-4,105,444	1,616,175
41 4100	RADIOLOGY-DIAGNOSTIC	-64,527	1,468,119
41.01 4101	RADIOLOGY SPECIAL PROCEDURES		1,717,397
41.02 3630	ULTRASOUND	-12,873	680,350
42 4200	RADIOLOGY-THERAPEUTIC		
42.01 4201	COMPUTED TOMOGRAPHY	-121,422	1,490,947
44 4400	LABORATORY	-2,026,707	5,702,750
47 4700	BLOOD STORING, PROCESSING & TRANS.	-476	1,531,804
47.01 3450	NUCLEAR MEDICINE	-902	614,235
49 4900	RESPIRATORY THERAPY	-27,853	2,158,791
50 5000	PHYSICAL THERAPY	-2,502	1,378,913
51 5100	OCCUPATIONAL THERAPY	-625	685,105
52 5200	SPEECH PATHOLOGY		394,460
53 5300	ELECTROCARDIOLOGY	-146,625	515,872
54 5400	ELECTROENCEPHALOGRAPHY	-3,118	293,396
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-60,761	7,147,094
56 5600	DRUGS CHARGED TO PATIENTS	-1,510,272	4,779,200
59 3020	PAIN CLINIC		145,490
59.01 3021	ORTHOPEDICS	-396,215	212,929
59.02 3022	CARDIOVASCULAR SERVICES	-151,071	1,065,985
59.03 3023	CARDIAC REHAB	-1,512	429,593
59.04 3024	RADIATION ONCOLOGY	-150	786,635
59.05 3025	MRI	-2,174	293,786
59.06 3026	BARITRIC CENTER		
59.07 3027	PSYCH ACTIVITY THERAPY	-236,352	1,118,054
59.08 3028	WOUND CARE	-128,570	409,101
59.09 3029	RENAL DIALYSIS		879,435
60 6000	OUTPAT SERVICE COST CNTRS		
60.01 6001	CLINIC		
61 6100	OCC HEALTH CLINIC		
62 6200	EMERGENCY	-3,939,827	4,083,501
	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY	-75,000	2,856,873
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-3,872,352	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-26,120,656	158,449,925
	NONREIMBURS COST CENTERS		
96 9600	GI FT, FLOWER, COFFEE SHOP & CANTEEN		149,872
96.01 9601	CONVENT		10,075
96.02 9602	HOME MEDICAL EQUIPMENT		-20,864
96.03 9603	MEDICAL ARTS BUILDING		370,483
96.04 9604	WOMEN'S HEALTH CENTER		98,462
96.05 9605	DEVELOPMENT		
96.06 9606	NEUROSURGERY PROF SERVICES		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0004
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/24/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.07	9607 IMAGE RECOVERY		36
96.08	9608 HAMMOND FAMILY SERVICES		577,872
96.09	9609 MDWISE		7,093,863
96.10	9610 CATHERINE MCAULEY CLINIC		301,942
96.11	9611 CENTER OF HOPE		5,890
96.12	9612 SELECT		-225
96.13	9613 PERCINI AS		
98	9800 PHYSICIANS' PRIVATE OFFICES		4,661,080
98.01	9801 WORKING WELL		342,577
99	9900 NONPAID WORKERS		
100.01	7951 REHAB		
101	TOTAL	-26,120,656	172,040,988

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATION	0640	ADMINISTRATION
6.05	OTHER ADMINISTRATIVE AND GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM - LAB	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM - RADIOLOGY	2402	PARAMED ED PRGM
24.03	PARAMED ED PRGM - RESP THER	2403	PARAMED ED PRGM
24.04	PARAMED ED PRGM-PHARMACY	2404	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEWBORN INTENSIVE CARE UNIT	2040	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPEN HEART SURGERY	3701	OPERATING ROOM
37.02	OUTPATIENT SURGERY	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY SPECIAL PROCEDURES	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	3630	ULTRASOUND
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	COMPUTED TOMOGRAPHY	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
47.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PAIN CLINIC	3020	ACUPUNCTURE
59.01	ORTHOPEDICS	3021	ACUPUNCTURE
59.02	CARDIOVASCULAR SERVICES	3022	ACUPUNCTURE
59.03	CARDIAC REHAB	3023	ACUPUNCTURE
59.04	RADIATION ONCOLOGY	3024	ACUPUNCTURE
59.05	MRI	3025	ACUPUNCTURE
59.06	BIOPHYSICS CENTER	3026	ACUPUNCTURE
59.07	PSYCHIATRY THERAPY	3027	ACUPUNCTURE
59.08	WOUND CARE	3028	ACUPUNCTURE
59.09	RENAL DIALYSIS	3029	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OCC HEALTH CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	CONVENT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	HOME MEDICAL EQUIPMENT	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MEDICAL ARTS BUILDING	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	WOMEN'S HEALTH CENTER	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	DEVELOPMENT	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NEUROSURGERY PROF SERVICES	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	IMAGE RECOVERY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.08	HAMMOND FAMILY SERVICES	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	MDWISE	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	CATHERINE MCAULEY CLINIC	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	CENTER OF HOPE	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	SELECT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	PERCINI AS	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WORKING WELL	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100.01	REHAB	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150004

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET A-6

		----- INCREASE -----			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAPTIAL	A	OLD CAP REL COSTS-MVBLE EQUIP	2		12,967
2		NEW CAP REL COSTS-BLDG & FIXT	3		2,818,858
3		NEW CAP REL COSTS-MVBLE EQUIP	4		3,619,353
4 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		292,357
5 DIETARY	C	CAFETERIA	12	602,541	1,042,490
6 INSURANCE	D	OLD CAP REL COSTS-BLDG & FIXT	1		188,469
7		OTHER ADMINISTRATIVE AND GENERAL	6.05		2,056,564
8 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,207,855
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	E				
2					
3					
4					
5					
6 PHARMACY	F	DRUGS CHARGED TO PATIENTS	56	196,546	6,092,926
7		BLOOD STORING, PROCESSING & TRANS.	47		262,061
8 RADIOLOGY ADMINISTRATION	G	ULTRASOUND	41.02	20,536	
9		COMPUTED TOMOGRAPHY	42.01	106,103	
10		RADIOLOGY SPECIAL PROCEDURES	41.01	34,593	
11		MRI	59.05	24,094	
12 PROFESSIONAL SUPPORT SERVICES	H	RESPIRATORY THERAPY	49	188,868	1,076
13		OCCUPATIONAL THERAPY	51	31,294	178
14		SPEECH PATHOLOGY	52	13,097	75
15		CARDIAC REHAB	59.03	17,026	97
16 INTERNS & RESIDENTS	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		823,647
17					
18 RENT	J	OLD CAP REL COSTS-BLDG & FIXT	1		15,400
19 PARAMED ED	K	PARAMED ED PRGM - LAB	24.01		92,383
20		PARAMED ED PRGM - RADIOLOGY	24.02	134,368	
21		PARAMED ED PRGM - RESP THER	24.03	41,704	
22 PARAMED ED - PHARMACY	L	PARAMED ED PRGM-PHARMACY	24.04	155,935	
23 NURSERY	M	NURSERY	33	846,678	232,062
24 RENAL DIALYSIS	N	RENAL DIALYSIS	59.09	558,455	320,980
36 TOTAL RECLASSIFICATIONS				2,971,838	25,079,798

(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

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 CAPTIAL	A	OLD CAP REL COSTS-BLDG & FIXT	1		6,451,178	9
2						9
3						9
4 INTEREST EXPENSE	B	INTEREST EXPENSE	88		292,357	10
5 DIETARY	C	DIETARY	11	602,541	1,042,490	
6 INSURANCE	D	INTEREST EXPENSE	88		2,245,033	12
7						12
8 MEDICAL SUPPLIES	E	EMPLOYEE BENEFITS	5		470	
9		NURSING ADMINISTRATION	14		1,156	
10		CENTRAL SERVICES & SUPPLY	15		169,227	
11		PHARMACY	16		2,177	
12		ADULTS & PEDIATRICS	25		508,565	
13		INTENSIVE CARE UNIT	26		126,988	
14		NEWBORN INTENSIVE CARE UNIT	30		26,421	
15		SUBPROVIDER	31		891	
16		OPERATING ROOM	37		2,723,359	
17		OPEN HEART SURGERY	37.01		395,057	
18		OUTPATIENT SURGERY	37.02		152,066	
19		RECOVERY ROOM	38		6,257	
20		ANESTHESIOLOGY	40		122,236	
21		RADIOLOGY-DIAGNOSTIC	41		3,831	
22		RADIOLOGY SPECIAL PROCEDURES	41.01		905,808	
23		ULTRASOUND	41.02		39,262	
24		COMPUTED TOMOGRAPHY	42.01		17,000	
25		LABORATORY	44		14	
26		NUCLEAR MEDICINE	47.01		3,508	
27		RESPIRATORY THERAPY	49		95,900	
28		PHYSICAL THERAPY	50		18,158	
29		OCCUPATIONAL THERAPY	51		15,515	
30		SPEECH PATHOLOGY	52		68,200	
31		ELECTROCARDIOLOGY	53		2,870	
32		ELECTROENCEPHALOGRAPHY	54		3,778	
33		PAIN CLINIC	59		5,026	
34		ORTHOPEDI CS	59.01		27,052	
35		CARDIOVASCULAR SERVICES	59.02		1,138,699	
1 MEDICAL SUPPLIES	E	CARDIAC REHAB	59.03		970	
2		RADIATION ONCOLOGY	59.04		9,219	
3		MRI	59.05		22,689	
4		WOUND CARE	59.08		72,818	
5		EMERGENCY	61		522,668	
6 PHARMACY	F	PHARMACY	16	196,546	6,354,987	
7						
8 RADIOLOGY ADMINISTRATION	G	RADIOLOGY-DIAGNOSTIC	41	185,326		
9						
10						
11						
12 PROFESSIONAL SUPPORT SERVICES	H	PHYSICAL THERAPY	50	250,285	1,426	
13						
14						
15						
16 INTERNS & RESIDENTS	I	EMERGENCY	61		658,667	
17		ANESTHESIOLOGY	40		164,980	
18 RENT	J	INTEREST EXPENSE	88		15,400	10
19 PARAMEDICAL	K	LABORATORY	44		92,383	
20		RADIOLOGY-DIAGNOSTIC	41	134,368		
21		RESPIRATORY THERAPY	49	41,704		
22 PARAMEDICAL - PHARMACY	L	PHARMACY	16	155,935		
23 NURSERY	M	ADULTS & PEDIATRICS	25	846,678	232,062	
24 RENAL DIALYSIS	N	ADULTS & PEDIATRICS	25	558,455	320,980	
36 TOTAL RECLASSIFICATIONS				2,971,838	25,079,798	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
150004

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	12,967	OLD CAP REL COSTS-BLDG & FIXT	1	6,451,178	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,818,858			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,619,353			0	
TOTAL RECLASSIFICATIONS FOR CODE A			6,451,178				6,451,178

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	292,357	INTEREST EXPENSE	88	292,357	
TOTAL RECLASSIFICATIONS FOR CODE B			292,357				292,357

RECLASS CODE: C
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,645,031	DIETARY	11	1,645,031	
TOTAL RECLASSIFICATIONS FOR CODE C			1,645,031				1,645,031

RECLASS CODE: D
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	188,469	INTEREST EXPENSE	88	2,245,033	
2.00	OTHER ADMINISTRATIVE AND GENER	6.05	2,056,564			0	
TOTAL RECLASSIFICATIONS FOR CODE D			2,245,033				2,245,033

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,207,855	EMPLOYEE BENEFITS	5	470	
2.00			0	NURSING ADMINISTRATION	14	1,156	
3.00			0	CENTRAL SERVICES & SUPPLY	15	169,227	
4.00			0	PHARMACY	16	2,177	
5.00			0	ADULTS & PEDIATRICS	25	508,565	
6.00			0	INTENSIVE CARE UNIT	26	126,988	
7.00			0	NEWBORN INTENSIVE CARE UNIT	30	26,421	
8.00			0	SUBPROVIDER	31	891	
9.00			0	OPERATING ROOM	37	2,723,359	
10.00			0	OPEN HEART SURGERY	37.01	395,057	
11.00			0	OUTPATIENT SURGERY	37.02	152,066	
12.00			0	RECOVERY ROOM	38	6,257	
13.00			0	ANESTHESIOLOGY	40	122,236	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	3,831	
15.00			0	RADIOLOGY SPECIAL PROCEDURES	41.01	905,808	
16.00			0	ULTRASOUND	41.02	39,262	
17.00			0	COMPUTED TOMOGRAPHY	42.01	17,000	
18.00			0	LABORATORY	44	14	
19.00			0	NUCLEAR MEDICINE	47.01	3,508	
20.00			0	RESPIRATORY THERAPY	49	95,900	
21.00			0	PHYSICAL THERAPY	50	18,158	
22.00			0	OCCUPATIONAL THERAPY	51	15,515	
23.00			0	SPEECH PATHOLOGY	52	68,200	
24.00			0	ELECTROCARDIOLOGY	53	2,870	
25.00			0	ELECTROENCEPHALOGRAPHY	54	3,778	
26.00			0	PAIN CLINIC	59	5,026	
27.00			0	ORTHOPEDICS	59.01	27,052	
28.00			0	CARDIOVASCULAR SERVICES	59.02	1,138,699	
29.00			0	CARDIAC REHAB	59.03	970	
30.00			0	RADIATION ONCOLOGY	59.04	9,219	
31.00			0	MRI	59.05	22,689	
32.00			0	WOUND CARE	59.08	72,818	
33.00			0	EMERGENCY	61	522,668	
TOTAL RECLASSIFICATIONS FOR CODE E			7,207,855				7,207,855

RECLASS CODE: F
EXPLANATION : PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,289,472	PHARMACY	16	6,551,533	

RECLASSIFICATIONS

PROVIDER NO: 150004	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/24/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: F
EXPLANATION : PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	BLOOD STORING, PROCESSING & TR	47	262,061			0	
TOTAL RECLASSIFICATIONS FOR CODE F			6,551,533			6,551,533	

RECLASS CODE: G
EXPLANATION : RADIOLOGY ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRASOUND	41.02	20,536	RADIOLOGY-DIAGNOSTIC	41	185,326	
2.00	COMPUTED TOMOGRAPHY	42.01	106,103			0	
3.00	RADIOLOGY SPECIAL PROCEDURES	41.01	34,593			0	
4.00	MRI	59.05	24,094			0	
TOTAL RECLASSIFICATIONS FOR CODE G			185,326			185,326	

RECLASS CODE: H
EXPLANATION : PROFESSIONAL SUPPORT SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	189,944	PHYSICAL THERAPY	50	251,711	
2.00	OCCUPATIONAL THERAPY	51	31,472			0	
3.00	SPEECH PATHOLOGY	52	13,172			0	
4.00	CARDIAC REHAB	59.03	17,123			0	
TOTAL RECLASSIFICATIONS FOR CODE H			251,711			251,711	

RECLASS CODE: I
EXPLANATION : INTERNS & RESIDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	823,647	EMERGENCY	61	658,667	
2.00			0	ANESTHESIOLOGY	40	164,980	
TOTAL RECLASSIFICATIONS FOR CODE I			823,647			823,647	

RECLASS CODE: J
EXPLANATION : RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	15,400	INTEREST EXPENSE	88	15,400	
TOTAL RECLASSIFICATIONS FOR CODE J			15,400			15,400	

RECLASS CODE: K
EXPLANATION : PARAMED ED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM - LAB	24.01	92,383	LABORATORY	44	92,383	
2.00	PARAMED ED PRGM - RADIOLOGY	24.02	134,368	RADIOLOGY-DIAGNOSTIC	41	134,368	
3.00	PARAMED ED PRGM - RESP THER	24.03	41,704	RESPIRATORY THERAPY	49	41,704	
TOTAL RECLASSIFICATIONS FOR CODE K			268,455			268,455	

RECLASS CODE: L
EXPLANATION : PARAMED ED - PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM-PHARMACY	24.04	155,935	PHARMACY	16	155,935	
TOTAL RECLASSIFICATIONS FOR CODE L			155,935			155,935	

RECLASS CODE: M
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,078,740	ADULTS & PEDIATRICS	25	1,078,740	
TOTAL RECLASSIFICATIONS FOR CODE M			1,078,740			1,078,740	

RECLASSIFICATIONS

PROVIDER NO:
150004

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: N
EXPLANATION : RENAL DIALYSIS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RENAL DIALYSIS	879,435	59.09	ADULTS & PEDIATRICS	879,435
TOTAL RECLASSIFICATIONS FOR CODE N		879,435	25		879,435

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	4,036,392						4,036,392	
2 LAND IMPROVEMENTS	2,007,008						2,007,008	
3 BUILDINGS & FIXTURE	37,521,962						37,521,962	
4 BUILDING IMPROVEMENT	70,263					70,263		
5 FIXED EQUIPMENT	42,329,766					9,461	42,320,305	
6 MOVABLE EQUIPMENT	1,391,199					426,820	964,379	
7 SUBTOTAL	87,356,590					506,544	86,850,046	
8 RECONCILING ITEMS								
9 TOTAL	87,356,590					506,544	86,850,046	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	1,486,544						1,486,544	
2 LAND IMPROVEMENTS	1,323,196					12,080	1,311,116	
3 BUILDINGS & FIXTURE	7,902,649					845,400	7,057,249	
4 BUILDING IMPROVEMENT	86,870					86,870		
5 FIXED EQUIPMENT	47,817,550	4,505,876			4,505,876		52,323,426	
6 MOVABLE EQUIPMENT	49,675,593					1,844,131	47,831,462	
7 SUBTOTAL	108,292,402	4,505,876			4,505,876	2,788,481	110,009,797	
8 RECONCILING ITEMS								
9 TOTAL	108,292,402	4,505,876			4,505,876	2,788,481	110,009,797	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	399,741	290,885		188,469		-107,395	771,700
2	OLD CAP REL COSTS-MV	12,967						12,967
3	NEW CAP REL COSTS-BL	2,818,858					1,953,037	4,771,895
4	NEW CAP REL COSTS-MV	3,619,353						3,619,353
5	TOTAL	6,850,919	290,885		188,469		1,845,642	9,175,915

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	6,850,919						6,850,919
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	6,850,919						6,850,919

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-372,213	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-540,471	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-16,872	OLD CAP REL COSTS-BLDG &	1	10
9 TELEPHONE SERVICES	B	-33,386	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,924,625			
13 SALE OF SCRAP, WASTE, ETC.	B	-9,121	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,860,064			
15 LAUNDRY AND LINEN SERVICE	B	-2,763,773	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-845,926	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-404	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-22,255	OTHER ADMINISTRATIVE AND	6.05	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 SELECT MEALS	B	-234,247	DIETARY	11	
38 WELLNESS CENTER REVENUE	B	-17,039	EMPLOYEE BENEFITS	5	
39 DIETARY SUPPLEMENTS	B	-469,928	DIETARY	11	
40 CATERING	B	-378	CAFETERIA	12	
41 PHYSICIAN APPLICATION FEES	B	-23,850	OTHER ADMINISTRATIVE AND	6.05	
42 CARDIAC DIETETIC INSTRUCTION	B	-3,706	CAFETERIA	12	
43 MISCELLANEOUS INCOME	B	-61,689	CARDIOVASCULAR SERVICES	59.02	
44 RENTAL INCOME	B	-14,382	CARDIOVASCULAR SERVICES	59.02	
45 MISCELLANEOUS INCOME	B	-150	RADIATION ONCOLOGY	59.04	
46 PENSION EXPENSE	A	-2,269,684	EMPLOYEE BENEFITS	5	
47 LIFELINE	B	-87,836	OTHER ADMINISTRATIVE AND	6.05	
48 LOBBYING EXPENSE	A	-73,739	OTHER ADMINISTRATIVE AND	6.05	
49 PROGRAM FEES	B	-38,842	NURSING ADMINISTRATION	14	
49.01 PROGRAM FEES	B	-19,332	PARAMED ED PRGM - LAB	24.01	
49.02 UNNECESSARY BORROWING	A	-1,164,106	INTEREST EXPENSE	88	
49.03 SHARED SERVICES - HR	A	-340,594	EMPLOYEE BENEFITS	5	
49.04 SHARED SERVICES - LAUNDRY	A	-106,313	LAUNDRY & LINEN SERVICE	9	
49.05 SHARED SERVICES - RECEIVING	A	-230,319	PURCHASING, RECEIVING AND	6.03	
49.06 SHARED SERVICES - A&G	A	-4,225,654	OTHER ADMINISTRATIVE AND	6.05	
49.07 SHARED SERVICES - PR	A	915,782	OTHER ADMINISTRATIVE AND	6.05	
49.08 MISCELLANEOUS INCOME	B	-25,500	ADULTS & PEDIATRICS	25	
49.09 RENTAL INCOME	B	-1,834	OTHER ADMINISTRATIVE AND	6.05	
49.10 MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	71	
49.11 DONATIONS EXPENSE	A	668	OTHER ADMINISTRATIVE AND	6.05	
49.12 RENTAL INCOME	B	-9,024	WOUND CARE	59.08	
49.13 PRESCRIPTION DRUG	B	-2,975	RADIOLOGY-DIAGNOSTIC	41	
49.14 GOODWILL OFFSET	A	-113,567	OLD CAP REL COSTS-BLDG &	1	14
49.15 SELECT CLINICAL ENGINEERING	B	-38,308	MAINTENANCE & REPAIRS	7	
50 TOTAL (SUM OF LINES 1 THRU 49)		-26,120,656			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & ALLOWABLE OLD CAPITAL COS	6,172		6,172	14
2	3	NEW CAP REL COSTS-BLDG & ALLOWABLE NEW CAPITAL COS	1,953,037		1,953,037	14
3	6 2	DATA PROCESSING		8,661,904	-8,661,904	
4	6 5	OTHER ADMINISTRATIVE AND ADMINSTRATIVE & GENERAL	8,592,232	5,123,424	3,468,808	
4.01	16	PHARMACY	576,020	436,764	139,256	
4.02	88	INTEREST EXPENSE	1,675,767	4,011,800	-2,336,033	
4.03	6 2	DATA PROCESSING		-17,203,936	17,203,936	
4.04	11	DIETARY		1,182	-1,182	
4.05	55	MEDICAL SUPPLIES CHARGED	21,196	81,957	-60,761	
4.06	56	DRUGS CHARGED TO PATIENTS	339,772	1,850,044	-1,510,272	
4.07	25	ADULTS & PEDIATRICS		1,813	-1,813	
4.08	26	INTENSIVE CARE UNIT		1,070	-1,070	
4.09	31	SUBPROVIDER		3,468,000	-3,468,000	
4.10	31	SUBPROVIDER		7,090,707	-7,090,707	
4.11	31	SUBPROVIDER		2,742	-2,742	
4.12	41	RADIOLOGY-DIAGNOSTIC	10,000	62,431	-52,431	
4.13	41 2	ULTRASOUND	1,611	10,056	-8,445	
4.14	41 2	ULTRASOUND	844	5,272	-4,428	
4.15	42 1	COMPUTED TOMOGRAPHY	68,958	190,380	-121,422	
4.16	44	LABORATORY	301,143	2,058,152	-1,757,009	
4.17	44	LABORATORY	3,473	23,737	-20,264	
4.18	44	LABORATORY	49	334	-285	
4.19	44	LABORATORY	41,615	284,420	-242,805	
4.20	44	LABORATORY	1,087	7,431	-6,344	
4.21	47	BLOOD STORING, PROCESSING	269	745	-476	
4.22	47 1	NUCLEAR MEDICINE	513	1,415	-902	
4.23	49	RESPIRATORY THERAPY	8,966	30,151	-21,185	
4.24	50	PHYSICAL THERAPY	2,192	4,694	-2,502	
4.25	51	OCCUPATIONAL THERAPY	1,295	1,920	-625	
4.26	53	ELECTROCARDIOLOGY	28,749	175,374	-146,625	
4.27	59 3	CARDIAC REHAB	296	1,808	-1,512	
4.28	59 5	MRI	426	2,600	-2,174	
4.29	59 7	PSYCH ACTIVITY THERAPY	1,118,054	1,354,406	-236,352	
4.30	61	EMERGENCY	94,790	491,094	-396,304	
4.31	31	SUBPROVIDER	1,525,301		1,525,301	
5		TOTALS	16,373,827	18,233,891	-1,860,064	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2010
 I 15-0004 I FROM 1/ 1/2009 I WORKSHEET A-8-2
 I I TO 12/31/2009 I 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 14	INFECTION PREVENTION AND	37,573		37,573	171,400	276	22,743	1,137
2 16	ANTI COAGULATION CLINIC	3,500	3,500		171,400			
3 25	IN HOUSE PHYSICIANS	2,014,722	2,014,722		136,700			
4 25	IN HOUSE PHYSICIANS	15,000	15,000		136,700			
5 37	SURGERY	607,705	607,705		204,100			
6 37 1	OPEN HEART SURGERY	50,460		50,460	204,100	317	31,106	1,555
7 40	ANESTHESIA PHYSICIANS	4,105,444	4,105,444		200,300			
8 49	RESPIRATORY CARE	13,920		13,920	171,400	88	7,252	363
9 54	SLEEP LAB	12,000		12,000	171,400	121	9,971	499
10 54	HYPERBARIC MEDICINE	4,880		4,880	171,400	46	3,791	190
11 59 1	SPINE CLINIC	396,215	396,215		171,400			
12 59 2	CARDIOVASCULAR SERVICES	75,000	75,000		171,400			
13 59 8	WOUND CARE	119,546	119,546		171,400			
14 59 8	WOUND CARE	5,870		5,870	171,400	92	7,581	379
15 61	ER PHYSICIANS	3,410,087	3,410,087		171,400			
16 61	ER PHYSICIANS	133,436	133,436		171,400			
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	11,005,358	10,880,655	124,703		940	82,444	4,123

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 14	INFECTION PREVENTION AND					22,743	14,830	14,830
2 16	ANTI COAGULATION CLINIC							3,500
3 25	IN HOUSE PHYSICIANS							2,014,722
4 25	IN HOUSE PHYSICIANS							15,000
5 37	SURGERY							607,705
6 37 1	OPEN HEART SURGERY					31,106	19,354	19,354
7 40	ANESTHESIA PHYSICIANS							4,105,444
8 49	RESPIRATORY CARE					7,252	6,668	6,668
9 54	SLEEP LAB					9,971	2,029	2,029
10 54	HYPERBARIC MEDICINE					3,791	1,089	1,089
11 59 1	SPINE CLINIC							396,215
12 59 2	CARDIOVASCULAR SERVICES							75,000
13 59 8	WOUND CARE							119,546
14 59 8	WOUND CARE					7,581		
15 61	ER PHYSICIANS							3,410,087
16 61	ER PHYSICIANS							133,436
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					82,444	43,970	10,924,625

COST ALLOCATION STATISTICS

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATI ON S
	0	1	2	3	4	5	6. 01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	771,700	771,700					
003 OLD CAP REL COSTS-MVBLE E	12,967		12,967				
004 NEW CAP REL COSTS-BLDG &	4,771,895			4,771,895			
005 NEW CAP REL COSTS-MVBLE E	3,619,353				3,619,353		
006 EMPLOYEE BENEFITS	24,123,699	5,166		31,943	9,615	24,170,423	
006 01 COMMUNICATIONS	1,219,706	1,830	217	11,314	45,875	132,304	1,411,246
006 02 DATA PROCESSING	562,818	9,183		56,781	475,856	13,512	
006 03 PURCHASING, RECEIVING AND	389,372	2,332		14,419	6,612	117,518	18,595
006 04 ADMINISTRATION	1,091,331	5,323		32,913		324,830	56,450
006 05 OTHER ADMINISTRATIVE AND	18,839,929	30,701		189,845	36,206	1,235,010	164,037
007 MAINTENANCE & REPAIRS	3,356,474	48,602		300,536	34,445	466,638	90,984
008 OPERATION OF PLANT	4,458,424	37,038	6,345	229,027	88,597	190,616	39,847
009 LAUNDRY & LINEN SERVICE	179,732	917	64	5,668	71,080	527,145	26,634
010 HOUSEKEEPING	2,107,173	13,374		82,702	7,671	521,506	9,298
011 DIETARY	939,594	11,039		68,261	75,085	187,009	17,931
012 CAFETERIA	795,021	11,039		68,261		187,018	
014 NURSING ADMINISTRATION	3,744,513	8,761		54,173	29,626	1,083,110	44,496
015 CENTRAL SERVICES & SUPPLY	4,198,341	12,976		80,237	173,406	135,639	26,565
016 PHARMACY	4,991,417	6,329		39,137	5,434	549,974	35,198
017 MEDICAL RECORDS & LIBRARY	1,538,758	23,042		142,483	16,148	408,631	11,290
018 SOCIAL SERVICE	403	1,367		8,450			
023 I&R SERVICES-OTHER PRGM C	828,153						
024 PARAMEDICAL PRGM							664
024 01 PARAMEDICAL PRGM - LAB	157,649					22,859	664
024 02 PARAMEDICAL PRGM - RADIOLO	198,609					61,586	664
024 03 PARAMEDICAL PRGM - RESP TH	102,470					31,377	664
024 04 PARAMEDICAL PRGM-PHARMACY	411,587					124,097	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,776,836	161,906		1,001,192	348,434	4,655,333	209,193
026 INTENSIVE CARE UNIT	3,452,294	18,573		114,848	208,207	992,836	33,206
030 NEWBORN INTENSIVE CARE UN	1,911,929	4,828		29,853	53,589	569,867	8,634
031 SUBPROVIDER	4,118,723					779,008	
033 NURSERY	1,078,740					262,794	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,296,098	44,482		275,058	344,307	469,216	77,702
037 01 OPEN HEART SURGERY	332,323				19,718	52,040	
037 02 OUTPATIENT SURGERY	1,143,579	33,978		210,105	76,643	325,778	30,549
038 RECOVERY ROOM	472,325				1,853	144,115	
040 ANESTHESIOLOGY	1,616,175				58,456	1,679,344	5,977
041 RADIOLOGY-DIAGNOSTIC	1,468,119	21,750		134,492	212,908	347,523	56,450
041 01 RADIOLOGY SPECIAL PROCEDU	1,717,397	3,770		23,312	11,124	139,308	3,985
041 02 ULTRASOUND	680,350	2,470		15,276	67,000	180,869	8,634
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	1,490,947	2,528		15,629	4,179	179,790	
044 LABORATORY	5,702,750	16,875		104,346			30,549
047 BLOOD STORAGE, PROCESSING	1,531,804						29,885
047 01 NUCLEAR MEDICINE	614,235	3,341		20,659	96,001	86,751	8,634
049 RESPIRATORY THERAPY	2,158,791	6,704		41,453	97,521	561,437	17,931
050 PHYSICAL THERAPY	1,378,913	17,344		107,248	5,552	356,274	35,198
051 OCCUPATIONAL THERAPY	685,105	1,602		9,908	828	152,654	7,969
052 SPEECH PATHOLOGY	394,460	4,965		30,702	13,390	95,448	1,992
053 ELECTROCARDIOLOGY	515,872	2,790	6,316	17,253	51,818	132,788	9,298
054 ELECTROENCEPHALOGRAPHY	293,396	4,371		27,026	22,210	81,322	12,618
055 MEDICAL SUPPLIES CHARGED	7,147,094						
056 DRUGS CHARGED TO PATIENTS	4,779,200					61,005	
059 PAIN CLINIC	145,490	4,831		29,875	10,115	42,766	15,275
059 01 ORTHOPEDICS	212,929	1,125		6,954	426	179,941	
059 02 CARDIOVASCULAR SERVICES	1,065,985	9,901		61,224	439,832	257,492	50,473
059 03 CARDIAC REHAB	429,593	2,132		13,186	28,698	129,054	1,992
059 04 RADIATION ONCOLOGY	786,635	22,220		137,401	147,053	152,637	
059 05 MRI	293,786	4,865	25	30,086	82,182	50,210	
059 06 BARIATRIC CENTER					4,496		
059 07 PSYCH ACTIVITY THERAPY	1,118,054						
059 08 WOUND CARE	409,101	7,945		49,128	3,460	156,662	19,923
059 09 RENAL DIALYSIS	879,435	15,344		94,881		173,335	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	4,083,501	18,957		117,224	59,016	2,059,399	69,068
062 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY	2,856,873	6,171		38,160	29,559	719,779	61,099
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	158,449,925	674,787	12,967	4,172,629	3,574,231	22,547,154	1,332,215
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	149,872	5,404		33,416		12,357	3,321
096 01 CONVENT	10,075	13,800		85,334	248		21,916
096 02 HOME MEDICAL EQUIPMENT	-20,864						
096 03 MEDICAL ARTS BUILDING	370,483				5,379	1,423	
096 04 WOMEN'S HEALTH CENTER	98,462	1,396		8,630		28,309	3,321
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY	36				732	17	

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 0	OLD CAP REL C OSTS-MVBLE E 1	NEW CAP REL C OSTS-BLDG & 2	NEW CAP REL C OSTS-MVBLE E 3	EMPLOYEE BENE FITS 4	COMMUNICATION S 5	6.01
NONREIMBURS COST CENTERS								
096 08 HAMMOND FAMILY SERVICES	577,872					4,105	148,399	
096 09 MDWISE	7,093,863						27,269	
096 10 CATHERINE MCAULEY CLINIC	301,942					2,072	65,025	3,985
096 11 CENTER OF HOPE	5,890	612		3,781			1,828	
096 12 SELECT	-225	47,966		296,604		241		
096 13 PERCINI AS								
098 PHYSICIANS' PRIVATE OFFIC	4,661,080	6,208		38,385		28,655	1,273,951	27,893
098 01 WORKING WELL	342,577					111	64,691	
099 NONPAID WORKERS								
100 01 REHAB		21,527		133,116		3,579		18,595
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	172,040,988	771,700	12,967	4,771,895	3,619,353	24,170,423	1,411,246	

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMINISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.04	6a.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	1,118,150						
006 03 PURCHASING, RECEIVING AND	36,298	585,146					
006 04 ADMINISTRATION	79,290	872	1,591,009				
006 05 OTHER ADMINISTRATIVE AND	332,745	39		20,828,512	20,828,512		
007 MAINTENANCE & REPAIRS				4,297,696	591,896	4,889,592	
008 OPERATION OF PLANT				5,049,907	695,493		5,745,400
009 LAUNDRY & LINEN SERVICE		11,426		804,666	110,822		
010 HOUSEKEEPING		289		2,742,013	377,641		
011 DIETARY		320		1,299,239	178,936	87,082	102,324
012 CAFETERIA				1,061,339	146,172	87,082	102,324
014 NURSING ADMINISTRATION	12,967	98		4,977,744	685,555	69,110	81,206
015 CENTRAL SERVICES & SUPPLY		161,700		4,788,864	659,542	102,360	120,276
016 PHARMACY	73,610	1,386		5,702,485	785,369	49,929	58,667
017 MEDICAL RECORDS & LIBRARY	280,423	104		2,420,879	333,413	181,770	213,585
018 SOCIAL SERVICE				10,220	1,408	10,780	12,667
023 I&R SERVICES-OTHER PRGM C				828,153	114,057		
024 PARAMEDICAL PRGM				664	91		
024 01 PARAMEDICAL PRGM - LAB				181,172	24,952		
024 02 PARAMEDICAL PRGM - RADIOLO				260,859	35,927		
024 03 PARAMEDICAL PRGM - RESP TH				134,511	18,525		
024 04 PARAMEDICAL PRGM-PHARMACY				535,684	73,777		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		41,029	134,797	22,328,720	3,075,250	1,277,247	1,500,795
026 INTENSIVE CARE UNIT		9,938	28,638	4,858,540	669,138	146,515	172,159
030 NEWBORN INTENSIVE CARE UN		3,179	20,970	2,602,849	358,475	38,084	44,750
031 SUBPROVIDER		580	75,952	4,974,263	685,075		
033 NURSERY			5,500	1,347,034	185,519		
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	23,521	144,906	40,764	3,716,054	511,790	350,900	412,317
037 01 OPEN HEART SURGERY		19,451	6,832	430,364	59,271		
037 02 OUTPATIENT SURGERY		9,729	9,247	1,839,608	253,358	268,037	314,951
038 RECOVERY ROOM		465	12,151	630,909	86,891		
040 ANESTHESIOLOGY		7,422	10,326	3,377,700	465,190		
041 RADIOLOGY-DIAGNOSTIC	64,568	1,053	47,117	2,353,980	324,200	171,575	201,606
041 01 RADIOLOGY SPECIAL PROCEDU		44,588	32,966	1,976,450	272,205	29,740	34,946
041 02 ULTRASOUND		2,528	36,690	993,817	136,872	19,488	22,899
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		5,847	126,521	1,825,441	251,407	19,939	23,429
044 LABORATORY	149,639	2	190,371	6,194,532	853,136	133,117	156,416
047 BLOOD STORING, PROCESSING			19,837	1,581,526	217,814		
047 01 NUCLEAR MEDICINE		1,551	23,549	854,721	117,716	26,355	30,968
049 RESPIRATORY THERAPY		8,376	48,810	2,941,023	405,049	52,882	62,138
050 PHYSICAL THERAPY		946	18,564	1,920,039	264,435	136,819	160,766
051 OCCUPATIONAL THERAPY		720	10,228	869,014	119,684	12,640	14,853
052 SPEECH PATHOLOGY		3,340	3,909	548,206	75,501	39,168	46,023
053 ELECTROCARDIOLOGY		738	32,141	769,014	105,912	22,010	25,863
054 ELECTROENCEPHALOGRAPHY		584	6,158	447,685	61,657	34,478	40,513
055 MEDICAL SUPPLIES CHARGED			171,726	7,318,820	1,007,977		
056 DRUGS CHARGED TO PATIENTS			214,786	5,054,991	696,194		
059 PAIN CLINIC		444	2,895	251,691	34,664	38,113	44,784
059 01 ORTHOPEDICS		1,564	2,044	404,983	55,776	8,871	10,424
059 02 CARDIOVASCULAR SERVICES		55,810	51,476	1,992,193	274,373	78,106	91,776
059 03 CARDIAC REHAB		368	5,638	610,661	84,103	16,822	19,766
059 04 RADIATION ONCOLOGY		1,022	21,628	1,268,596	174,716	175,287	205,967
059 05 MRI		1,656	28,585	491,395	67,677	38,381	45,099
059 06 BARIATRIC CENTER				4,496	619		
059 07 PSYCH ACTIVITY THERAPY			4,858	1,122,912	154,652		
059 08 WOUND CARE		3,757	5,911	655,887	90,331	62,674	73,644
059 09 RENAL DIALYSIS			9,259	1,172,254	161,448	121,043	142,228
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY		33,495	130,165	6,570,825	904,960	149,546	175,720
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	65,089	3,794		3,780,524	520,669	48,682	57,202
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	1,118,150	585,146	1,591,009	156,006,324	18,617,280	4,104,632	4,823,051
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				204,370	28,147	10,866	12,768
096 01 CONVENT				131,373	18,093	112,037	131,647
096 02 HOME MEDICAL EQUIPMENT				-20,864			
096 03 MEDICAL ARTS BUILDING				377,285	51,961	249,355	292,999
096 04 WOMEN'S HEALTH CENTER				140,118	19,298	11,557	13,579
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY				785	108		

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.04	6a.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES				730,376	100,590		
096 09 MDWISE				7,121,132	980,751		
096 10 CATHERINE MCAULEY CLINIC				373,024	51,374	33,951	39,893
096 11 CENTER OF HOPE				12,111	1,668	5,217	6,130
096 12 SELECT				344,586	47,458		
096 13 PERCINI AS						120,448	141,530
098 PHYSICIANS' PRIVATE OFFICE				6,036,172	831,326	53,985	63,434
098 01 WORKING WELL				407,379	56,106		
099 NONPAID WORKERS							
100 01 REHAB				176,817	24,352	187,544	220,369
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,118,150	585,146	1,591,009	172,040,988	20,828,512	4,889,592	5,745,400

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES				10,726			
096 09 MDWISE				4,454			
096 10 CATHERINE MCAULEY CLINIC		21,661		6,761			
096 11 CENTER OF HOPE		3,329		95			
096 12 SELECT							
096 13 PERCINI AS		76,848					
098 PHYSICIANS' PRIVATE OFFIC		34,444		45,651			
098 01 WORKING WELL				474			
099 NONPAID WORKERS							
100 01 REHAB	96,069	119,656	250,608	47,072			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	915,488	3,119,654	1,723,141	1,452,477	5,939,152	5,876,355	6,692,604

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	17	18	23	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	3,317,731						
018 SOCIAL SERVICE		41,953					
023 I&R SERVICES-OTHER PRGM C			942,210				
024 PARAMED ED PRGM				755			
024 01 PARAMED ED PRGM - LAB					207,704		
024 02 PARAMED ED PRGM - RADIOLO						298,397	
024 03 PARAMED ED PRGM - RESP TH							154,616
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	281,093	3,570	9,329				
026 INTENSIVE CARE UNIT	59,719	758					
030 NEWBORN INTENSIVE CARE UN	43,730	555					
031 SUBPROVIDER	158,383	2,012					
033 NURSERY	11,469	146					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	85,005	1,080					
037 01 OPEN HEART SURGERY	14,247	181					
037 02 OUTPATIENT SURGERY	19,283	245					
038 RECOVERY ROOM	25,339	322					
040 ANESTHESIOLOGY	21,533	273					
041 RADIOLOGY-DIAGNOSTIC	98,253	1,248				283,477	
041 01 RADIOLOGY SPECIAL PROCEDU	68,745	873				5,968	
041 02 ULTRASOUND	76,509	972				2,984	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	263,835	3,351				5,968	
044 LABORATORY	396,983	5,042			170,317		
047 BLOOD STORING, PROCESSING	41,366	525			33,233		
047 01 NUCLEAR MEDICINE	49,106	624			4,154		
049 RESPIRATORY THERAPY	101,784	1,293					154,616
050 PHYSICAL THERAPY	38,712	492					
051 OCCUPATIONAL THERAPY	21,328	271					
052 SPEECH PATHOLOGY	8,151	104					
053 ELECTROCARDIOLOGY	67,025	851					
054 ELECTROENCEPHALOGRAPHY	12,842	163					
055 MEDICAL SUPPLIES CHARGED	358,101	4,548					
056 DRUGS CHARGED TO PATIENTS	447,881	5,503		755			
059 PAIN CLINIC	6,037	77					
059 01 ORTHOPEDICS	4,263	54					
059 02 CARDIOVASCULAR SERVICES	107,343	1,363					
059 03 CARDIAC REHAB	11,756	149					
059 04 RADIATION ONCOLOGY	45,101	573					
059 05 MRI	59,609	757					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	10,131	129					
059 08 WOUND CARE	12,327	157					
059 09 RENAL DIALYSIS	19,308	245					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	271,434	3,447	932,881				
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,317,731	41,953	942,210	755	207,704	298,397	154,616
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 CONVENT							
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING							
096 04 WOMEN'S HEALTH CENTER							
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 08 HAMMOND FAMILY SERVICES							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,317,731	41,953	942,210	755	207,704	298,397	154,616

COST CENTER DESCRIPTION	PARAMED PR GM-PHARMACY	24.04	25	I&R COST POST STEP-DOWN ADJ	26	TOTAL
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 ADMINISTRATION						
006 05 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED PRGM						
024 01 PARAMED PRGM - LAB						
024 02 PARAMED PRGM - RADIOLO						
024 03 PARAMED PRGM - RESP TH						
024 04 PARAMED PRGM-PHARMACY	616,237					
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		35,158,461		-9,329		35,149,132
026 INTENSIVE CARE UNIT		6,957,760				6,957,760
030 NEWBORN INTENSIVE CARE UN		3,652,480				3,652,480
031 SUBPROVIDER		5,826,501				5,826,501
033 NURSERY		1,544,168				1,544,168
034 SKILLED NURSING FACILITY						
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM		5,824,488				5,824,488
037 02 OPEN HEART SURGERY		542,791				542,791
037 03 OUTPATIENT SURGERY		3,112,153				3,112,153
038 RECOVERY ROOM		833,476				833,476
040 ANESTHESIOLOGY		3,914,741				3,914,741
041 RADIOLOGY-DIAGNOSTIC		3,589,717				3,589,717
041 01 RADIOLOGY SPECIAL PROCEDU		2,458,763				2,458,763
041 02 ULTRASOUND		1,284,076				1,284,076
042 RADIOLOGY-THERAPEUTIC						
042 01 COMPUTED TOMOGRAPHY		2,490,071				2,490,071
044 LABORATORY		7,994,488				7,994,488
047 BLOOD STORING, PROCESSING		2,056,012				2,056,012
047 01 NUCLEAR MEDICINE		1,125,959				1,125,959
049 RESPIRATORY THERAPY		3,811,100				3,811,100
050 PHYSICAL THERAPY		2,651,999				2,651,999
051 OCCUPATIONAL THERAPY		1,055,891				1,055,891
052 SPEECH PATHOLOGY		750,844				750,844
053 ELECTROCARDIOLOGY		1,027,161				1,027,161
054 ELECTROENCEPHALOGRAPHY		631,070				631,070
055 MEDICAL SUPPLIES CHARGED		13,662,232				13,662,232
056 DRUGS CHARGED TO PATIENTS	616,237	13,295,388				13,295,388
059 PAIN CLINIC		405,801				405,801
059 01 ORTHOPEDICS		531,200				531,200
059 02 CARDIOVASCULAR SERVICES		2,787,983				2,787,983
059 03 CARDIAC REHAB		842,062				842,062
059 04 RADIATION ONCOLOGY		2,000,403				2,000,403
059 05 MRI		739,999				739,999
059 06 BARIATRIC CENTER		5,115				5,115
059 07 PSYCH ACTIVITY THERAPY		1,287,824				1,287,824
059 08 WOUND CARE		957,983				957,983
059 09 RENAL DIALYSIS		1,693,754				1,693,754
060 OUTPAT SERVICE COST CNTRS						
060 01 OCC HEALTH CLINIC						
061 EMERGENCY		10,103,426		-932,881		9,170,545
062 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY		4,509,800				4,509,800
095 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	616,237	151,117,140		-942,210		150,174,930
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP		265,517				265,517
096 01 CONVENT		464,632				464,632
096 02 HOME MEDICAL EQUIPMENT		-20,864				-20,864
096 03 MEDICAL ARTS BUILDING		1,130,851				1,130,851
096 04 WOMEN'S HEALTH CENTER		197,248				197,248
096 05 DEVELOPMENT						
096 06 NEUROSURGERY PROF SERVICE						
096 07 IMAGE RECOVERY		893				893

COST CENTER DESCRIPTION	PARAMED ED PR	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	24.04	25	26	27
NONREIMBURS COST CENTERS				
096 08 HAMMOND FAMILY SERVICES		841,692		841,692
096 09 MDWISE		8,106,337		8,106,337
096 10 CATHERINE MCAULEY CLINIC		526,664		526,664
096 11 CENTER OF HOPE		28,550		28,550
096 12 SELECT		392,044		392,044
096 13 PERCINI AS		338,826		338,826
098 PHYSICIANS' PRIVATE OFFICE		7,065,012		7,065,012
098 01 WORKING WELL		463,959		463,959
099 NONPAID WORKERS				
100 01 REHAB		1,122,487		1,122,487
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	616,237	172,040,988	-942,210	171,098,778

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/ 1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		5,166				5,166	5,166
006 01 COMMUNICATIONS		1,830	217			2,047	28
006 02 DATA PROCESSING		9,183				9,183	3
006 03 PURCHASING, RECEIVING AND		2,332				2,332	25
006 04 ADMINISTRATION		5,323				5,323	69
006 05 OTHER ADMINISTRATIVE AND		30,701				30,701	263
007 MAINTENANCE & REPAIRS		48,602				48,602	99
008 OPERATION OF PLANT		37,038	6,345			43,383	41
009 LAUNDRY & LINEN SERVICE		917	64			981	112
010 HOUSEKEEPING		13,374				13,374	111
011 DIETARY		11,039				11,039	40
012 CAFETERIA		11,039				11,039	40
014 NURSING ADMINISTRATION		8,761				8,761	230
015 CENTRAL SERVICES & SUPPLY		12,976				12,976	29
016 PHARMACY		6,329				6,329	117
017 MEDICAL RECORDS & LIBRARY		23,042				23,042	87
018 SOCIAL SERVICE		1,367				1,367	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB							5
024 02 PARAMEDICAL PRGM - RADIOLO							13
024 03 PARAMEDICAL PRGM - RESP TH							7
024 04 PARAMEDICAL PRGM-PHARMACY							26
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		161,906				161,906	1,017
026 INTENSIVE CARE UNIT		18,573				18,573	211
030 NEWBORN INTENSIVE CARE UN		4,828				4,828	121
031 SUBPROVIDER							166
033 NURSERY							56
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		44,482				44,482	100
037 02 OPEN HEART SURGERY							11
037 03 OUTPATIENT SURGERY		33,978				33,978	69
038 RECOVERY ROOM							31
040 ANESTHESIOLOGY							357
041 RADIOLOGY-DIAGNOSTIC		21,750				21,750	74
041 01 RADIOLOGY SPECIAL PROCEDU		3,770				3,770	30
041 02 ULTRASOUND		2,470				2,470	38
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		2,528				2,528	38
044 LABORATORY		16,875				16,875	
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE		3,341				3,341	18
049 RESPIRATORY THERAPY		6,704				6,704	119
050 PHYSICAL THERAPY		17,344				17,344	76
051 OCCUPATIONAL THERAPY		1,602				1,602	32
052 SPEECH PATHOLOGY		4,965				4,965	20
053 ELECTROCARDIOLOGY		2,790	6,316			9,106	28
054 ELECTROENCEPHALOGRAPHY		4,371				4,371	17
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							13
059 PAIN CLINIC		4,831				4,831	9
059 01 ORTHOPEDICS		1,125				1,125	38
059 02 CARDIOVASCULAR SERVICES		9,901				9,901	55
059 03 CARDIAC REHAB		2,132				2,132	27
059 04 RADIATION ONCOLOGY		22,220				22,220	32
059 05 MRI		4,865	25			4,890	11
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		7,945				7,945	33
059 09 RENAL DIALYSIS		15,344				15,344	37
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		18,957				18,957	438
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		6,171				6,171	153
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		674,787	12,967			687,754	4,820
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		5,404				5,404	3
096 02 CONVENT		13,800				13,800	
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING							
096 05 WOMEN'S HEALTH CENTER		1,396				1,396	6
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES							32
096 09 MDWISE							6
096 10 CATHERINE MCAULEY CLINIC							14
096 11 CENTER OF HOPE		612				612	
096 12 SELECT		47,966				47,966	
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFIC		6,208				6,208	271
098 01 WORKING WELL							14
099 NONPAID WORKERS							
100 01 REHAB		21,527				21,527	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		771,700	12,967			784,667	5,166

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND INVENTORY	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	2,075						
006 02 DATA PROCESSING		9,186					
006 03 PURCHASING, RECEIVING AND	27	298	2,682				
006 04 ADMINISTRATIVE	83	651	4	6,130			
006 05 OTHER ADMINISTRATIVE AND	241	2,734			33,939		
007 MAINTENANCE & REPAIRS	134				963	49,798	
008 OPERATION OF PLANT	59				1,131		44,614
009 LAUNDRY & LINEN SERVICE	13		52		180		
010 HOUSEKEEPING	14		1		614		
011 DIETARY	26		1		291	887	795
012 CAFETERIA					238	887	795
014 NURSING ADMINISTRATION	65	107			1,115	704	631
015 CENTRAL SERVICES & SUPPLY	39		744		1,073	1,042	934
016 PHARMACY	52	605	6		1,277	508	456
017 MEDICAL RECORDS & LIBRARY	17	2,304			542	1,851	1,659
018 SOCIAL SERVICE					2	110	98
023 I&R SERVICES-OTHER PRGM C					186		
024 PARAMEDICAL PRGM	1						
024 01 PARAMEDICAL PRGM - LAB	1				41		
024 02 PARAMEDICAL PRGM - RADIOLO	1				58		
024 03 PARAMEDICAL PRGM - RESP TH	1				30		
024 04 PARAMEDICAL PRGM-PHARMACY					120		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	305		188	526	5,065	13,009	11,653
026 INTENSIVE CARE UNIT	49		46	112	1,088	1,492	1,337
030 NEWBORN INTENSIVE CARE UN	13		15	82	583	388	347
031 SUBPROVIDER			3	296	1,114		
033 NURSERY				21	302		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	114	193	664	159	832	3,574	3,202
037 01 OPEN HEART SURGERY			89	27	96		
037 02 OUTPATIENT SURGERY	45		45	36	412	2,730	2,446
038 RECOVERY ROOM			2	47	141		
040 ANESTHESIOLOGY	9		34	40	757		
041 RADIOLOGY-DIAGNOSTIC	83	530	5	184	527	1,747	1,566
041 01 RADIOLOGY SPECIAL PROCEDU	6		204	129	443	303	271
041 02 ULTRASOUND	13		12	143	223	198	178
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY			27	494	409	203	182
044 LABORATORY	45	1,229		743	1,388	1,356	1,215
047 BLOOD STORING, PROCESSING	44			77	354		
047 01 NUCLEAR MEDICINE	13		7	92	191	268	240
049 RESPIRATORY THERAPY	26		38	191	659	539	483
050 PHYSICAL THERAPY	52		4	72	430	1,393	1,248
051 OCCUPATIONAL THERAPY	12		3	40	195	129	115
052 SPEECH PATHOLOGY	3		15	15	123	399	357
053 ELECTROCARDIOLOGY	14		3	125	172	224	201
054 ELECTROENCEPHALOGRAPHY	19		3	24	100	351	315
055 MEDICAL SUPPLIES CHARGED				670	1,639		
056 DRUGS CHARGED TO PATIENTS				761	1,132		
059 PAIN CLINIC	22		2	11	56	388	348
059 01 ORTHOPEDICS			7	8	91	90	81
059 02 CARDIOVASCULAR SERVICES	74		256	201	446	795	713
059 03 CARDIAC REHAB	3		2	22	137	171	153
059 04 RADIATION ONCOLOGY			5	84	284	1,785	1,599
059 05 MRI			8	112	110	391	350
059 06 BARIATRIC CENTER					1		
059 07 PSYCH ACTIVITY THERAPY				19	252		
059 08 WOUND CARE	29		17	23	147	638	572
059 09 RENAL DIALYSIS				36	263	1,233	1,104
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	102		153	508	1,472	1,523	1,364
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	90	535	17		847	496	444
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,959	9,186	2,682	6,130	30,342	41,802	37,452
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5				46	111	99
096 01 CONVENT	32				29	1,141	1,022
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING					85	2,540	2,275
096 04 WOMEN'S HEALTH CENTER	5				31	118	105
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY							

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES					164		
096 09 MDWISE					1,595		
096 10 CATHERINE MCAULEY CLINIC	6				84	346	310
096 11 CENTER OF HOPE					3	53	48
096 12 SELECT					77		
096 13 PERCINI AS						1,227	1,099
098 PHYSICIANS' PRIVATE OFFICE	41				1,352	550	493
098 01 WORKING WELL					91		
099 NONPAID WORKERS							
100 01 REHAB	27				40	1,910	1,711
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,075	9,186	2,682	6,130	33,939	49,798	44,614

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,338						
010 HOUSEKEEPING		14,114					
011 DIETARY			13,330				
012 CAFETERIA				13,250			
014 NURSING ADMINISTRATION				743	12,555		
015 CENTRAL SERVICES & SUPPLY				212	247	17,591	
016 PHARMACY				436		49	9,979
017 MEDICAL RECORDS & LIBRARY				461		5	
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB				14			
024 02 PARAMEDICAL PRGM - RADIOLO				15			
024 03 PARAMEDICAL PRGM - RESP TH				14			
024 04 PARAMEDICAL PRGM-PHARMACY				62			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,012	3,687	9,621	4,052	6,840	728	14
026 INTENSIVE CARE UNIT	108	423	1,028	733	1,306	157	
030 NEWBORN INTENSIVE CARE UN	78	110	742	377	671	86	4
031 SUBPROVIDER						20	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		1,013		404	720	415	
037 02 OPEN HEART SURGERY				26	45	43	
037 03 OUTPATIENT SURGERY		774		220	392	105	1
038 RECOVERY ROOM				92	164	7	
040 ANESTHESIOLOGY				274		60	
041 RADIOLOGY-DIAGNOSTIC		495		313		34	
041 01 RADIOLOGY SPECIAL PROCEDU		86		79		126	
041 02 ULTRASOUND		56		86		26	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		58		104		217	
044 LABORATORY		384					
047 BLOOD STORAGE, PROCESSING							271
047 01 NUCLEAR MEDICINE		76		47		58	2
049 RESPIRATORY THERAPY		153		421		37	
050 PHYSICAL THERAPY		395		381		5	
051 OCCUPATIONAL THERAPY		36		91			
052 SPEECH PATHOLOGY		113		52		9	
053 ELECTROCARDIOLOGY		64		124		27	
054 ELECTROENCEPHALOGRAPHY		100		57		17	
055 MEDICAL SUPPLIES CHARGED						14,886	
056 DRUGS CHARGED TO PATIENTS							9,655
059 PAIN CLINIC		110		30		9	
059 01 ORTHOPEDICS		26		57	63	14	
059 02 CARDIOVASCULAR SERVICES		225		150	267	149	
059 03 CARDIAC REHAB		49		87	156	14	
059 04 RADIATION ONCOLOGY		506		100		22	
059 05 MRI		111		32		27	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		181		97		18	9
059 09 RENAL DIALYSIS		349					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		432		1,122	1,684	191	23
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		141		562		30	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,198	11,849	11,391	12,127	12,555	17,591	9,979
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		31		22			
096 02 CONVENT		323					
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING		720		1			
096 05 WOMEN'S HEALTH CENTER		33		49			
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES				98			
096 09 MDWISE				41			
096 10 CATHERINE MCAULEY CLINIC			98	62			
096 11 CENTER OF HOPE			15	1			
096 12 SELECT							
096 13 PERCINI AS			348				
098 PHYSICIANS' PRIVATE OFFICE			156	416			
098 01 WORKING WELL				4			
099 NONPAID WORKERS							
100 01 REHAB	140	541	1,939	429			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,338	14,114	13,330	13,250	12,555	17,591	9,979

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLO	PARAMED ED PRGM - RESP TH
	17	18	23	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	30,493						
018 SOCIAL SERVICE		1,608					
023 I&R SERVICES-OTHER PRGM C			186				
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - LAB				1		61	
024 02 PARAMED ED PRGM - RADIOLO							87
024 03 PARAMED ED PRGM - RESP TH							52
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,593	150					
026 INTENSIVE CARE UNIT	551	32					
030 NEWBORN INTENSIVE CARE UN	403	23					
031 SUBPROVIDER	1,461	85					
033 NURSERY	106	6					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	784	45					
037 02 OPEN HEART SURGERY	131	8					
037 03 OUTPATIENT SURGERY	178	10					
038 RECOVERY ROOM	234	14					
040 ANESTHESIOLOGY	199	12					
041 RADIOLOGY-DIAGNOSTIC	906	53					
041 01 RADIOLOGY SPECIAL PROCEDU	634	37					
041 02 ULTRASOUND	706	41					
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	2,434	141					
044 LABORATORY	3,662	212					
047 BLOOD STORING, PROCESSING	382	22					
047 01 NUCLEAR MEDICINE	453	26					
049 RESPIRATORY THERAPY	939	54					
050 PHYSICAL THERAPY	357	21					
051 OCCUPATIONAL THERAPY	197	11					
052 SPEECH PATHOLOGY	75	4					
053 ELECTROCARDIOLOGY	618	36					
054 ELECTROENCEPHALOGRAPHY	118	7					
055 MEDICAL SUPPLIES CHARGED	3,303	191					
056 DRUGS CHARGED TO PATIENTS	4,021	76					
059 PAIN CLINIC	56	3					
059 01 ORTHOPEDICS	39	2					
059 02 CARDIOVASCULAR SERVICES	990	57					
059 03 CARDIAC REHAB	108	6					
059 04 RADIATION ONCOLOGY	416	24					
059 05 MRI	550	32					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	93	5					
059 08 WOUND CARE	114	7					
059 09 RENAL DIALYSIS	178	10					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	2,504	145					
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	30,493	1,608					
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 CONVENT							
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING							
096 05 WOMEN'S HEALTH CENTER							
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INFORMATION & SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLOGY	PARAMED ED PR GM - RESPIRATORY
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 08 HAMMOND FAMILY SERVICES							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENTS			186	1	61	87	52
102 NEGATIVE COST CENTER							
103 TOTAL	30,493	1,608	186	1	61	87	52

ALLOCATION OF OLD CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING, RECEIVING AND			
006 04 ADMINISTRATION			
006 05 OTHER ADMINISTRATIVE AND			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMEDICAL PRGM			
024 01 PARAMEDICAL PRGM - LAB			
024 02 PARAMEDICAL PRGM - RADIOLO			
024 03 PARAMEDICAL PRGM - RESPTH			
024 04 PARAMEDICAL PRGM-PHARMACY	208		
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	222,366		222,366
026 INTENSIVE CARE UNIT	27,246		27,246
030 NEWBORN INTENSIVE CARE UN	8,871		8,871
031 SUBPROVIDER	3,145		3,145
033 NURSERY	491		491
034 SKILLED NURSING FACILITY			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	56,701		56,701
037 01 OPEN HEART SURGERY	476		476
037 02 OUTPATIENT SURGERY	41,441		41,441
038 RECOVERY ROOM	732		732
040 ANESTHESIOLOGY	1,742		1,742
041 RADIOLOGY-DIAGNOSTIC	28,267		28,267
041 01 RADIOLOGY SPECIAL PROCEDU	6,118		6,118
041 02 ULTRASOUND	4,190		4,190
042 RADIOLOGY-THERAPEUTIC			
042 01 COMPUTED TOMOGRAPHY	6,835		6,835
044 LABORATORY	27,109		27,109
047 BLOOD STORING, PROCESSING	1,150		1,150
047 01 NUCLEAR MEDICINE	4,832		4,832
049 RESPIRATORY THERAPY	10,363		10,363
050 PHYSICAL THERAPY	21,778		21,778
051 OCCUPATIONAL THERAPY	2,463		2,463
052 SPEECH PATHOLOGY	6,150		6,150
053 ELECTROCARDIOLOGY	10,742		10,742
054 ELECTROENCEPHALOGRAPHY	5,499		5,499
055 MEDICAL SUPPLIES CHARGED	20,689		20,689
056 DRUGS CHARGED TO PATIENTS	15,658		15,658
059 PAIN CLINIC	5,875		5,875
059 01 ORTHOPEDICS	1,641		1,641
059 02 CARDIOVASCULAR SERVICES	14,279		14,279
059 03 CARDIAC REHAB	3,067		3,067
059 04 RADIATION ONCOLOGY	27,077		27,077
059 05 MRI	6,624		6,624
059 06 BARIATRIC CENTER	1		1
059 07 PSYCH ACTIVITY THERAPY	369		369
059 08 WOUND CARE	9,830		9,830
059 09 RENAL DIALYSIS	18,554		18,554
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC			
060 01 OCC HEALTH CLINIC			
061 EMERGENCY	30,618		30,618
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	9,486		9,486
071 SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	662,475		662,475
095 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	5,721		5,721
096 01 CONVENT	16,347		16,347
096 02 HOME MEDICAL EQUIPMENT			
096 03 MEDICAL ARTS BUILDING	5,621		5,621
096 04 WOMEN'S HEALTH CENTER	1,743		1,743
096 05 DEVELOPMENT			
096 06 NEUROSURGERY PROF SERVICE			
096 07 IMAGE RECOVERY			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				31,943	9,615	41,558	41,558
006 01 COMMUNICATIONS				11,314	45,875	57,189	228
006 02 DATA PROCESSING				56,781	475,856	532,637	23
006 03 PURCHASING, RECEIVING AND				14,419	6,612	21,031	202
006 04 ADMINISTRATION				32,913		32,913	559
006 05 OTHER ADMINISTRATIVE AND				189,845	36,206	226,051	2,125
007 MAINTENANCE & REPAIRS				300,536	34,445	334,981	803
008 OPERATION OF PLANT				229,027	88,597	317,624	328
009 LAUNDRY & LINEN SERVICE				5,668	71,080	76,748	907
010 HOUSEKEEPING				82,702	7,671	90,373	897
011 DIETARY				68,261	75,085	143,346	322
012 CAFETERIA				68,261		68,261	322
014 NURSING ADMINISTRATION				54,173	29,626	83,799	1,863
015 CENTRAL SERVICES & SUPPLY				80,237	173,406	253,643	233
016 PHARMACY				39,137	5,434	44,571	946
017 MEDICAL RECORDS & LIBRARY				142,483	16,148	158,631	703
018 SOCIAL SERVICE				8,450		8,450	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB							39
024 02 PARAMEDICAL PRGM - RADIOLO							106
024 03 PARAMEDICAL PRGM - RESP TH							54
024 04 PARAMEDICAL PRGM-PHARMACY							214
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,001,192	348,434	1,349,626	7,985
026 INTENSIVE CARE UNIT				114,848	208,207	323,055	1,708
030 NEWBORN INTENSIVE CARE UN				29,853	53,589	83,442	980
031 SUBPROVIDER							1,340
033 NURSERY							452
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				275,058	344,307	619,365	807
037 01 OPEN HEART SURGERY					19,718	19,718	90
037 02 OUTPATIENT SURGERY				210,105	76,643	286,748	560
038 RECOVERY ROOM					1,853	1,853	248
040 ANESTHESIOLOGY					58,456	58,456	2,889
041 RADIOLOGY-DIAGNOSTIC				134,492	212,908	347,400	598
041 01 RADIOLOGY SPECIAL PROCEDURE				23,312	11,124	34,436	240
041 02 ULTRASOUND				15,276	67,000	82,276	311
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY				15,629	4,179	19,808	309
044 LABORATORY				104,346		104,346	
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE				20,659	96,001	116,660	149
049 RESPIRATORY THERAPY				41,453	97,521	138,974	966
050 PHYSICAL THERAPY				107,248	5,552	112,800	613
051 OCCUPATIONAL THERAPY				9,908	828	10,736	263
052 SPEECH PATHOLOGY				30,702	13,390	44,092	164
053 ELECTROCARDIOLOGY				17,253	51,818	69,071	228
054 ELECTROENCEPHALOGRAPHY				27,026	22,210	49,236	140
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							105
059 PAIN CLINIC				29,875	10,115	39,990	74
059 01 ORTHOPEDICS				6,954	426	7,380	310
059 02 CARDIOVASCULAR SERVICES				61,224	439,832	501,056	443
059 03 CARDIAC REHAB				13,186	28,698	41,884	222
059 04 RADIATION ONCOLOGY				137,401	147,053	284,454	263
059 05 MRI				30,086	82,182	112,268	86
059 06 BARIATRIC CENTER					4,496	4,496	
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE				49,128	3,460	52,588	270
059 09 RENAL DIALYSIS				94,881		94,881	298
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY				117,224	59,016	176,240	3,543
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				38,160	29,559	67,719	1,238
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				4,172,629	3,574,231	7,746,860	38,766
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				33,416		33,416	21
096 01 CONVENT				85,334	248	85,582	
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING					5,379	5,379	2
096 04 WOMEN'S HEALTH CENTER				8,630		8,630	49
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY					732	732	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES					4,105	4,105	255
096 09 MDWISE							47
096 10 CATHERINE MCAULEY CLINIC					2,072	2,072	112
096 11 CENTER OF HOPE				3,781		3,781	3
096 12 SELECT				296,604	241	296,845	
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFIC				38,385	28,655	67,040	2,192
098 01 WORKING WELL					111	111	111
099 NONPAID WORKERS							
100 01 REHAB				133,116	3,579	136,695	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,771,895	3,619,353	8,391,248	41,558

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	57,417						
006 02 DATA PROCESSING		532,660					
006 03 PURCHASING, RECEIVING AND	757	17,291	39,281				
006 04 ADMINISTRATIVE	2,297	37,772	59	73,600			
006 05 OTHER ADMINISTRATIVE AND	6,674	158,511	3		393,364		
007 MAINTENANCE & REPAIRS	3,702		1		11,178	350,665	
008 OPERATION OF PLANT	1,621		1		13,135		332,709
009 LAUNDRY & LINEN SERVICE	351		767		2,093		
010 HOUSEKEEPING	378		19		7,132		
011 DIETARY	730		21		3,379	6,245	5,925
012 CAFETERIA					2,761	6,245	5,925
014 NURSING ADMINISTRATION	1,810	6,177	7		12,947	4,956	4,703
015 CENTRAL SERVICES & SUPPLY	1,081		10,858		12,456	7,341	6,965
016 PHARMACY	1,432	35,066	93		14,832	3,581	3,397
017 MEDICAL RECORDS & LIBRARY	459	133,587	7		6,297	13,036	12,368
018 SOCIAL SERVICE					27	773	734
023 I&R SERVICES-OTHER PRGM C					2,154		
024 PARAMEDICAL PRGM	27				2		
024 01 PARAMEDICAL PRGM - LAB	27				471		
024 02 PARAMEDICAL PRGM - RADIOLO	27				678		
024 03 PARAMEDICAL PRGM - RESP TH	27				350		
024 04 PARAMEDICAL PRGM-PHARMACY					1,393		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,511		2,754	6,238	58,082	91,598	86,910
026 INTENSIVE CARE UNIT	1,351		667	1,325	12,637	10,508	9,970
030 NEWBORN INTENSIVE CARE UN	351		213	970	6,770	2,731	2,591
031 SUBPROVIDER			39	3,515	12,938		
033 NURSERY				255	3,504		
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,161	11,205	9,726	1,886	9,665	25,165	23,877
037 01 OPEN HEART SURGERY			1,306	316	1,119		
037 02 OUTPATIENT SURGERY	1,243		653	428	4,785	19,223	18,238
038 RECOVERY ROOM			31	562	1,641		
040 ANESTHESIOLOGY	243		498	478	8,785		
041 RADIOLOGY-DIAGNOSTIC	2,297	30,759	71	2,180	6,123	12,305	11,675
041 01 RADIOLOGY SPECIAL PROCEDU	162		2,993	1,526	5,141	2,133	2,024
041 02 ULTRASOUND	351		170	1,698	2,585	1,398	1,326
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY			392	5,855	4,748	1,430	1,357
044 LABORATORY	1,243	71,285		8,810	16,112	9,547	9,058
047 BLOOD STORING, PROCESSING	1,216			918	4,114		
047 01 NUCLEAR MEDICINE	351		104	1,090	2,223	1,890	1,793
049 RESPIRATORY THERAPY	730		562	2,259	7,650	3,793	3,598
050 PHYSICAL THERAPY	1,432		64	859	4,994	9,812	9,310
051 OCCUPATIONAL THERAPY	324		48	473	2,260	907	860
052 SPEECH PATHOLOGY	81		224	181	1,426	2,809	2,665
053 ELECTROCARDIOLOGY	378		50	1,487	2,000	1,579	1,498
054 ELECTROENCEPHALOGRAPHY	513		39	285	1,164	2,473	2,346
055 MEDICAL SUPPLIES CHARGED				7,947	19,036		
056 DRUGS CHARGED TO PATIENTS				9,912	13,148		
059 PAIN CLINIC	621		30	134	655	2,733	2,593
059 01 ORTHOPEDICS			105	95	1,053	636	604
059 02 CARDIOVASCULAR SERVICES	2,054		3,746	2,382	5,182	5,601	5,315
059 03 CARDIAC REHAB	81		25	261	1,588	1,206	1,145
059 04 RADIATION ONCOLOGY			69	1,001	3,300	12,571	11,927
059 05 MRI			111	1,323	1,278	2,753	2,612
059 06 BARIATRIC CENTER					12		
059 07 PSYCH ACTIVITY THERAPY				225	2,921		
059 08 WOUND CARE	811		252	274	1,706	4,495	4,265
059 09 RENAL DIALYSIS				428	3,049	8,681	8,236
OUTPATIENT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	2,810		2,248	6,024	17,091	10,725	10,176
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,486	31,007	255		9,833	3,491	3,313
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	54,201	532,660	39,281	73,600	351,603	294,370	279,299
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	135				532	779	739
096 01 CONVENT	892				342	8,035	7,623
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING					981	17,883	16,967
096 04 WOMEN'S HEALTH CENTER	135				364	829	786
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY							

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES					1,900		
096 09 MDWISE					18,522		
096 10 CATHERINE MCAULEY CLINIC	162				970	2,435	2,310
096 11 CENTER OF HOPE					32	374	355
096 12 SELECT					896		
096 13 PERCINI AS						8,638	8,196
098 PHYSICIANS' PRIVATE OFFICE	1,135				15,700	3,872	3,673
098 01 WORKING WELL					1,060		
099 NONPAID WORKERS							
100 01 REHAB	757				460	13,450	12,761
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	57,417	532,660	39,281	73,600	393,364	350,665	332,709

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	80,866							
010 HOUSEKEEPING		98,799						
011 DIETARY			161,728					
012 CAFETERIA				1,760				
014 NURSING ADMINISTRATION				1,396	85,274			
015 CENTRAL SERVICES & SUPPLY				4,782		122,440		
016 PHARMACY				1,361		2,408	298,414	
017 MEDICAL RECORDS & LIBRARY				1,009	2,806		838	108,571
018 SOCIAL SERVICE				3,673	2,968		79	
023 I&R SERVICES-OTHER PRGM C				218				
024 PARAMEDICAL PRGM								
024 01 PARAMEDICAL PRGM - LAB					93			
024 02 PARAMEDICAL PRGM - RADIOLO					95			
024 03 PARAMEDICAL PRGM - RESP TH					93			
024 04 PARAMEDICAL PRGM-PHARMACY					398			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	61,138	25,804	116,740	26,086	66,690	12,348	149	
026 INTENSIVE CARE UNIT	6,530	2,960	12,469	4,718	12,737	2,659	2	
030 NEWBORN INTENSIVE CARE UN	4,712	770	8,998	2,425	6,546	1,465	46	
031 SUBPROVIDER						340	1	
033 NURSERY								
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM		7,090		2,599	7,017	7,037	4	
037 02 OPEN HEART SURGERY				164	443	733		
037 03 OUTPATIENT SURGERY		5,416		1,418	3,828	1,787	11	
038 RECOVERY ROOM				592	1,597	125		
040 ANESTHESIOLOGY				1,764		1,014		
041 RADIOLOGY-DIAGNOSTIC		3,467		2,017		584	1	
041 01 RADIOLOGY SPECIAL PROCEDU		601		506		2,130	5	
041 02 ULTRASOUND		394		552		441		
042 RADIOLOGY-THERAPEUTIC								
042 01 COMPUTED TOMOGRAPHY		403		667		3,684	1	
044 LABORATORY		2,690				1		
047 BLOOD STORING, PROCESSING							2,945	
047 01 NUCLEAR MEDICINE		533		302		980	17	
049 RESPIRATORY THERAPY		1,069		2,710		631		
050 PHYSICAL THERAPY		2,765		2,454		84		
051 OCCUPATIONAL THERAPY		255		584		4		
052 SPEECH PATHOLOGY		791		336		151		
053 ELECTROCARDIOLOGY		445		798		450		
054 ELECTROENCEPHALOGRAPHY		697		364		281		
055 MEDICAL SUPPLIES CHARGED						252,530		
056 DRUGS CHARGED TO PATIENTS							105,022	
059 PAIN CLINIC		770		190		145		
059 01 ORTHOPEDICS		179		366		242	3	
059 02 CARDIOVASCULAR SERVICES		1,578		965	2,609	2,523	5	
059 03 CARDIAC REHAB		340		563	1,520	243		
059 04 RADIATION ONCOLOGY		3,542		643		373	1	
059 05 MRI		776		206		461		
059 06 BARIATRIC CENTER								
059 07 PSYCH ACTIVITY THERAPY								
059 08 WOUND CARE		1,266		621		307	103	
059 09 RENAL DIALYSIS		2,446						
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC								
061 OCC HEALTH CLINIC								
061 EMERGENCY		3,022		7,219	16,427	3,233	255	
062 OBSERVATION BEDS (NON-DIS								
071 HOME HEALTH AGENCY		984		3,617		511		
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	72,380	82,937	138,207	78,042	122,440	298,414	108,571	
096 NONREIMBURS COST CENTERS								
096 01 GIFT, FLOWER, COFFEE SHOP		220		143				
096 02 CONVENT		2,264						
096 03 HOME MEDICAL EQUIPMENT								
096 04 MEDICAL ARTS BUILDING		5,038		9				
096 05 WOMEN'S HEALTH CENTER		234		313				
096 06 DEVELOPMENT								
096 07 NEUROSURGERY PROF SERVICE								
096 08 IMAGE RECOVERY								

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
NONREIMBURS COST CENTERS							
096 08 HAMMOND FAMILY SERVICES				630			
096 09 MDWISE				262			
096 10 CATHERINE MCAULEY CLINIC		686		397			
096 11 CENTER OF HOPE		105		6			
096 12 SELECT							
096 13 PERCINI AS		2,434					
098 PHYSICIANS' PRIVATE OFFICE		1,091		2,680			
098 01 WORKING WELL				28			
099 NONPAID WORKERS							
100 01 REHAB	8,486	3,790	23,521	2,764			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	80,866	98,799	161,728	85,274	122,440	298,414	108,571

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLO	PARAMED ED PRGM - RESP TH
	17	18	23	24	24.01	24.02	24.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	331,808						
018 SOCIAL SERVICE		10,202					
023 I&R SERVICES-OTHER PRGM C			2,154				
024 PARAMED ED PRGM				29			
024 01 PARAMED ED PRGM - LAB					630		
024 02 PARAMED ED PRGM - RADIOLO						906	
024 03 PARAMED ED PRGM - RESP TH							524
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,109	864					
026 INTENSIVE CARE UNIT	5,972	184					
030 NEWBORN INTENSIVE CARE UN	4,373	134					
031 SUBPROVIDER	15,838	487					
033 NURSERY	1,147	35					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,501	261					
037 02 OPEN HEART SURGERY	1,425	44					
037 03 OUTPATIENT SURGERY	1,928	59					
038 RECOVERY ROOM	2,534	78					
040 ANESTHESIOLOGY	2,153	66					
041 RADIOLOGY-DIAGNOSTIC	9,825	302					
041 01 RADIOLOGY SPECIAL PROCEDU	6,874	211					
041 02 ULTRASOUND	7,651	235					
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	26,384	811					
044 LABORATORY	39,698	1,221					
047 BLOOD STORING, PROCESSING	4,137	127					
047 01 NUCLEAR MEDICINE	4,911	151					
049 RESPIRATORY THERAPY	10,178	313					
050 PHYSICAL THERAPY	3,871	119					
051 OCCUPATIONAL THERAPY	2,133	66					
052 SPEECH PATHOLOGY	815	25					
053 ELECTROCARDIOLOGY	6,702	206					
054 ELECTROENCEPHALOGRAPHY	1,284	39					
055 MEDICAL SUPPLIES CHARGED	35,810	1,101					
056 DRUGS CHARGED TO PATIENTS	44,824	1,380					
059 PAIN CLINIC	604	19					
059 01 ORTHOPEDICS	426	13					
059 02 CARDIOVASCULAR SERVICES	10,734	330					
059 03 CARDIAC REHAB	1,176	36					
059 04 RADIATION ONCOLOGY	4,510	139					
059 05 MRI	5,961	183					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	1,013	31					
059 08 WOUND CARE	1,233	38					
059 09 RENAL DIALYSIS	1,931	59					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	27,143	835					
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	331,808	10,202					
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 CONVENT							
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING							
096 05 WOMEN'S HEALTH CENTER							
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INFORMATION & SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLOGY	PARAMED ED PR GM - RESPIRATORY
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 08 HAMMOND FAMILY SERVICES							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENTS			2,154	29	630	906	524
102 NEGATIVE COST CENTER							
103 TOTAL	331,808	10,202	2,154	29	630	906	524

ALLOCATION OF NEW CAPITAL RELATED COSTS

	PARAMED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.04	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006	01 COMMUNICATIONS			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 ADMINISTRATION			
006	05 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED PRGM			
024	01 PARAMED PRGM - LAB			
024	02 PARAMED PRGM - RADIOLO			
024	03 PARAMED PRGM - RESP TH			
024	04 PARAMED PRGM-PHARMACY	2,005		
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,949,632		1,949,632
026	INTENSIVE CARE UNIT	409,452		409,452
030	NEWBORN INTENSIVE CARE UN	127,517		127,517
031	SUBPROVIDER	34,498		34,498
033	NURSERY	5,393		5,393
034	SKILLED NURSING FACILITY			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	737,366		737,366
037	01 OPEN HEART SURGERY	25,358		25,358
037	02 OUTPATIENT SURGERY	346,325		346,325
038	RECOVERY ROOM	9,261		9,261
040	ANESTHESIOLOGY	76,346		76,346
041	RADIOLOGY-DIAGNOSTIC	429,604		429,604
041	01 RADIOLOGY SPECIAL PROCEDU	58,982		58,982
041	02 ULTRASOUND	99,388		99,388
042	RADIOLOGY-THERAPEUTIC			
042	01 COMPUTED TOMOGRAPHY	65,849		65,849
044	LABORATORY	264,011		264,011
047	BLOOD STORING, PROCESSING	13,457		13,457
047	01 NUCLEAR MEDICINE	131,154		131,154
049	RESPIRATORY THERAPY	173,433		173,433
050	PHYSICAL THERAPY	149,177		149,177
051	OCCUPATIONAL THERAPY	18,913		18,913
052	SPEECH PATHOLOGY	53,760		53,760
053	ELECTROCARDIOLOGY	84,892		84,892
054	ELECTROENCEPHALOGRAPHY	58,861		58,861
055	MEDICAL SUPPLIES CHARGED	316,424		316,424
056	DRUGS CHARGED TO PATIENTS	174,391		174,391
059	PAIN CLINIC	48,558		48,558
059	01 ORTHOPEDICS	12,030		12,030
059	02 CARDIOVASCULAR SERVICES	544,523		544,523
059	03 CARDIAC REHAB	50,290		50,290
059	04 RADIATION ONCOLOGY	322,793		322,793
059	05 MRI	128,018		128,018
059	06 BARIATRIC CENTER	4,508		4,508
059	07 PSYCH ACTIVITY THERAPY	4,190		4,190
059	08 WOUND CARE	68,229		68,229
059	09 RENAL DIALYSIS	120,009		120,009
	OUTPAT SERVICE COST CNTRS			
060	CLINIC			
060	01 OCC HEALTH CLINIC			
061	EMERGENCY	286,991		286,991
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
071	HOME HEALTH AGENCY	124,454		124,454
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	7,528,037		7,528,037
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	35,985		35,985
096	01 CONVENT	104,738		104,738
096	02 HOME MEDICAL EQUIPMENT			
096	03 MEDICAL ARTS BUILDING	46,259		46,259
096	04 WOMEN'S HEALTH CENTER	11,340		11,340
096	05 DEVELOPMENT			
096	06 NEUROSURGERY PROF SERVICE			
096	07 IMAGE RECOVERY	734		734

ALLOCATION OF NEW CAPITAL RELATED COSTS

	PROVIDER NO:		PERIOD:		PREPARED 5/24/2010
	15-0004		FROM 1/ 1/2009		WORKSHEET B
			TO 12/31/2009		PART III

	PARAMED ED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.04	25	26	27
NONREIMBURS COST CENTERS				
096 08		6,890		6,890
096 09		18,831		18,831
096 10		9,144		9,144
096 11		4,656		4,656
096 12		297,741		297,741
096 13		19,268		19,268
098		97,383		97,383
098 01		1,310		1,310
099				
100 01		202,684		202,684
101	2,005	6,248		6,248
102				
103	2,005	8,391,248		8,391,248

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	COMMUNICATIONS
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(NUMBER OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	634,753					
002 OLD CAP REL COSTS-MVB		12,797				
003 NEW CAP REL COSTS-BLD			634,753			
004 NEW CAP REL COSTS-MVB				3,498,614		
005 EMPLOYEE BENEFITS	4,249		4,249	9,294	77,872,898	
006 01 COMMUNICATIONS	1,505	214	1,505	44,345	426,259	2,125
006 02 DATA PROCESSING	7,553		7,553	459,985	43,533	
006 03 PURCHASING, RECEIVING	1,918		1,918	6,391	378,623	28
006 04 ADMINITTING	4,378		4,378		1,046,545	85
006 05 OTHER ADMINISTRATIVE	25,253		25,253	34,998	3,978,987	247
007 MAINTENANCE & REPAIRS	39,977		39,977	33,296	1,503,426	137
008 OPERATION OF PLANT	30,465	6,262	30,465	85,641	614,130	60
009 LAUNDRY & LINEN SERVICE	754	63	754	68,709	1,698,368	13
010 HOUSEKEEPING	11,001		11,001	7,415	1,680,201	14
011 DIETARY	9,080		9,080	72,580	602,511	27
012 CAFETERIA	9,080		9,080		602,541	
014 NURSING ADMINISTRATIVE	7,206		7,206	28,638	3,489,593	67
015 CENTRAL SERVICES & SUPPLY	10,673		10,673	167,621	437,006	40
016 PHARMACY	5,206		5,206	5,253	1,771,921	53
017 MEDICAL RECORDS & LIBRARY	18,953		18,953	15,609	1,316,537	17
018 SOCIAL SERVICE	1,124		1,124			
023 I&R SERVICES-OTHER PROGRAMS						
024 PARAMEDICAL PROGRAM						1
024 01 PARAMEDICAL PROGRAM - LAB					73,649	1
024 02 PARAMEDICAL PROGRAM - RADIOLOGY					198,418	1
024 03 PARAMEDICAL PROGRAM - RESPIRATORY					101,092	1
024 04 PARAMEDICAL PROGRAM-PHARMACY					399,819	
025 ADULTS & PEDIATRICS	133,177		133,177	336,810	14,998,678	315
026 INTENSIVE CARE UNIT	15,277		15,277	201,261	3,198,744	50
030 NEWBORN INTENSIVE CARE	3,971		3,971	51,801	1,836,011	13
031 SUBPROVIDER					2,509,828	
033 NURSERY					846,678	
034 SKILLED NURSING FACILITY						
ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	36,588		36,588	332,821	1,511,733	117
037 01 OPEN HEART SURGERY				19,060	167,665	
037 02 OUTPATIENT SURGERY	27,948		27,948	74,086	1,049,601	46
038 RECOVERY ROOM				1,791	464,312	
040 ANESTHESIOLOGY				56,506	5,410,553	9
041 RADIOLOGY-DIAGNOSTIC	17,890		17,890	205,805	1,119,659	85
041 01 RADIOLOGY-SPECIAL PROCEDURES	3,101		3,101	10,753	448,826	6
041 02 ULTRASOUND	2,032		2,032	64,765	582,727	13
042 RADIOLOGY-THERAPEUTIC						
042 01 COMPUTED TOMOGRAPHY	2,079		2,079	4,040	579,251	
044 LABORATORY	13,880		13,880			46
047 BLOOD STORAGE, PROCESSING						45
047 01 NUCLEAR MEDICINE	2,748		2,748	92,798	279,497	13
049 RESPIRATORY THERAPY	5,514		5,514	94,268	1,808,852	27
050 PHYSICAL THERAPY	14,266		14,266	5,367	1,147,852	53
051 OCCUPATIONAL THERAPY	1,318		1,318	800	491,826	12
052 SPEECH PATHOLOGY	4,084		4,084	12,943	307,518	3
053 ELECTROCARDIOLOGY	2,295	6,233	2,295	50,089	427,819	14
054 ELECTROENCEPHALOGRAPHY	3,595		3,595	21,469	262,005	19
055 MEDICAL SUPPLIES CHARGED TO PATIENT					196,546	
056 DRUGS CHARGED TO PATIENT					137,783	
059 PAIN CLINIC	3,974		3,974	9,778	579,740	23
059 01 ORTHOPEDICS	925		925	412	279,740	
059 02 CARDIOVASCULAR SERVICE	8,144		8,144	425,159	829,595	76
059 03 CARDIAC REHABILITATION	1,754		1,754	27,741	415,791	3
059 04 RADIATION ONCOLOGY	18,277		18,277	142,147	491,770	
059 05 MRI	4,002	25	4,002	79,440	161,769	
059 06 BARIATRIC CENTER				4,346		
059 07 PSYCH ACTIVITY THERAPY						
059 08 WOUND CARE	6,535		6,535	3,345	504,737	30
059 09 RENAL DIALYSIS	12,621		12,621		558,455	
060 OUTPAT SERVICE COST CENTER						
060 01 OCC HEALTH CLINIC						
061 EMERGENCY	15,593		15,593	57,047	6,635,026	104
062 OBSERVATION BEDS (NON REIMBURS COST CENTER)						
071 HOME HEALTH AGENCY	5,076		5,076	28,573	2,319,002	92
SPEC PURPOSE COST CENTER						
095 SUBTOTALS	555,039	12,797	555,039	3,454,996	72,643,008	2,006
NONREIMBURS COST CENTER						
096 GIFT, FLOWER, COFFEE	4,445		4,445		39,813	5
096 01 CONVENT	11,351		11,351	240		33
096 02 HOME MEDICAL EQUIPMENT						
096 03 MEDICAL ARTS BUILDING				5,200	4,585	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	FITS (GROSS SALARIES)	S (NUMBER OF PHONES)
	1	2	3	4	5	6.01
NONREIMBURS COST CENT						
096 04 WOMEN'S HEALTH CENTER	1,148		1,148		91,207	5
096 05 DEVELOPMENT						
096 06 NEUROSURGERY PROF SER						
096 07 IMAGE RECOVERY				708	54	
096 08 HAMMOND FAMILY SERVIC				3,968	478,117	
096 09 MDWISE					87,855	
096 10 CATHERINE MCAULEY CLI				2,003	209,499	6
096 11 CENTER OF HOPE	503		503		5,890	
096 12 SELECT	39,454		39,454	233		
096 13 PERCINI AS						
098 PHYSICIANS' PRIVATE O	5,106		5,106	27,699	4,104,448	42
098 01 WORKING WELL				107	208,422	
099 NONPAID WORKERS						
100 01 REHAB	17,707		17,707	3,460		28
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	771,700	12,967	4,771,895	3,619,353	24,170,423	1,411,246
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.215748		7.517719		.310383	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.013284		1.034511	5,166	664.115765 2,075
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000066	.976471
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					41,558	57,417
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000534	27.019765

COST CENTER DESCRIPTION	DATA PROCESSING (ALLOC OF TIME)	PURCHASING, RECEIVING AND (COSTED) REQUIS.	R ADMINITTING (GROSS) CHARGES	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE) FEET	OPERATION OF PLANT (SQUARE) FEET
	6.02	6.03	6.04	6a.05	6.05	7	8
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	482,898						
006 03 PURCHASING, RECEIVING	15,676	12,706,384					
006 04 ADMINITTING	34,243	18,934	443,533,081				
006 05 OTHER ADMINISTRATIVE	143,704	837		-20,828,512	151,233,340		
007 MAINTENANCE & REPAIRS		361			4,297,696	509,833	
008 OPERATION OF PLANT		290			5,049,907		509,833
009 LAUNDRY & LINEN SERVI		248,109			804,666		
010 HOUSEKEEPING		6,270			2,742,013		
011 DIETARY		6,942			1,299,239	9,080	9,080
012 CAFETERIA					1,061,339	9,080	9,080
014 NURSING ADMINISTRATION	5,600	2,133			4,977,744	7,206	7,206
015 CENTRAL SERVICES & SU		3,511,218			4,788,864	10,673	10,673
016 PHARMACY	31,790	30,095			5,702,485	5,206	5,206
017 MEDICAL RECORDS & LIB	121,107	2,267			2,420,879	18,953	18,953
018 SOCIAL SERVICE					10,220	1,124	1,124
023 I&R SERVICES-OTHER PR					828,153		
024 PARAMED ED PRGM					664		
024 01 PARAMED ED PRGM - LAB					181,172		
024 02 PARAMED ED PRGM - RAD					260,859		
024 03 PARAMED ED PRGM - RES					134,511		
024 04 PARAMED ED PRGM-PHARM					535,684		
025 ADULTS & PEDIATRICS		890,950	37,579,318		22,328,720	133,177	133,177
026 INTENSIVE CARE UNIT		215,796	7,983,822		4,858,540	15,277	15,277
030 NEWBORN INTENSIVE CAR		69,032	5,846,241		2,602,849	3,971	3,971
031 SUBPROVIDER		12,593	21,174,132		4,974,263		
033 NURSERY			1,533,324		1,347,034		
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	10,158	3,146,635	11,364,348		3,716,054	36,588	36,588
037 01 OPEN HEART SURGERY		422,379	1,904,697		430,364		
037 02 OUTPATIENT SURGERY		211,272	2,577,879		1,839,608	27,948	27,948
038 RECOVERY ROOM		10,102	3,387,633		630,909		
040 ANESTHESIOLOGY		161,170	2,878,720		3,377,700		
041 RADIOLOGY-DIAGNOSTIC	27,885	22,862	13,135,447		2,353,980	17,890	17,890
041 01 RADIOLOGY SPECIAL PRO		968,223	9,190,464		1,976,450	3,101	3,101
041 02 ULTRASOUND		54,898	10,228,498		993,817	2,032	2,032
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		126,972	35,272,098		1,825,441	2,079	2,079
044 LABORATORY	64,625	35	53,072,574		6,194,532	13,880	13,880
047 BLOOD STORING, PROCES			5,530,250		1,581,526		
047 01 NUCLEAR MEDICINE		33,676	6,564,995		854,721	2,748	2,748
049 RESPIRATORY THERAPY		181,888	13,607,537		2,941,023	5,514	5,514
050 PHYSICAL THERAPY		20,545	5,175,361		1,920,039	14,266	14,266
051 OCCUPATIONAL THERAPY		15,637	2,851,273		869,014	1,318	1,318
052 SPEECH PATHOLOGY		72,525	1,089,745		548,206	4,084	4,084
053 ELECTROCARDIOLOGY		16,029	8,960,504		769,014	2,295	2,295
054 ELECTROENCEPHALOGRAPH		12,676	1,716,812		447,685	3,595	3,595
055 MEDICAL SUPPLIES CHAR			47,874,459		7,318,820		
056 DRUGS CHARGED TO PATI			59,863,243		5,054,991		
059 PAIN CLINIC		9,652	807,126		251,691	3,974	3,974
059 01 ORTHOPEDICS		33,970	569,876		404,983	925	925
059 02 CARDIOVASCULAR SERVI C		1,211,924	14,350,628		1,992,193	8,144	8,144
059 03 CARDIAC REHAB		8,000	1,571,717		610,661	1,754	1,754
059 04 RADIATION ONCOLOGY		22,198	6,029,519		1,268,596	18,277	18,277
059 05 MRI		35,969	7,969,163		491,395	4,002	4,002
059 06 BARIATRIC CENTER					4,496		
059 07 PSYCH ACTIVITY THERAP			1,354,406		1,122,912		
059 08 WOUND CARE		81,587	1,648,008		655,887	6,535	6,535
059 09 RENAL DIALYSIS			2,581,264		1,172,254	12,621	12,621
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY		727,345	36,288,000		6,570,825	15,593	15,593
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	28,110	82,388			3,780,524	5,076	5,076
SPEC PURPOSE COST CEN							
095 SUBTOTALS	482,898	12,706,384	443,533,081	-20,828,512	135,177,812	427,986	427,986
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					204,370	1,133	1,133
096 01 CONVENT					131,373	11,682	11,682
096 02 HOME MEDICAL EQUIPMEN				20,864			
096 03 MEDICAL ARTS BUILDING					377,285	26,000	26,000

COST CENTER DESCRIPTION		DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		(ALLOC OF TIME)	(COSTED)REQUIS.	(GROSS) CHARGES	()	(ACCUM. COST	(SQUARE)FEET	(SQUARE)FEET
		6.02	6.03	6.04	6a.05	6.05	7	8
096	04 NONREIMBURS COST CENT							
096	05 WOMEN'S HEALTH CENTER DEVELOPMENT					140,118	1,205	1,205
096	06 NEUROSURGERY PROF SER							
096	07 IMAGE RECOVERY					785		
096	08 HAMMOND FAMILY SERVIC					730,376		
096	09 MDWISE					7,121,132		
096	10 CATHERINE MCAULEY CLI					373,024	3,540	3,540
096	11 CENTER OF HOPE					12,111	544	544
096	12 SELECT					344,586		
096	13 PERCINI AS						12,559	12,559
098	PHYSICIANS' PRIVATE O					6,036,172	5,629	5,629
098	01 WORKING WELL					407,379		
099	NONPAID WORKERS							
100	01 REHAB					176,817	19,555	19,555
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,118,150	585,146	1,591,009		20,828,512	4,889,592	5,745,400
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.046051				9.590576	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	2.315499 9,186	2,682	.003587 6,130		.137724 33,939	49,798	11.269180 44,614
106	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000211				.097675	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.019023 532,660	39,281	.000014 73,600		.000224 393,364	350,665	.087507 332,709
108	UNIT COST MULTIPLIER (WRKSHT B, PT IIII)	1.103049	.003091	.000166		.002601	.687804	.652584

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PROD HOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
	9	10	11	12	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,126,584						
010 HOUSEKEEPING		509,833					
011 DIETARY		9,080	247,235				
012 CAFETERIA		9,080		91,952			
014 NURSING ADMINISTRATION		7,206		5,156	48,910		
015 CENTRAL SERVICES & SUPPLY		10,673		1,468	962	8,517,542	
016 PHARMACY		5,206		3,026		23,916	6,779,464
017 MEDICAL RECORDS & LIBRARY		18,953		3,200		2,267	
018 SOCIAL SERVICE		1,124					
023 I&R SERVICES-OTHER PROGRAMS							
024 PARAMEDICAL PROGRAM							
024 01 PARAMEDICAL PROGRAM - LAB				100			
024 02 PARAMEDICAL PROGRAM - RADIOLOGY				102			
024 03 PARAMEDICAL PROGRAM - RESPIRATORY				100			
024 04 PARAMEDICAL PROGRAM-PHARMACY				429			
025 ADULTS & PEDIATRICS	851,736	133,177	178,461	28,132	26,640	352,457	9,280
026 INTENSIVE CARE UNIT	90,978	15,277	19,062	5,088	5,088	75,888	103
030 NEWBORN INTENSIVE CARE	65,649	3,971	13,755	2,615	2,615	41,813	2,866
031 SUBPROVIDER						9,702	75
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		36,588		2,803	2,803	200,844	254
037 01 OPEN HEART SURGERY				177	177	20,929	
037 02 OUTPATIENT SURGERY		27,948		1,529	1,529	50,996	665
038 RECOVERY ROOM				638	638	3,572	1
040 ANESTHESIOLOGY				1,902		28,954	25
041 RADIOLOGY-DIAGNOSTIC		17,890		2,175		16,664	58
041 01 RADIOLOGY SPECIAL PROCEDURES		3,101		546		60,797	295
041 02 ULTRASOUND		2,032		595		12,600	9
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		2,079		719		105,157	75
044 LABORATORY		13,880				20	
047 BLOOD STORAGE, PROCESSING							183,904
047 01 NUCLEAR MEDICINE		2,748		326		27,978	1,062
049 RESPIRATORY THERAPY		5,514		2,922		18,001	
050 PHYSICAL THERAPY		14,266		2,646		2,387	
051 OCCUPATIONAL THERAPY		1,318		630		122	
052 SPEECH PATHOLOGY		4,084		362		4,324	
053 ELECTROCARDIOLOGY		2,295		860		12,840	
054 ELECTROENCEPHALOGRAPHY		3,595		393		8,010	
055 MEDICAL SUPPLIES CHARACTERIZED						7,207,855	
056 DRUGS CHARGED TO PATIENTS							6,557,849
059 PAIN CLINIC		3,974		205		4,145	20
059 01 ORTHOPEDICS		925		395		6,917	167
059 02 CARDIOVASCULAR SERVICE		8,144		1,041	1,042	72,019	339
059 03 CARDIAC REHABILITATION		1,754		607	607	6,922	
059 04 RADIATION ONCOLOGY		18,277		693		10,650	32
059 05 MRI		4,002		222		13,170	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		6,535		670		8,755	6,435
059 09 RENAL DIALYSIS		12,621					
OUTPATIENT SERVICE COST CENTER							
060 CLINIC							
060 01 OCCUPATIONAL HEALTH CLINIC							
061 EMERGENCY		15,593		7,784	6,562	92,292	15,950
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 HOME HEALTH AGENCY		5,076		3,900		14,579	
SPECIAL PURPOSE COST CENTER							
095 SUBTOTALS	1,008,363	427,986	211,278	84,156	48,910	8,517,542	6,779,464
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		1,133		154			
096 01 CONVENT		11,682					
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING		26,000		10			

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PROD) HOURS	(DIRECT) NRSING HRS	(COSTED) REQUIS.	(COSTED) REQUIS.
	NONREIMBURS COST CENT	9	10	11	12	14	15	16
096	04 WOMEN'S HEALTH CENTER		1,205		337			
096	05 DEVELOPMENT							
096	06 NEUROSURGERY PROF SER							
096	07 IMAGE RECOVERY							
096	08 HAMMOND FAMILY SERVIC				679			
096	09 MDWISE				282			
096	10 CATHERINE MCAULEY CLI		3,540		428			
096	11 CENTER OF HOPE		544		6			
096	12 SELECT							
096	13 PERCINI AS		12,559					
098	PHYSICIANS' PRIVATE O		5,629		2,890			
098	01 WORKING WELL				30			
099	NONPAID WORKERS							
100	01 REHAB	118,221	19,555	35,957	2,980			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	915,488	3,119,654	1,723,141	1,452,477	5,939,152	5,876,355	6,692,604
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.812623	6.118972	6.969648	15.796035	121.430219	.689912	.987188
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	1,338	14,114	13,330	13,250	12,555	17,591	9,979
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.001188	.027684	.053916	.144097	.256696	.002065	.001472
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	80,866	98,799	161,728	85,274	122,440	298,414	108,571
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.071780	.193787	.654147	.927375	2.503374	.035035	.016015

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	(GROSS CHARGES)	(GROSS CHARGES)	(ASSIGNED TIME)	(NO STATISTICS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	23	24	24.01	24.02	24.03
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 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 & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	443,533,081						
018 SOCIAL SERVICE		443,533,081					
023 I&R SERVICES-OTHER PR			101				
024 PARAMED ED PRGM				100			
024 01 PARAMED ED PRGM - LAB					1,000		
024 02 PARAMED ED PRGM - RAD						1,000	
024 03 PARAMED ED PRGM - RES							100
024 04 PARAMED ED PRGM-PHARM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	37,579,318	37,579,318	1				
026 INTENSIVE CARE UNIT	7,983,822	7,983,822					
030 NEWBORN INTENSIVE CAR	5,846,241	5,846,241					
031 SUBPROVIDER	21,174,132	21,174,132					
033 NURSERY	1,533,324	1,533,324					
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	11,364,348	11,364,348					
037 01 OPEN HEART SURGERY	1,904,697	1,904,697					
037 02 OUTPATIENT SURGERY	2,577,879	2,577,879					
038 RECOVERY ROOM	3,387,633	3,387,633					
040 ANESTHESIOLOGY	2,878,720	2,878,720					
041 RADIOLOGY-DIAGNOSTIC	13,135,447	13,135,447				950	
041 01 RADIOLOGY SPECIAL PRO	9,190,464	9,190,464				20	
041 02 ULTRASOUND	10,228,498	10,228,498				10	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	35,272,098	35,272,098				20	
044 LABORATORY	53,072,574	53,072,574			820		
047 BLOOD STORAGE, PROCES	5,530,250	5,530,250			160		
047 01 NUCLEAR MEDICINE	6,564,995	6,564,995			20		
049 RESPIRATORY THERAPY	13,607,537	13,607,537					100
050 PHYSICAL THERAPY	5,175,361	5,175,361					
051 OCCUPATIONAL THERAPY	2,851,273	2,851,273					
052 SPEECH PATHOLOGY	1,089,745	1,089,745					
053 ELECTROCARDIOLOGY	8,960,504	8,960,504					
054 ELECTROENCEPHALOGRAPH	1,716,812	1,716,812					
055 MEDICAL SUPPLIES CHAR	47,874,459	47,874,459					
056 DRUGS CHARGED TO PATI	59,863,243	59,863,243		100			
059 PAIN CLINIC	807,126	807,126					
059 01 ORTHOPEDICS	569,876	569,876					
059 02 CARDIOVASCULAR SERVIC	14,350,628	14,350,628					
059 03 CARDIAC REHAB	1,571,717	1,571,717					
059 04 RADIATION ONCOLOGY	6,029,519	6,029,519					
059 05 MRI	7,969,163	7,969,163					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAP	1,354,406	1,354,406					
059 08 WOUND CARE	1,648,008	1,648,008					
059 09 RENAL DIALYSIS	2,581,264	2,581,264					
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	36,288,000	36,288,000	100				
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	443,533,081	443,533,081	101	100	1,000	1,000	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 CONVENT							
096 02 HOME MEDICAL EQUIPMEN							
096 03 MEDICAL ARTS BUILDING							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	(GROSS CHARGES)	(GROSS CHARGES)	(ASSIGNED)TIME	(NO)STATISTICS	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME
NONREIMBURS COST CENT	17	18	23	24	24.01	24.02	24.03
096 04 WOMEN'S HEALTH CENTER							
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SER							
096 07 IMAGE RECOVERY							
096 08 HAMMOND FAMILY SERVIC							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLI							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE O							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,317,731	41,953	942,210	755	207,704	298,397	154,616
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.007480	.000095	9,328.811881	7.550000	207.704000	298.397000	1,546.160000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	30,493	1,608	186	1	61	87	52
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000069	.000004	1.841584	.010000	.061000	.087000	.520000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	331,808	10,202	2,154	29	630	906	524
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000748	.000023	21.326733	.290000	.630000	.906000	5.240000

COST CENTER DESCRIPTION	PARAMED PR GM-PHARMACY	(NO STATISTICS)
		24.04
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 OTHER ADMINISTRATION		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
023 I&R SERVICES-OTHER PROGRAMS		
024 PARAMEDICAL PROGRAM		
024 01 PARAMEDICAL PROGRAM - LAB		
024 02 PARAMEDICAL PROGRAM - RADIOLOGY		
024 03 PARAMEDICAL PROGRAM - RESPIRATORY		
024 04 PARAMEDICAL PROGRAM-PHARMACY	100	
025 INPATIENT ROUTINE SERVICE CENTER		
026 ADULTS & PEDIATRICS		
030 INTENSIVE CARE UNIT		
031 NEWBORN INTENSIVE CARE		
033 SUBPROVIDER		
034 NURSERY		
037 SKILLED NURSING FACILITY		
037 01 ANCILLARY SERVICE CENTER		
037 02 OPERATING ROOM		
037 03 OPEN HEART SURGERY		
038 04 OUTPATIENT SURGERY		
040 05 RECOVERY ROOM		
041 ANESTHESIOLOGY		
041 01 RADIOLOGY-DIAGNOSTIC		
041 02 RADIOLOGY-SPECIAL PROCEDURES		
042 03 ULTRASOUND		
042 04 RADIOLOGY-THERAPEUTIC		
044 01 COMPUTED TOMOGRAPHY		
047 LABORATORY		
047 01 BLOOD STORAGE, PROCESSING		
049 NUCLEAR MEDICINE		
050 RESPIRATORY THERAPY		
051 PHYSICAL THERAPY		
052 OCCUPATIONAL THERAPY		
053 SPEECH PATHOLOGY		
054 ELECTROCARDIOLOGY		
055 ELECTROENCEPHALOGRAPHY		
056 MEDICAL SUPPLIES CHARACTERIZED	100	
059 DRUGS CHARGED TO PATIENT		
059 01 PAIN CLINIC		
059 02 ORTHOPEDICS		
059 03 CARDIOVASCULAR SERVICE		
059 04 CARDIAC REHABILITATION		
059 05 RADIATION ONCOLOGY		
059 06 MRI		
059 07 BARIATRIC CENTER		
059 08 PSYCH ACTIVITY THERAPY		
059 09 WOUND CARE		
059 10 RENAL DIALYSIS		
060 OUTPATIENT SERVICE COST CENTER		
060 01 CLINIC		
061 OCC HEALTH CLINIC		
062 EMERGENCY		
071 OBSERVATION BEDS (NON REIMBURS COST CENTER)		
095 HOME HEALTH AGENCY		
095 01 SPEC PURPOSE COST CENTER	100	
096 SUBTOTALS		
096 01 NONREIMBURS COST CENTER		
096 02 GI FT, FLOWER, COFFEE		
096 03 CONVENT		
096 04 HOME MEDICAL EQUIPMENT		
096 05 MEDICAL ARTS BUILDING		

COST CENTER DESCRIPTION	PARAMETER DESCRIPTION	AMOUNT
	(NO STATISTICS)	24.04
NONREIMBURS COST CENT		
096 04 WOMEN'S HEALTH CENTER		
096 05 DEVELOPMENT		
096 06 NEUROSURGERY PROF SER		
096 07 IMAGE RECOVERY		
096 08 HAMMOND FAMILY SERVIC		
096 09 MDWISE		
096 10 CATHERINE MCAULEY CLI		
096 11 CENTER OF HOPE		
096 12 SELECT		
096 13 PERCINI AS		
098 PHYSICIANS' PRIVATE O		
098 01 WORKING WELL		
099 NONPAID WORKERS		
100 01 REHAB		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	616,237	
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	6,162.370000	
105 COST TO BE ALLOCATED	208	
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)	2.080000	
107 COST TO BE ALLOCATED	2,005	
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)	20.050000	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	35,149,132		35,149,132		35,149,132
26	INTENSIVE CARE UNIT	6,957,760		6,957,760		6,957,760
30	NEWBORN INTENSIVE CARE UN	3,652,480		3,652,480		3,652,480
31	SUBPROVIDER	5,826,501		5,826,501		5,826,501
33	NURSERY	1,544,168		1,544,168		1,544,168
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,824,488		5,824,488		5,824,488
37 01	OPEN HEART SURGERY	542,791		542,791	19,354	562,145
37 02	OUTPATIENT SURGERY	3,112,153		3,112,153		3,112,153
38	RECOVERY ROOM	833,476		833,476		833,476
40	ANESTHESIOLOGY	3,914,741		3,914,741		3,914,741
41	RADIOLOGY-DIAGNOSTIC	3,589,717		3,589,717		3,589,717
41 01	RADIOLOGY SPECIAL PROCEDU	2,458,763		2,458,763		2,458,763
41 02	ULTRASOUND	1,284,076		1,284,076		1,284,076
42	RADIOLOGY-THERAPEUTIC					
42 01	COMPUTED TOMOGRAPHY	2,490,071		2,490,071		2,490,071
44	LABORATORY	7,994,488		7,994,488		7,994,488
47	BLOOD STORING, PROCESSING	2,056,012		2,056,012		2,056,012
47 01	NUCLEAR MEDICINE	1,125,959		1,125,959		1,125,959
49	RESPIRATORY THERAPY	3,811,100		3,811,100	6,668	3,817,768
50	PHYSICAL THERAPY	2,651,999		2,651,999		2,651,999
51	OCCUPATIONAL THERAPY	1,055,891		1,055,891		1,055,891
52	SPEECH PATHOLOGY	750,844		750,844		750,844
53	ELECTROCARDIOLOGY	1,027,161		1,027,161		1,027,161
54	ELECTROENCEPHALOGRAPHY	631,070		631,070	3,118	634,188
55	MEDICAL SUPPLIES CHARGED	13,662,232		13,662,232		13,662,232
56	DRUGS CHARGED TO PATIENTS	13,295,388		13,295,388		13,295,388
59	PAIN CLINIC	405,801		405,801		405,801
59 01	ORTHOPEDICS	531,200		531,200		531,200
59 02	CARDIOVASCULAR SERVICES	2,787,983		2,787,983		2,787,983
59 03	CARDIAC REHAB	842,062		842,062		842,062
59 04	RADIATION ONCOLOGY	2,000,403		2,000,403		2,000,403
59 05	MRI	739,999		739,999		739,999
59 06	BARIATRIC CENTER	5,115		5,115		5,115
59 07	PSYCH ACTIVITY THERAPY	1,287,824		1,287,824		1,287,824
59 08	WOUND CARE	957,983		957,983		957,983
59 09	RENAL DIALYSIS	1,693,754		1,693,754		1,693,754
60	OUTPAT SERVICE COST CNTRS CLINIC					
60 01	OCC HEALTH CLINIC					
61	EMERGENCY	9,170,545		9,170,545		9,170,545
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,756,270		1,756,270		1,756,270
101	SUBTOTAL	147,421,400		147,421,400	29,140	147,450,540
102	LESS OBSERVATION BEDS	1,756,270		1,756,270		1,756,270
103	TOTAL	145,665,130		145,665,130	29,140	145,694,270

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	35,813,586		35,813,586			
26	INTENSIVE CARE UNIT	7,983,822		7,983,822			
30	NEWBORN INTENSIVE CARE UN	5,846,241		5,846,241			
31	SUBPROVIDER	21,174,132		21,174,132			
33	NURSERY	1,533,324		1,533,324			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,179,906	4,184,442	11,364,348	.512523	.512523	.512523
37 01	OPEN HEART SURGERY	1,904,697		1,904,697	.284975	.284975	.295136
37 02	OUTPATIENT SURGERY	1,243,437	1,334,442	2,577,879	1.207253	1.207253	1.207253
38	RECOVERY ROOM	2,050,916	1,336,717	3,387,633	.246035	.246035	.246035
40	ANESTHESIOLOGY	1,553,549	1,325,171	2,878,720	1.359889	1.359889	1.359889
41	RADIOLOGY-DIAGNOSTIC	5,620,193	7,515,254	13,135,447	.273285	.273285	.273285
41 01	RADIOLOGY SPECIAL PROCEDU	5,167,624	4,022,840	9,190,464	.267534	.267534	.267534
41 02	ULTRASOUND	4,367,418	5,861,080	10,228,498	.125539	.125539	.125539
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	16,247,570	19,024,528	35,272,098	.070596	.070596	.070596
44	LABORATORY	31,445,085	21,627,489	53,072,574	.150633	.150633	.150633
47	BLOOD STORING, PROCESSING	4,389,180	1,141,070	5,530,250	.371776	.371776	.371776
47 01	NUCLEAR MEDICINE	2,771,567	3,793,428	6,564,995	.171509	.171509	.171509
49	RESPIRATORY THERAPY	12,289,279	1,318,258	13,607,537	.280073	.280073	.280563
50	PHYSICAL THERAPY	3,553,805	1,621,556	5,175,361	.512428	.512428	.512428
51	OCCUPATIONAL THERAPY	2,556,171	295,102	2,851,273	.370323	.370323	.370323
52	SPEECH PATHOLOGY	725,710	364,035	1,089,745	.689009	.689009	.689009
53	ELECTROCARDIOLOGY	5,964,165	2,996,339	8,960,504	.114632	.114632	.114632
54	ELECTROENCEPHALOGRAPHY	66,353	1,650,459	1,716,812	.367582	.367582	.369399
55	MEDICAL SUPPLIES CHARGED	37,779,661	10,094,798	47,874,459	.285376	.285376	.285376
56	DRUGS CHARGED TO PATIENTS	51,060,819	8,802,424	59,863,243	.222096	.222096	.222096
59	PAIN CLINIC	49,119	758,007	807,126	.502773	.502773	.502773
59 01	ORTHOPEDICS	45,544	524,332	569,876	.932133	.932133	.932133
59 02	CARDIOVASCULAR SERVICES	10,904,045	3,446,583	14,350,628	.194276	.194276	.194276
59 03	CARDIAC REHAB	604,703	967,014	1,571,717	.535759	.535759	.535759
59 04	RADIATION ONCOLOGY	477,578	5,551,941	6,029,519	.331768	.331768	.331768
59 05	MRI	3,769,267	4,199,896	7,969,163	.092858	.092858	.092858
59 06	BARIATRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY	1,354,406		1,354,406	.950840	.950840	.950840
59 08	WOUND CARE		1,648,008	1,648,008	.581298	.581298	.581298
59 09	RENAL DIALYSIS	2,486,920	94,344	2,581,264	.656172	.656172	.656172
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	13,061,979	23,226,021	36,288,000	.252716	.252716	.252716
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	309,639	1,456,093	1,765,732	.994641	.994641	.994641
101	SUBTOTAL	303,351,410	140,181,671	443,533,081			
102	LESS OBSERVATION BEDS						
103	TOTAL	303,351,410	140,181,671	443,533,081			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,824,488	794,067	5,030,421			5,824,488
37 01	OPEN HEART SURGERY	542,791	25,834	516,957			542,791
37 02	OUTPATIENT SURGERY	3,112,153	387,766	2,724,387			3,112,153
38	RECOVERY ROOM	833,476	9,993	823,483			833,476
40	ANESTHESIOLOGY	3,914,741	78,088	3,836,653			3,914,741
41	RADIOLOGY-DIAGNOSTIC	3,589,717	457,871	3,131,846			3,589,717
41 01	RADIOLOGY SPECIAL PROCEDU	2,458,763	65,100	2,393,663			2,458,763
41 02	ULTRASOUND	1,284,076	103,578	1,180,498			1,284,076
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	2,490,071	72,684	2,417,387			2,490,071
44	LABORATORY	7,994,488	291,120	7,703,368			7,994,488
47	BLOOD STORING, PROCESSING	2,056,012	14,607	2,041,405			2,056,012
47 01	NUCLEAR MEDICINE	1,125,959	135,986	989,973			1,125,959
49	RESPIRATORY THERAPY	3,811,100	183,796	3,627,304			3,811,100
50	PHYSICAL THERAPY	2,651,999	170,955	2,481,044			2,651,999
51	OCCUPATIONAL THERAPY	1,055,891	21,376	1,034,515			1,055,891
52	SPEECH PATHOLOGY	750,844	59,910	690,934			750,844
53	ELECTROCARDIOLOGY	1,027,161	95,634	931,527			1,027,161
54	ELECTROENCEPHALOGRAPHY	631,070	64,360	566,710			631,070
55	MEDICAL SUPPLIES CHARGED	13,662,232	337,113	13,325,119			13,662,232
56	DRUGS CHARGED TO PATIENTS	13,295,388	190,049	13,105,339			13,295,388
59	PAIN CLINIC	405,801	54,433	351,368			405,801
59 01	ORTHOPEDICS	531,200	13,671	517,529			531,200
59 02	CARDIOVASCULAR SERVICES	2,787,983	558,802	2,229,181			2,787,983
59 03	CARDIAC REHAB	842,062	53,357	788,705			842,062
59 04	RADIATION ONCOLOGY	2,000,403	349,870	1,650,533			2,000,403
59 05	MRI	739,999	134,642	605,357			739,999
59 06	BARIATRIC CENTER	5,115	4,509	606			5,115
59 07	PSYCH ACTIVITY THERAPY	1,287,824	4,559	1,283,265			1,287,824
59 08	WOUND CARE	957,983	78,059	879,924			957,983
59 09	RENAL DIALYSIS	1,693,754	138,563	1,555,191			1,693,754
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	9,170,545	317,609	8,852,936			9,170,545
62	OBSERVATION BEDS (NON-DIS	1,756,270	108,525	1,647,745			1,756,270
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	94,291,359	5,376,486	88,914,873			94,291,359
102	LESS OBSERVATION BEDS	1,756,270	108,525	1,647,745			1,756,270
103	TOTAL	92,535,089	5,267,961	87,267,128			92,535,089

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	11,364,348	.512523	.512523
37 01	OPEN HEART SURGERY	1,904,697	.284975	.284975
37 02	OUTPATIENT SURGERY	2,577,879	1.207253	1.207253
38	RECOVERY ROOM	3,387,633	.246035	.246035
40	ANESTHESIOLOGY	2,878,720	1.359889	1.359889
41	RADIOLOGY-DIAGNOSTIC	13,135,447	.273285	.273285
41 01	RADIOLOGY SPECIAL PROCEDU	9,190,464	.267534	.267534
41 02	ULTRASOUND	10,228,498	.125539	.125539
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	35,272,098	.070596	.070596
44	LABORATORY	53,072,574	.150633	.150633
47	BLOOD STORING, PROCESSING	5,530,250	.371776	.371776
47 01	NUCLEAR MEDICINE	6,564,995	.171509	.171509
49	RESPIRATORY THERAPY	13,607,537	.280073	.280073
50	PHYSICAL THERAPY	5,175,361	.512428	.512428
51	OCCUPATIONAL THERAPY	2,851,273	.370323	.370323
52	SPEECH PATHOLOGY	1,089,745	.689009	.689009
53	ELECTROCARDIOLOGY	8,960,504	.114632	.114632
54	ELECTROENCEPHALOGRAPHY	1,716,812	.367582	.367582
55	MEDICAL SUPPLIES CHARGED	47,874,459	.285376	.285376
56	DRUGS CHARGED TO PATIENTS	59,863,243	.222096	.222096
59	PAIN CLINIC	807,126	.502773	.502773
59 01	ORTHOPEDICS	569,876	.932133	.932133
59 02	CARDIOVASCULAR SERVICES	14,350,628	.194276	.194276
59 03	CARDIAC REHAB	1,571,717	.535759	.535759
59 04	RADIATION ONCOLOGY	6,029,519	.331768	.331768
59 05	MRI	7,969,163	.092858	.092858
59 06	BARITRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	1,354,406	.950840	.950840
59 08	WOUND CARE	1,648,008	.581298	.581298
59 09	RENAL DIALYSIS	2,581,264	.656172	.656172
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	36,288,000	.252716	.252716
62	OBSERVATION BEDS (NON-DIS	1,765,732	.994641	.994641
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	371,181,976		
102	LESS OBSERVATION BEDS	1,765,732		
103	TOTAL	369,416,244		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,824,488	794,067	5,030,421	79,407	291,764	5,453,317
37 01	OPEN HEART SURGERY	542,791	25,834	516,957	2,583	29,984	510,224
37 02	OUTPATIENT SURGERY	3,112,153	387,766	2,724,387	38,777	158,014	2,915,362
38	RECOVERY ROOM	833,476	9,993	823,483	999	47,762	784,715
40	ANESTHESIOLOGY	3,914,741	78,088	3,836,653	7,809	222,526	3,684,406
41	RADIOLOGY-DIAGNOSTIC	3,589,717	457,871	3,131,846	45,787	181,647	3,362,283
41 01	RADIOLOGY SPECIAL PROCEDURE	2,458,763	65,100	2,393,663	6,510	138,832	2,313,421
41 02	ULTRASOUND	1,284,076	103,578	1,180,498	10,358	68,469	1,205,249
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	2,490,071	72,684	2,417,387	7,268	140,208	2,342,595
44	LABORATORY	7,994,488	291,120	7,703,368	29,112	446,795	7,518,581
47	BLOOD STORING, PROCESSING	2,056,012	14,607	2,041,405	1,461	118,401	1,936,150
47 01	NUCLEAR MEDICINE	1,125,959	135,986	989,973	13,599	57,418	1,054,942
49	RESPIRATORY THERAPY	3,811,100	183,796	3,627,304	18,380	210,384	3,582,336
50	PHYSICAL THERAPY	2,651,999	170,955	2,481,044	17,096	143,901	2,491,002
51	OCCUPATIONAL THERAPY	1,055,891	21,376	1,034,515	2,138	60,002	993,751
52	SPEECH PATHOLOGY	750,844	59,910	690,934	5,991	40,074	704,779
53	ELECTROCARDIOLOGY	1,027,161	95,634	931,527	9,563	54,029	963,569
54	ELECTROENCEPHALOGRAPHY	631,070	64,360	566,710	6,436	32,869	591,765
55	MEDICAL SUPPLIES CHARGED	13,662,232	337,113	13,325,119	33,711	772,857	12,855,664
56	DRUGS CHARGED TO PATIENTS	13,295,388	190,049	13,105,339	19,005	760,110	12,516,273
59	PAIN CLINIC	405,801	54,433	351,368	5,443	20,379	379,979
59 01	ORTHOPEDICS	531,200	13,671	517,529	1,367	30,017	499,816
59 02	CARDIOVASCULAR SERVICES	2,787,983	558,802	2,229,181	55,880	129,292	2,602,811
59 03	CARDIAC REHAB	842,062	53,357	788,705	5,336	45,745	790,981
59 04	RADIATION ONCOLOGY	2,000,403	349,870	1,650,533	34,987	95,731	1,869,685
59 05	MRI	739,999	134,642	605,357	13,464	35,111	691,424
59 06	BARIATRIC CENTER	5,115	4,509	606	451	35	4,629
59 07	PSYCH ACTIVITY THERAPY	1,287,824	4,559	1,283,265	456	74,429	1,212,939
59 08	WOUND CARE	957,983	78,059	879,924	7,806	51,036	899,141
59 09	RENAL DIALYSIS	1,693,754	138,563	1,555,191	13,856	90,201	1,589,697
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	10,103,426	317,609	9,785,817	31,761	567,577	9,504,088
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,756,270	108,525	1,647,745	10,853	95,569	1,649,848
101	SUBTOTAL	95,224,240	5,376,486	89,847,754	537,650	5,211,168	89,475,422
102	LESS OBSERVATION BEDS	1,756,270	108,525	1,647,745	10,853	95,569	1,649,848
103	TOTAL	93,467,970	5,267,961	88,200,009	526,797	5,115,599	87,825,574

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	11,364,348	.479862	.505535
37 01	OPEN HEART SURGERY	1,904,697	.267877	.283619
37 02	OUTPATIENT SURGERY	2,577,879	1.130915	1.192211
38	RECOVERY ROOM	3,387,633	.231641	.245740
40	ANESTHESIOLOGY	2,878,720	1.279876	1.357177
41	RADIOLOGY-DIAGNOSTIC	13,135,447	.255970	.269799
41 01	RADIOLOGY SPECIAL PROCEDU	9,190,464	.251720	.266826
41 02	ULTRASOUND	10,228,498	.117832	.124526
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	35,272,098	.066415	.070390
44	LABORATORY	53,072,574	.141666	.150085
47	BLOOD STORING, PROCESSING	5,530,250	.350102	.371511
47 01	NUCLEAR MEDICINE	6,564,995	.160692	.169438
49	RESPIRATORY THERAPY	13,607,537	.263261	.278722
50	PHYSICAL THERAPY	5,175,361	.481319	.509124
51	OCCUPATIONAL THERAPY	2,851,273	.348529	.369573
52	SPEECH PATHOLOGY	1,089,745	.646738	.683511
53	ELECTROCARDIOLOGY	8,960,504	.107535	.113565
54	ELECTROENCEPHALOGRAPHY	1,716,812	.344688	.363834
55	MEDICAL SUPPLIES CHARGED	47,874,459	.268529	.284672
56	DRUGS CHARGED TO PATIENTS	59,863,243	.209081	.221779
59	PAIN CLINIC	807,126	.470780	.496029
59 01	ORTHOPEDICS	569,876	.877061	.929734
59 02	CARDIOVASCULAR SERVICES	14,350,628	.181373	.190382
59 03	CARDIAC REHAB	1,571,717	.503259	.532364
59 04	RADIATION ONCOLOGY	6,029,519	.310089	.325966
59 05	MRI	7,969,163	.086762	.091168
59 06	BARITRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	1,354,406	.895551	.950504
59 08	WOUND CARE	1,648,008	.545593	.576561
59 09	RENAL DIALYSIS	2,581,264	.615860	.650804
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	36,288,000	.261907	.277548
62	OBSERVATION BEDS (NON-DIS	1,765,732	.934371	.988495
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	371,181,976		
102	LESS OBSERVATION BEDS	1,765,732		
103	TOTAL	369,416,244		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	222,366		222,366	1,949,632		1,949,632
26	INTENSIVE CARE UNIT	27,246		27,246	409,452		409,452
30	NEWBORN INTENSIVE CARE UN	8,871		8,871	127,517		127,517
31	SUBPROVIDER	3,145		3,145	34,498		34,498
33	NURSERY	491		491	5,393		5,393
101	TOTAL	262,119		262,119	2,526,492		2,526,492

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	56,701	737,366	11,364,348	3,002,179	.004989	14,978
37 01	OPEN HEART SURGERY	476	25,358	1,904,697	1,111,196	.000250	278
37 02	OUTPATIENT SURGERY	41,441	346,325	2,577,879	774,047	.016076	12,444
38	RECOVERY ROOM	732	9,261	3,387,633	822,981	.000216	178
40	ANESTHESIOLOGY	1,742	76,346	2,878,720	603,438	.000605	365
41	RADIOLOGY-DIAGNOSTIC	28,267	429,604	13,135,447	2,906,605	.002152	6,255
41 01	RADIOLOGY SPECIAL PROCEDU	6,118	58,982	9,190,464	3,366,944	.000666	2,242
41 02	ULTRASOUND	4,190	99,388	10,228,498	2,349,824	.000410	963
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	6,835	65,849	35,272,098	8,035,309	.000194	1,559
44	LABORATORY	27,109	264,011	53,072,574	15,677,769	.000511	8,011
47	BLOOD STORING, PROCESSING	1,150	13,457	5,530,250	2,026,296	.000208	421
47 01	NUCLEAR MEDICINE	4,832	131,154	6,564,995	1,633,268	.000736	1,202
49	RESPIRATORY THERAPY	10,363	173,433	13,607,537	6,867,561	.000762	5,233
50	PHYSICAL THERAPY	21,778	149,177	5,175,361	1,483,963	.004208	6,245
51	OCCUPATIONAL THERAPY	2,463	18,913	2,851,273	726,300	.000864	628
52	SPEECH PATHOLOGY	6,150	53,760	1,089,745	161,776	.005644	913
53	ELECTROCARDIOLOGY	10,742	84,892	8,960,504	3,455,463	.001199	4,143
54	ELECTROENCEPHALOGRAPHY	5,499	58,861	1,716,812	39,401	.003203	126
55	MEDICAL SUPPLIES CHARGED	20,689	316,424	47,874,459	19,931,062	.000432	8,610
56	DRUGS CHARGED TO PATIENTS	15,658	174,391	59,863,243	29,997,088	.000262	7,859
59	PAIN CLINIC	5,875	48,558	807,126	31,874	.007279	232
59 01	ORTHOPEDICS	1,641	12,030	569,876	26,675	.002880	77
59 02	CARDIOVASCULAR SERVICES	14,279	544,523	14,350,628	6,169,174	.000995	6,138
59 03	CARDIAC REHAB	3,067	50,290	1,571,717	330,884	.001951	646
59 04	RADIATION ONCOLOGY	27,077	322,793	6,029,519	272,775	.004491	1,225
59 05	MRI	6,624	128,018	7,969,163	1,863,996	.000831	1,549
59 06	BARIATRIC CENTER	1	4,508				
59 07	PSYCH ACTIVITY THERAPY	369	4,190	1,354,406		.000272	
59 08	WOUND CARE	9,830	68,229	1,648,008		.005965	
59 09	RENAL DIALYSIS	18,554	120,009	2,581,264	1,718,948	.007188	12,356
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	30,618	286,991	36,288,000	6,944,946	.000844	5,862
62	OBSERVATION BEDS (NON-DIS	11,110	97,415	1,765,732	261,158	.006292	1,643
	OTHER REIMBURS COST CNTRS						
101	TOTAL	401,980	4,974,506	371,181,976	122,592,900		112,381

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

PROVIDER NO: 15-0004
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/24/2010
 WORKSHEET D
 PART III

PPS

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

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

PROVIDER NO: 15-0004
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/24/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	50,474		27,975	
26	INTENSIVE CARE UNIT	5,122		2,815	
30	NEWBORN INTENSIVE CARE UN	3,696			
31	SUBPROVIDER	9,367		1,612	
33	NURSERY	1,574			
34	SKILLED NURSING FACILITY				
101	TOTAL	70,233		32,402	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
37	01 OPEN HEART SURGERY											
37	02 OUTPATIENT SURGERY											
38	RECOVERY ROOM											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC							283,477				
41	01 RADIOLOGY SPECIAL PROCEDU							5,968				
41	02 ULTRASOUND							2,984				
42	RADIOLOGY-THERAPEUTIC											
42	01 COMPUTED TOMOGRAPHY							5,968				
44	LABORATORY							170,317				
47	BLOOD STORING, PROCESSING							33,233				
47	01 NUCLEAR MEDICINE							4,154				
49	RESPIRATORY THERAPY							154,616				
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS							616,992				
59	PAIN CLINIC											
59	01 ORTHOPEDICS											
59	02 CARDIOVASCULAR SERVICES											
59	03 CARDIAC REHAB											
59	04 RADIATION ONCOLOGY											
59	05 MRI											
59	06 BARIATRIC CENTER											
59	07 PSYCH ACTIVITY THERAPY											
59	08 WOUND CARE											
59	09 RENAL DIALYSIS											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 OCC HEALTH CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL							1,277,709				

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			11,364,348			3,002,179	
37 01	OPEN HEART SURGERY			1,904,697			1,111,196	
37 02	OUTPATIENT SURGERY			2,577,879			774,047	
38	RECOVERY ROOM			3,387,633			822,981	
40	ANESTHESIOLOGY			2,878,720			603,438	
41	RADIOLOGY-DIAGNOSTIC	283,477	283,477	13,135,447	.021581	.021581	2,906,605	62,727
41 01	RADIOLOGY SPECIAL PROCEDURE	5,968	5,968	9,190,464	.000649	.000649	3,366,944	2,185
41 02	ULTRASOUND	2,984	2,984	10,228,498	.000292	.000292	2,349,824	686
42	RADIOLOGY-THERAPEUTIC							
42 01	COMPUTED TOMOGRAPHY	5,968	5,968	35,272,098	.000169	.000169	8,035,309	1,358
44	LABORATORY	170,317	170,317	53,072,574	.003209	.003209	15,677,769	50,310
47	BLOOD STORING, PROCESSING	33,233	33,233	5,530,250	.006009	.006009	2,026,296	12,176
47 01	NUCLEAR MEDICINE	4,154	4,154	6,564,995	.000633	.000633	1,633,268	1,034
49	RESPIRATORY THERAPY	154,616	154,616	13,607,537	.011363	.011363	6,867,561	78,036
50	PHYSICAL THERAPY			5,175,361			1,483,963	
51	OCCUPATIONAL THERAPY			2,851,273			726,300	
52	SPEECH PATHOLOGY			1,089,745			161,776	
53	ELECTROCARDIOLOGY			8,960,504			3,455,463	
54	ELECTROENCEPHALOGRAPHY			1,716,812			39,401	
55	MEDICAL SUPPLIES CHARGED			47,874,459			19,931,062	
56	DRUGS CHARGED TO PATIENTS	616,992	616,992	59,863,243	.010307	.010307	29,997,088	309,180
59	PAIN CLINIC			807,126			31,874	
59 01	ORTHOPEDICS			569,876			26,675	
59 02	CARDIOVASCULAR SERVICES			14,350,628			6,169,174	
59 03	CARDIAC REHAB			1,571,717			330,884	
59 04	RADIATION ONCOLOGY			6,029,519			272,775	
59 05	MRI			7,969,163			1,863,996	
59 06	BARITRIC CENTER							
59 07	PSYCH ACTIVITY THERAPY			1,354,406				
59 08	WOUND CARE			1,648,008				
59 09	RENAL DIALYSIS			2,581,264			1,718,948	
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	OCC HEALTH CLINIC							
61	EMERGENCY			36,288,000			6,944,946	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,765,732			261,158	
101	TOTAL	1,277,709	1,277,709	371,181,976			122,592,900	517,692

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,150,741					
37 01	OPEN HEART SURGERY						
37 02	OUTPATIENT SURGERY	354,303					
38	RECOVERY ROOM	346,160					
40	ANESTHESIOLOGY	280,395					
41	RADIOLOGY-DIAGNOSTIC	1,379,660			29,774		
41 01	RADIOLOGY SPECIAL PROCEDU	1,547,005			1,004		
41 02	ULTRASOUND	1,041,914			304		
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	4,714,975			797		
44	LABORATORY	294,902			946		
47	BLOOD STORING, PROCESSING	127,948			769		
47 01	NUCLEAR MEDICINE	1,730,219			1,095		
49	RESPIRATORY THERAPY	162,705			1,849		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	14,385					
53	ELECTROCARDIOLOGY	945,072					
54	ELECTROENCEPHALOGRAPHY	636,580					
55	MEDICAL SUPPLIES CHARGED	3,333,161					
56	DRUGS CHARGED TO PATIENTS	4,009,173			41,323		
59	PAIN CLINIC	342,558					
59 01	ORTHOPEDICS	24,852					
59 02	CARDIOVASCULAR SERVICES	1,564,337					
59 03	CARDIAC REHAB	365,595					
59 04	RADIATION ONCOLOGY	2,771,050					
59 05	MRI	1,210,889					
59 06	BARITRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY						
59 08	WOUND CARE	821,325					
59 09	RENAL DIALYSIS	82,388					
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	2,553,932					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	359,362					
101	TOTAL	32,165,586			77,861		

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

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

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	56,701	737,366	11,364,348		.004989	
37 01	OPEN HEART SURGERY	476	25,358	1,904,697		.000250	
37 02	OUTPATIENT SURGERY	41,441	346,325	2,577,879		.016076	
38	RECOVERY ROOM	732	9,261	3,387,633		.000216	
40	ANESTHESIOLOGY	1,742	76,346	2,878,720		.000605	
41	RADIOLOGY-DIAGNOSTIC	28,267	429,604	13,135,447	15,552	.002152	33
41 01	RADIOLOGY SPECIAL PROCEDU	6,118	58,982	9,190,464		.000666	
41 02	ULTRASOUND	4,190	99,388	10,228,498	4,086	.000410	2
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	6,835	65,849	35,272,098	81,373	.000194	16
44	LABORATORY	27,109	264,011	53,072,574	399,066	.000511	204
47	BLOOD STORING, PROCESSING	1,150	13,457	5,530,250		.000208	
47 01	NUCLEAR MEDICINE	4,832	131,154	6,564,995		.000736	
49	RESPIRATORY THERAPY	10,363	173,433	13,607,537	19,827	.000762	15
50	PHYSICAL THERAPY	21,778	149,177	5,175,361	2,478	.004208	10
51	OCCUPATIONAL THERAPY	2,463	18,913	2,851,273	204	.000864	
52	SPEECH PATHOLOGY	6,150	53,760	1,089,745	408	.005644	2
53	ELECTROCARDIOLOGY	10,742	84,892	8,960,504	36,627	.001199	44
54	ELECTROENCEPHALOGRAPHY	5,499	58,861	1,716,812		.003203	
55	MEDICAL SUPPLIES CHARGED	20,689	316,424	47,874,459	40,255	.000432	17
56	DRUGS CHARGED TO PATIENTS	15,658	174,391	59,863,243	498,797	.000262	131
59	PAIN CLINIC	5,875	48,558	807,126		.007279	
59 01	ORTHOPEDICS	1,641	12,030	569,876		.002880	
59 02	CARDIOVASCULAR SERVICES	14,279	544,523	14,350,628		.000995	
59 03	CARDIAC REHAB	3,067	50,290	1,571,717	629	.001951	1
59 04	RADIATION ONCOLOGY	27,077	322,793	6,029,519		.004491	
59 05	MRI	6,624	128,018	7,969,163	2,600	.000831	2
59 06	BARIATRIC CENTER	1	4,508				
59 07	PSYCH ACTIVITY THERAPY	369	4,190	1,354,406	225,480	.000272	61
59 08	WOUND CARE	9,830	68,229	1,648,008		.005965	
59 09	RENAL DIALYSIS	18,554	120,009	2,581,264		.007188	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	30,618	286,991	36,288,000	145,413	.000844	123
62	OBSERVATION BEDS (NON-DIS	11,110	97,415	1,765,732		.006292	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	401,980	4,974,506	371,181,976	1,472,795		661

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.064884	
37 01	OPEN HEART SURGERY	.013313	
37 02	OUTPATIENT SURGERY	.134345	
38	RECOVERY ROOM	.002734	
40	ANESTHESIOLOGY	.026521	
41	RADIOLOGY-DIAGNOSTIC	.032706	509
41 01	RADIOLOGY SPECIAL PROCEDU	.006418	
41 02	ULTRASOUND	.009717	40
42	RADIOLOGY-THERAPEUTIC		
42 01	COMPUTED TOMOGRAPHY	.001867	152
44	LABORATORY	.004975	1,985
47	BLOOD STORING, PROCESSING	.002433	
47 01	NUCLEAR MEDICINE	.019978	
49	RESPIRATORY THERAPY	.012745	253
50	PHYSICAL THERAPY	.028824	71
51	OCCUPATIONAL THERAPY	.006633	1
52	SPEECH PATHOLOGY	.049333	20
53	ELECTROCARDIOLOGY	.009474	347
54	ELECTROENCEPHALOGRAPHY	.034285	
55	MEDICAL SUPPLIES CHARGED	.006609	266
56	DRUGS CHARGED TO PATIENTS	.002913	1,453
59	PAIN CLINIC	.060162	
59 01	ORTHOPEDICS	.021110	
59 02	CARDIOVASCULAR SERVICES	.037944	
59 03	CARDIAC REHAB	.031997	20
59 04	RADIATION ONCOLOGY	.053535	
59 05	MRI	.016064	42
59 06	BARITRIC CENTER		
59 07	PSYCH ACTIVITY THERAPY	.003094	698
59 08	WOUND CARE	.041401	
59 09	RENAL DIALYSIS	.046492	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	OCC HEALTH CLINIC		
61	EMERGENCY	.007909	1,150
62	OBSERVATION BEDS (NON-DIS	.055170	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		7,007

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 OPEN HEART SURGERY										
37	02 OUTPATIENT SURGERY										
38	RECOVERY ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC						283,477				
41	01 RADIOLOGY SPECIAL PROCEDU						5,968				
41	02 ULTRASOUND						2,984				
42	RADIOLOGY-THERAPEUTIC										
42	01 COMPUTED TOMOGRAPHY						5,968				
44	LABORATORY						170,317				
47	BLOOD STORING, PROCESSING						33,233				
47	01 NUCLEAR MEDICINE						4,154				
49	RESPIRATORY THERAPY						154,616				
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS						616,992				
59	PAIN CLINIC										
59	01 ORTHOPEDICS										
59	02 CARDIOVASCULAR SERVICES										
59	03 CARDIAC REHAB										
59	04 RADIATION ONCOLOGY										
59	05 MRI										
59	06 BARIATRIC CENTER										
59	07 PSYCH ACTIVITY THERAPY										
59	08 WOUND CARE										
59	09 RENAL DIALYSIS										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 OCC HEALTH CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL						1,277,709				

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			11,364,348				
37 01	OPEN HEART SURGERY			1,904,697				
37 02	OUTPATIENT SURGERY			2,577,879				
38	RECOVERY ROOM			3,387,633				
40	ANESTHESIOLOGY			2,878,720				
41	RADIOLOGY-DIAGNOSTIC	283,477	283,477	13,135,447	.021581	.021581	15,552	336
41 01	RADIOLOGY SPECIAL PROCEDU	5,968	5,968	9,190,464	.000649	.000649		
41 02	ULTRASOUND	2,984	2,984	10,228,498	.000292	.000292	4,086	1
42	RADIOLOGY-THERAPEUTIC							
42 01	COMPUTED TOMOGRAPHY	5,968	5,968	35,272,098	.000169	.000169	81,373	14
44	LABORATORY	170,317	170,317	53,072,574	.003209	.003209	399,066	1,281
47	BLOOD STORING, PROCESSING	33,233	33,233	5,530,250	.006009	.006009		
47 01	NUCLEAR MEDICINE	4,154	4,154	6,564,995	.000633	.000633		
49	RESPIRATORY THERAPY	154,616	154,616	13,607,537	.011363	.011363	19,827	225
50	PHYSICAL THERAPY			5,175,361			2,478	
51	OCCUPATIONAL THERAPY			2,851,273			204	
52	SPEECH PATHOLOGY			1,089,745			408	
53	ELECTROCARDIOLOGY			8,960,504			36,627	
54	ELECTROENCEPHALOGRAPHY			1,716,812				
55	MEDICAL SUPPLIES CHARGED			47,874,459			40,255	
56	DRUGS CHARGED TO PATIENTS	616,992	616,992	59,863,243	.010307	.010307	498,797	5,141
59	PAIN CLINIC			807,126				
59 01	ORTHOPEDICS			569,876				
59 02	CARDIOVASCULAR SERVICES			14,350,628				
59 03	CARDIAC REHAB			1,571,717			629	
59 04	RADIATION ONCOLOGY			6,029,519				
59 05	MRI			7,969,163			2,600	
59 06	BARITRIC CENTER							
59 07	PSYCH ACTIVITY THERAPY			1,354,406			225,480	
59 08	WOUND CARE			1,648,008				
59 09	RENAL DIALYSIS			2,581,264				
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	OCC HEALTH CLINIC							
61	EMERGENCY			36,288,000			145,413	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,765,732				
101	TOTAL	1,277,709	1,277,709	371,181,976			1,472,795	6,998

TITLE XVIII, PART A SUBPROVIDER 1 PPS

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

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	56,701	737,366	11,364,348		.004989	
37 01	OPEN HEART SURGERY	476	25,358	1,904,697		.000250	
37 02	OUTPATIENT SURGERY	41,441	346,325	2,577,879		.016076	
38	RECOVERY ROOM	732	9,261	3,387,633		.000216	
40	ANESTHESIOLOGY	1,742	76,346	2,878,720		.000605	
41	RADIOLOGY-DIAGNOSTIC	28,267	429,604	13,135,447	3,000	.002152	6
41 01	RADIOLOGY SPECIAL PROCEDU	6,118	58,982	9,190,464		.000666	
41 02	ULTRASOUND	4,190	99,388	10,228,498		.000410	
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	6,835	65,849	35,272,098	6,866	.000194	1
44	LABORATORY	27,109	264,011	53,072,574	29,702	.000511	15
47	BLOOD STORING, PROCESSING	1,150	13,457	5,530,250		.000208	
47 01	NUCLEAR MEDICINE	4,832	131,154	6,564,995		.000736	
49	RESPIRATORY THERAPY	10,363	173,433	13,607,537	2,172	.000762	2
50	PHYSICAL THERAPY	21,778	149,177	5,175,361		.004208	
51	OCCUPATIONAL THERAPY	2,463	18,913	2,851,273		.000864	
52	SPEECH PATHOLOGY	6,150	53,760	1,089,745		.005644	
53	ELECTROCARDIOLOGY	10,742	84,892	8,960,504	756	.001199	1
54	ELECTROENCEPHALOGRAPHY	5,499	58,861	1,716,812		.003203	
55	MEDICAL SUPPLIES CHARGED	20,689	316,424	47,874,459	1,352	.000432	1
56	DRUGS CHARGED TO PATIENTS	15,658	174,391	59,863,243	6,838	.000262	2
59	PAIN CLINIC	5,875	48,558	807,126		.007279	
59 01	ORTHOPEDICS	1,641	12,030	569,876		.002880	
59 02	CARDIOVASCULAR SERVICES	14,279	544,523	14,350,628		.000995	
59 03	CARDIAC REHAB	3,067	50,290	1,571,717		.001951	
59 04	RADIATION ONCOLOGY	27,077	322,793	6,029,519		.004491	
59 05	MRI	6,624	128,018	7,969,163	4,222	.000831	4
59 06	BARITRIC CENTER	1	4,508				
59 07	PSYCH ACTIVITY THERAPY	369	4,190	1,354,406		.000272	
59 08	WOUND CARE	9,830	68,229	1,648,008		.005965	
59 09	RENAL DIALYSIS	18,554	120,009	2,581,264		.007188	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	30,618	286,991	36,288,000	40,612	.000844	34
62	OBSERVATION BEDS (NON-DIS	11,110	97,415	1,765,732		.006292	
	OTHER REIMBURS COST CNTRS						
101	TOTAL	401,980	4,974,506	371,181,976	95,520		66

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1 1.01	MED ED NRS SCHOOL COST	2 2.01	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 OPEN HEART SURGERY										
37	02 OUTPATIENT SURGERY										
38	RECOVERY ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC						283,477				
41	01 RADIOLOGY SPECIAL PROCEDU						5,968				
41	02 ULTRASOUND						2,984				
42	RADIOLOGY-THERAPEUTIC										
42	01 COMPUTED TOMOGRAPHY						5,968				
44	LABORATORY						170,317				
47	BLOOD STORING, PROCESSING						33,233				
47	01 NUCLEAR MEDICINE						4,154				
49	RESPIRATORY THERAPY						154,616				
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS						616,992				
59	PAIN CLINIC										
59	01 ORTHOPEDICS										
59	02 CARDIOVASCULAR SERVICES										
59	03 CARDIAC REHAB										
59	04 RADIATION ONCOLOGY										
59	05 MRI										
59	06 BARIATRIC CENTER										
59	07 PSYCH ACTIVITY THERAPY										
59	08 WOUND CARE										
59	09 RENAL DIALYSIS										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 OCC HEALTH CLINIC										
61	EMERGENCY						932,881				
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL						932,881				1,277,709

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			11,364,348				
	OPERATING ROOM			1,904,697				
37 01	OPEN HEART SURGERY			2,577,879				
37 02	OUTPATIENT SURGERY			3,387,633				
38	RECOVERY ROOM			2,878,720				
40	ANESTHESIOLOGY			13,135,447	.021581	.021581	3,000	65
41	RADIOLOGY-DIAGNOSTIC	283,477	283,477	9,190,464	.000649	.000649		
41 01	RADIOLOGY SPECIAL PROCEDURE	5,968	5,968	10,228,498	.000292	.000292		
41 02	ULTRASOUND	2,984	2,984					
42	RADIOLOGY-THERAPEUTIC			35,272,098	.000169	.000169	6,866	1
42 01	COMPUTED TOMOGRAPHY	5,968	5,968	53,072,574	.003209	.003209	29,702	95
44	LABORATORY	170,317	170,317	5,530,250	.006009	.006009		
47	BLOOD STORING, PROCESSING	33,233	33,233	6,564,995	.000633	.000633		
47 01	NUCLEAR MEDICINE	4,154	4,154	13,607,537	.011363	.011363	2,172	25
49	RESPIRATORY THERAPY	154,616	154,616	5,175,361				
50	PHYSICAL THERAPY			2,851,273				
51	OCCUPATIONAL THERAPY			1,089,745				
52	SPEECH PATHOLOGY			8,960,504			756	
53	ELECTROCARDIOLOGY			1,716,812				
54	ELECTROENCEPHALOGRAPHY			47,874,459			1,352	
55	MEDICAL SUPPLIES CHARGED			59,863,243	.010307	.010307	6,838	70
56	DRUGS CHARGED TO PATIENTS	616,992	616,992	807,126				
59	PAIN CLINIC			569,876				
59 01	ORTHOPEDICS			14,350,628				
59 02	CARDIOVASCULAR SERVICES			1,571,717				
59 03	CARDIAC REHAB			6,029,519				
59 04	RADIATION ONCOLOGY			7,969,163			4,222	
59 05	MRI			1,354,406				
59 06	BARITRIC CENTER			1,648,008				
59 07	PSYCH ACTIVITY THERAPY			2,581,264				
59 08	WOUND CARE							
59 09	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OCC HEALTH CLINIC							
61	EMERGENCY	932,881	932,881	36,288,000	.025708	.025708	40,612	1,044
62	OBSERVATION BEDS (NON-DIS)			1,765,732				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	2,210,590	2,210,590	371,181,976			95,520	1,300

TITLE XIX

SUBPROVIDER 1

PPS

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,522
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	696.38
85	OBSERVATION BED COST	1,756,270

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	222,366	.006326	1,756,270	11,110
87	NEW CAPITAL-RELATED COST	1,949,632	.055467	1,756,270	97,415
88	NON PHYSICIAN ANESTHETIST			1,756,270	
89	MEDICAL EDUCATION			1,756,270	
89.01	MEDICAL EDUCATION - ALLIED HEA			1,756,270	
89.02	MEDICAL EDUCATION - ALL OTHER			1,756,270	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEWBORN INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,967,837	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.512523		
37	01 OPEN HEART SURGERY	.295136		
37	02 OUTPATIENT SURGERY	1.207253		
38	RECOVERY ROOM	.246035		
40	ANESTHESIOLOGY	1.359889		
41	RADIOLOGY-DIAGNOSTIC	.273285	15,552	4,250
41	01 RADIOLOGY SPECIAL PROCEDURES	.267534		
41	02 ULTRASOUND	.125539	4,086	513
42	RADIOLOGY-THERAPEUTIC			
42	01 COMPUTED TOMOGRAPHY	.070596	81,373	5,745
44	LABORATORY	.150633	399,066	60,113
47	BLOOD STORING, PROCESSING & TRANS.	.371776		
47	01 NUCLEAR MEDICINE	.171509		
49	RESPIRATORY THERAPY	.280563	19,827	5,563
50	PHYSICAL THERAPY	.512428	2,478	1,270
51	OCCUPATIONAL THERAPY	.370323	204	76
52	SPEECH PATHOLOGY	.689009	408	281
53	ELECTROCARDIOLOGY	.114632	36,627	4,199
54	ELECTROENCEPHALOGRAPHY	.369399		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285376	40,255	11,488
56	DRUGS CHARGED TO PATIENTS	.222096	498,797	110,781
59	PAIN CLINIC	.502773		
59	01 ORTHOPEDICS	.932133		
59	02 CARDIOVASCULAR SERVICES	.194276		
59	03 CARDIAC REHAB	.535759	629	337
59	04 RADIATION ONCOLOGY	.331768		
59	05 MRI	.092858	2,600	241
59	06 BARIATRIC CENTER			
59	07 PSYCH ACTIVITY THERAPY	.950840	225,480	214,395
59	08 WOUND CARE	.581298		
59	09 RENAL DIALYSIS	.656172		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 OCC HEALTH CLINIC			
61	EMERGENCY	.252716	145,413	36,748
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.994641		
101	TOTAL		1,472,795	456,000
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,472,795	

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		2,500,981	
26	INTENSIVE CARE UNIT		1,408,350	
30	NEWBORN INTENSIVE CARE UNIT		4,229,099	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.512523	1,378,733	706,632
37 01	OPEN HEART SURGERY	.284975	116,061	33,074
37 02	OUTPATIENT SURGERY	1.207253	200,130	241,608
38	RECOVERY ROOM	.246035	332,086	81,705
40	ANESTHESIOLOGY	1.359889	460,069	625,643
41	RADIOLOGY-DIAGNOSTIC	.273285	6,703	1,832
41 01	RADIOLOGY SPECIAL PROCEDURES	.267534	695,885	186,173
41 02	ULTRASOUND	.125539	789,189	99,074
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	.070596	1,170,070	82,602
44	LABORATORY	.150633	2,215,105	333,668
47	BLOOD STORING, PROCESSING & TRANS.	.371776	665,371	247,369
47 01	NUCLEAR MEDICINE	.171509	157,034	26,933
49	RESPIRATORY THERAPY	.280073	2,159,207	604,736
50	PHYSICAL THERAPY	.512428	88,526	45,363
51	OCCUPATIONAL THERAPY	.370323	58,464	21,651
52	SPEECH PATHOLOGY	.689009	143,113	98,606
53	ELECTROCARDIOLOGY	.114632	284,779	32,645
54	ELECTROENCEPHALOGRAPHY	.367582		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285376	1,447,280	413,019
56	DRUGS CHARGED TO PATIENTS	.222096	4,803,082	1,066,745
59	PAIN CLINIC	.502773	6,868	3,453
59 01	ORTHOPEDICS	.932133	16,540	15,417
59 02	CARDIOVASCULAR SERVICES	.194276	1,007,911	195,813
59 03	CARDIAC REHAB	.535759	77,261	41,393
59 04	RADIATION ONCOLOGY	.331768	83,985	27,864
59 05	MRI	.092858	268,436	24,926
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	.950840		
59 08	WOUND CARE	.581298		
59 09	RENAL DIALYSIS	.656172		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	.278423	1,811,676	504,412
62	OBSERVATION BEDS (NON-DISTINCT PART)	.994641		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		20,443,564	5,762,356
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		20,443,564	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEWBORN INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,470	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.512523		
37 01	OPEN HEART SURGERY	.295136		
37 02	OUTPATIENT SURGERY	1.207253		
38	RECOVERY ROOM	.246035		
40	ANESTHESIOLOGY	1.359889		
41	RADIOLOGY-DIAGNOSTIC	.273285	3,000	820
41 01	RADIOLOGY SPECIAL PROCEDURES	.267534		
41 02	ULTRASOUND	.125539		
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	.070596	6,866	485
44	LABORATORY	.150633	29,702	4,474
47	BLOOD STORING, PROCESSING & TRANS.	.371776		
47 01	NUCLEAR MEDICINE	.171509		
49	RESPIRATORY THERAPY	.280563	2,172	609
50	PHYSICAL THERAPY	.512428		
51	OCCUPATIONAL THERAPY	.370323		
52	SPEECH PATHOLOGY	.689009		
53	ELECTROCARDIOLOGY	.114632	756	87
54	ELECTROENCEPHALOGRAPHY	.369399		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.285376	1,352	386
56	DRUGS CHARGED TO PATIENTS	.222096	6,838	1,519
59	PAIN CLINIC	.502773		
59 01	ORTHOPEDICS	.932133		
59 02	CARDIOVASCULAR SERVICES	.194276		
59 03	CARDIAC REHAB	.535759		
59 04	RADIATION ONCOLOGY	.331768		
59 05	MRI	.092858	4,222	392
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	.950840		
59 08	WOUND CARE	.581298		
59 09	RENAL DIALYSIS	.656172		
60	OUTPAT SERVICE COST CNTRS CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	.278423	40,612	11,307
62	OBSERVATION BEDS (NON-DISTINCT PART)	.994641		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		95,520	20,079
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		95,520	

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)	49,757,596	
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)	49,757,596	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,704,051	
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)	239,022	
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	517,692	
16 TOTAL	54,218,361	
17 PRIMARY PAYER PAYMENTS	14,351	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	54,204,010	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,169,848	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	735,682	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,364,297	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	955,008	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,160,163	
22 SUBTOTAL	51,253,488	
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	51,253,488	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	49,248,273	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,005,215	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,490
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	8,550,190
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,700,256
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.749
1.04	LINE 1.01 TIMES LINE 1.03.	6,404,092
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.	77,861
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,490
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	24,718
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	24,718
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)	24,718
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	19,228
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,490
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,778,117
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,793,819
19	SUBTOTAL (SEE INSTRUCTIONS)	5,989,788
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	37,398
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	6,027,186
24	PRIMARY PAYER PAYMENTS	543
25	SUBTOTAL	6,026,643
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	552,242
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	386,569
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	476,442
28	SUBTOTAL	6,413,212
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	6,413,212
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,404,320
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	8,892
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 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)

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		49,551,825		6,313,525
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			8/13/2009	89,040
ADJUSTMENTS TO PROVIDER .02			12/17/2009	1,755
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/13/2009	257,943		
ADJUSTMENTS TO PROGRAM .51	12/17/2009	45,609		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-303,552		90,795
4 TOTAL INTERIM PAYMENTS		49,248,273		6,404,320
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		2,005,215		8,892
7 TOTAL MEDICARE PROGRAM LIABILITY		51,253,488		6,413,212

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05 OUTLIER PAYMENTS		
1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,140,641
1.09	NET IPF PPS OUTLIER PAYMENTS	20,262
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)	25.663014
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,160,903
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,160,903
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39 / 1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,160,903
5	PRIMARY PAYER PAYMENTS	1,833
6	SUBTOTAL	1,159,070
7	DEDUCTIBLES	200,696
8	SUBTOTAL	958,374
9	COINSURANCE	2,136
10	SUBTOTAL	956,238
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	67,043
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	46,930
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	48,528
12	SUBTOTAL	1,003,168
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	6,998
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,010,166	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	956,239	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	53,927	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

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

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

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

53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		18,158,873	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		18,158,873	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		18,158,873	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		20,443,564	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		20,443,564	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		20,443,564	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		2,284,691	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		18,158,873	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		18,158,873	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		18,158,873	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		18,158,873	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		18,158,873	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)		-18,158,873	
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1	2

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

	TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			95,520	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			95,520	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
			1,300	
			1,300	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

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

TITLE XIX

SUBPROVIDER 1

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)			
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY			
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)			
3	AGGREGATE APPROVED AMOUNT			
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96			6.11
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4	+ LINE 3.03	4.64
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	4.36	4.64	9.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			8.33
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			8.33
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.			.30
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			7.58
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			7.88
3.10	SEE INSTRUCTIONS			7.88
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.12	SEE INSTRUCTIONS			7.58
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			8.45
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			5.95
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	7.33
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)			7.33
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			73,198.94
3.18	SEE INSTRUCTIONS			536,548
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			
3.21	SEE INSTRUCTIONS		RES INIT YEARS	.10
3.22	SEE INSTRUCTIONS			.10
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			77,302.81
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			7,730
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			544,278

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			32,402
5	TOTAL INPATIENT DAYS			66,137
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3,	6 L 11	.489922
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	266,654		266,654
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			1,382
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			66,137
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.			9,766
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)			100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422	E-3, 6 LN 12	

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 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) 55,191,885
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 16,184
- 16 TOTAL PART A REASONABLE COST 55,175,701

PART B REASONABLE COST

- 17 REASONABLE COST 8,633,541
- 18 PRIMARY PAYER PAYMENTS 543
- 19 TOTAL PART B REASONABLE COST 8,632,998
- 20 TOTAL REASONABLE COST 63,808,699
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .864705
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .135295

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 10/1/97 276,420
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 239,022
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 37,398

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	35,813,586		35,813,586
2 00 SUBPROVIDER	21,174,132		21,174,132
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,987,718		56,987,718
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,983,822		7,983,822
14 00 NEWBORN INTENSIVE CARE UNIT	5,846,241		5,846,241
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	13,830,063		13,830,063
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	70,817,781		70,817,781
17 00 ANCILLARY SERVICES	230,690,562	138,696,994	369,387,556
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		5,144,196	5,144,196
24 00 NURSERY	1,533,324		1,533,324
24 01 PROFESSIONAL FEES		20,226,985	20,226,985
25 00 TOTAL PATIENT REVENUES	303,041,667	164,068,175	467,109,842

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		198,161,644	
ADD (SPECIFY)			
27 00 BAD DEBTS	10,145,772		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		10,145,772	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		208,307,416	

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					2,243	2,243
4						
5						
5	824,520		108,769	272,932	145,866	1,352,087
HHA REIMBURSABLE SERVICES						
6	1,143,609					1,143,609
7	249,862					249,862
8						
9	10,167					10,167
10	2,565					2,565
11	88,279					88,279
12					83,061	83,061
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,319,002		108,769	272,932	231,170	2,931,873

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3		2,243		2,243
4				
5				
5		1,352,087	-75,000	1,277,087
HHA REIMBURSABLE SERVICES				
6		1,143,609		1,143,609
7		249,862		249,862
8				
9		10,167		10,167
10		2,565		2,565
11		88,279		88,279
12		83,061		83,061
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		2,931,873	-75,000	2,856,873

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)	5
	1	2	3	4	5A		5
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP	2,243					
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL	2,243			-1,279,330		1,577,543
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE						1,143,609
7	PHYSICAL THERAPY						249,862
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						10,167
10	MEDICAL SOCIAL SERVICES						2,565
11	HOME HEALTH AIDE						88,279
12	SUPPLIES						83,061
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	2,243			-1,279,330		1,577,543
25	COST TO BE ALLOCATED	2,243					1,279,330
26	UNIT COST MULTIPLIER		1.000000				.810964

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		6,171		38,160	29,559	719,779
2 SKILLED NURSING CARE	2,071,035					
3 PHYSICAL THERAPY	452,491					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY	18,412					
6 MEDICAL SOCIAL SERVICES	4,645					
7 HOME HEALTH AIDE	159,870					
8 SUPPLIES	150,420					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,856,873	6,171		38,160	29,559	719,779
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03	ADMITTING 6.04	SUBTOTAL 6A.04	OTHER ADMINISTRATIVE AND 6.05
1 ADMIN & GENERAL	61,099	65,089	3,794		923,651	127,209
2 SKILLED NURSING CARE					2,071,035	285,231
3 PHYSICAL THERAPY					452,491	62,319
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY					18,412	2,536
6 MEDICAL SOCIAL SERVICES					4,645	640
7 HOME HEALTH AIDE					159,870	22,018
8 SUPPLIES					150,420	20,716
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	61,099	65,089	3,794		3,780,524	520,669
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	48,682	57,202		31,060		61,605
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	48,682	57,202		31,060		61,605
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL		10,058				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		10,058				
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	PARAMED ED P RGM	PARAMED ED P RGM - LAB	PARAMED ED P RGM - RADIO	PARAMED ED P RGM - RESP T	PARAMED ED P RGM-PHARMACY	SUBTOTAL
	24	24.01	24.02	24.03	24.04	25
1 ADMIN & GENERAL						1,259,467
2 SKILLED NURSING CARE						2,356,266
3 PHYSICAL THERAPY						514,810
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						20,948
6 MEDICAL SOCIAL SERVICES						5,285
7 HOME HEALTH AIDE						181,888
8 SUPPLIES						171,136
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						4,509,800
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1 ADMIN & GENERAL		1,259,467		
2 SKILLED NURSING CARE		2,356,266	913,026	3,269,292
3 PHYSICAL THERAPY		514,810	199,483	714,293
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY		20,948	8,117	29,065
6 MEDICAL SOCIAL SERVICES		5,285	2,048	7,333
7 HOME HEALTH AIDE		181,888	70,480	252,368
8 SUPPLIES		171,136	66,313	237,449
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		4,509,800	1,259,467	4,509,800
21 UNIT COST MULTIPLIER			0.387489	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	COMMUNICATIONS (NUMBER OF PHONES) 6.01
1 ADMIN & GENERAL	5,076		5,076	28,573	2,319,002	92
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,076		5,076	28,573	2,319,002	92
21 COST TO BE ALLOCATED	6,171		38,160	29,559	719,779	61,099
22 UNIT COST MULTIPLIER	1.215721		7.517730	1.034508	0.310383	664.119565

HHA COST CENTER	DATA PROCESSING (ALLOC OF TIME) 6.02	PURCHASING, RECEIVING AND (COSTED) REQUIS.) 6.03	ADMINITTING (GROSS CHARGES) 6.04	RECONCILIATION 6A.05	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.05	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1 ADMIN & GENERAL	28,110	82,388			923,651	5,076
2 SKILLED NURSING CARE					2,071,035	
3 PHYSICAL THERAPY					452,491	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY					18,412	
6 MEDICAL SOCIAL SERVICES					4,645	
7 HOME HEALTH AIDE					159,870	
8 SUPPLIES					150,420	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	28,110	82,388			3,780,524	5,076
21 COST TO BE ALLOCATED	65,089	3,794			520,669	48,682
22 UNIT COST MULTIPLIER	2.315510	0.046050			0.137724	9.590623

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	5,076		5,076		3,900	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,076		5,076		3,900	
21 COST TO BE ALLOCATED	57,202		31,060		61,605	
22 UNIT COST MULTIPLIER	11.269110		6.118991		15.796154	

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	I & R SERVICES - OTHER PRGM (ASSIGNED TIME)	PARAMEDICAL PRGM (NO STATISTICS)
	15	16	17	18	23	24
1 ADMIN & GENERAL	14,579					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	14,579					
21 COST TO BE ALLOCATED	10,058					
22 UNIT COST MULTIPLIER	0.689896					

HHA 1

HHA COST CENTER	PARAMED ED P RGM - LAB (ASSIGNED TIME	PARAMED ED P RGM - RADIOLOG (ASSIGNED TIME	PARAMED ED P RGM - RESPIR (ASSIGNED TIME	PARAMED ED P RGM-PHARMACY (NO STATISTICS)
	24.01	24.02	24.03	24.04
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)				
21 COST TO BE ALLOCATED				
22 UNIT COST MULTIPLIER				

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

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

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
								PART A
1	SKILLED NURSING	2	3,269,292	2	3,269,292	16,223	201.52	7,284
2	PHYSICAL THERAPY	3	714,293		714,293	6,557	108.94	3,722
3	OCCUPATIONAL THERAPY	4				1,342		798
4	SPEECH PATHOLOGY	5	29,065		29,065	227	128.04	153
5	MEDICAL SOCIAL SERVICES	6	7,333		7,333	58	126.43	30
6	HOME HEALTH AIDE SERVICE	7	252,368		252,368	4,676	53.97	1,725
7	TOTAL		4,272,351		4,272,351	29,083		13,712

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1	SKILLED NURSING	4,401	1,467,872	886,890	2,354,762
2	PHYSICAL THERAPY	1,239	405,475	134,977	540,452
3	OCCUPATIONAL THERAPY	351			
4	SPEECH PATHOLOGY	33	19,590	4,225	23,815
5	MEDICAL SOCIAL SERVICES	21	3,793	2,655	6,448
6	HOME HEALTH AIDE SERVICES	2,326	93,098	125,534	218,632
7	TOTAL	8,371	1,989,828	1,154,281	3,144,109

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

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8	SKILLED NURSING				
8.01	SKILLED NURSING				
9	PHYSICAL THERAPY				
9.01	PHYSICAL THERAPY				
10	OCCUPATIONAL THERAPY				
10.01	OCCUPATIONAL THERAPY				
11	SPEECH PATHOLOGY				
11.01	SPEECH PATHOLOGY				
12	MEDICAL SOCIAL SERVICES				
12.01	MEDICAL SOCIAL SERVICES				
13	HOME HEALTH AIDE SERVICE				
13.01	HOME HEALTH AIDE SERVICE				
14	TOTAL				

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	237,449		237,449	97,262	2.441334	41,480
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----	-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9
15 COST OF MEDICAL SUPPLIES	55,782		101,267
16 COST OF DRUGS			136,182
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.512428			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.370323			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.689009			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.285376			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.222096			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	1/1/1999
1 PHYSICAL THERAPY	2	108.94	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3						
3 SPEECH PATHOLOGY	4	128.04					
4 TOTAL (SUM OF LINES 1-3)							

